

Rebecca Homes Ltd







The Mount

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?		Outstanding	
Is the service well-led?		Good	

Overall summary

We inspected this service on 19 November 2015. This was an unannounced inspection. At our previous inspection 14 January 2014 the provider was meeting all the legal requirements we inspected.

The Mount provides care for nine people with a learning disability.

There was a registered manager in post. 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.

There was a strong emphasis on people's safety when they were in the home and taking part in activities. People's risks were identified, assessed and managed in a way that supported their independence. People were protected from unnecessary harm by staff who knew them well, understood how to recognise signs of abuse

Summary of findings

and knew how to report their concerns. Staff understood why people's anxieties sometimes led to behaviours that challenged their safety and that of others and had plans in place to avoid incidents and manage risks.

People's medicines were managed safely to ensure they received them as prescribed to keep them well. The provider ensured there were sufficient, suitable recruited staff available to support people with all aspects of their care and well-being.

People were provided with a varied nutritious diet and were offered plentiful fluids to maintain their health and wellbeing. People were involved in planning their meals and enjoyed taking part in creative cookery when they made food for themselves and shared with others living in the home to enjoy.

People were involved in all the decisions about their care and how they wanted to spend their time. People's consent was gained before care was delivered. Staff understood how to support people individually with their decision making when they were unable to do this for themselves.

People were treated as individuals by kind and compassionate staff who knew them well. Staff had developed positive and respectful relationships with people. People were encouraged to be polite and respect each other. There was an emphasis on supporting people

to lead full and interesting lives. Staff encouraged people to socialise together but also respected their right to privacy. People were supported to have fun and enjoy a broad range of social activities. Staff were innovative and adapted social arrangements to meet people's needs.

People received the care they preferred because staff took the time to speak with them about their likes and dislikes. People were encouraged to discuss and review their care on a regular basis with staff to ensure it continued to meet their needs.

People and their relatives were encouraged to share their views. People knew how to raise complaints and concerns. Complaints were investigated and managed in line with the provider's complaints procedure. People and their relatives were kept fully informed during the complaint process and when shortfalls were identified actions were taken immediately.

Staff were proud of the service and felt well supported by the registered manager and the provider. The registered manager and provider promoted strong values and demonstrated their commitment to improving people's lives by ensuring people received individual care which met their needs. People, relatives and staff believed the service was open and transparent. Regular quality checks were completed and people were encouraged to share their views on the service.

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?

The service was safe. People were kept safe from harm and abuse. People's risks were identified and managed positively to allow people to live as independently as possible. People were protected from unnecessary harm because staff understood how to identify abuse and report it appropriately. Staffing levels were flexible to ensure there were always a sufficient number of suitably recruited staff to support people. There were arrangements in place to manage people's medicines safely.

Good



Is the service effective?

The service was effective. Staff received training and support which gave them the skills to care for people. Staff gained support from people before providing care and understood how to support people who could not make decisions for themselves in line with the principles of the Mental Capacity Act 2005. People were supported to eat a varied diet in sociable surroundings.

Good



Is the service caring?

The service was caring. People were cared for by kind, polite and caring staff who understood their needs. Staff supported people to maintain their privacy and dignity.

Good



Is the service responsive?

The responsiveness of the service was outstanding. People received care which met their preferences. They were involved in the planning and review of their care and knew how to complain if they were unhappy or had concerns.

People were supported to enjoy their lives in the way they wanted because staff understood the importance of social interactions.

Outstanding



Is the service well-led?

The service was well-led. People, relatives and staff felt well supported by the registered and care managers who demonstrated strong leadership. The provider promoted an open and transparent service and people had the opportunity to share their views about living in the home. Audits were in place to monitor the quality of the care provided.

Good



The Mount

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 November 2015 and was unannounced. There were eight people living in the home at the time of our inspection. The inspection was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We looked at the information we held about the service and the provider including notifications they had sent us about significant incidents at the service. On this occasion,

we had not asked the provider to send us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt was relevant.

We spoke with seven people who used the service, three relatives, three members of the care staff, the care manager and the registered manager. We did this to gain views about the care and to check that standards of care were being met.

We spent time observing care in the communal areas of the home and observed how the staff interacted with the people who used the service.

We looked at the care records for three people to see if the records were accurate and up to date. We also looked at records relating to the management of the service including, quality checks, training records and staff rotas.

Is the service safe?

Our findings

People who were able to speak with us told us they felt safe. One person replied to our question about staff keeping them safe by saying, “Yes, of course they do”. A relative told us, “They are very safe there”. Staff understood how to protect people from harm and abuse. Staff told us they knew people very well and would pick up any changes in their behaviour which might indicate they were upset or had worries. One member of staff told us, “We know people really well. We pick up on things quickly so we’d notice immediately if someone was acting differently, for example nervous around people or withdrawn”. Another member of staff told us, “If I was concerned about anyone I’d go straight to the team leader or manager and say, ‘Look, I think there maybe something wrong here’. I have no doubt they would listen to me and take action”. We saw that staff observed people in an unobtrusive manner which ensured people had their own space but we saw that they quickly picked up on any changes in the person’s demeanour. For example, one person became upset and we saw staff went straight to them and asked them what was wrong and offered reassurance. We saw the person relaxed as staff spoke with them.

Staff understood people’s risks when they were in and outside of the home. There were risk management plans in place which had a clear emphasis on supporting people to have as much freedom as possible whilst remaining safe. For example we saw staff had removed some everyday kitchen equipment which presented a risk for one person rather than restricting their access to the kitchen which was a social hub in the home. This meant staff had explored and provided the least restrictive option which promoted people’s safety without limiting the opportunities to develop and interact with others. A relative told us, “All of [the person who used the service] risks were discussed with them and me”. We saw that the risk assessments were updated immediately whenever there was a change in circumstance and staff signed to indicate that they had read the updated information.

Some people, when they were anxious, presented with behaviours which challenged their own safety and that of others. We saw staff took a positive approach to managing people’s behaviours. This was based on the earliest identification of what might trigger the behaviour and providing specific individual risk assessments for the

triggers identified. Staff told us they had been trained in this approach and had seen a reduction in people’s challenging behaviour. One person told us, “I don’t kick off now. I’ve stopped that. It’s silly isn’t it?” This meant that people were encouraged to recognise and challenge their behaviour to bring about positive changes. All of the staff we spoke with were aware of what might make people anxious and demonstrated an in depth knowledge of how to identify changes in behaviour. We saw they diffused potential conflict by responding to questions and requests positively to support people to stay calm. For example, we saw one person frequently asked for a cigarette, even when they had just finished one. Staff knew if they said ‘no’ this could create anxiety and potentially challenging behaviour from the person. We heard staff saying, “Yes, of course you can, in about ten minutes, is that okay?” We saw that the person accepted this response which we saw was used consistently by staff throughout the day. This demonstrated that staff had identified the most effective way to support the person and manage their anxiety.

Staff told us that they protected other people in the home when they were at risk during incidents involving behaviours that challenged. One member of staff said, “If there is an incident we take the other people out to do something they enjoy. The staff call to make sure it’s okay to come back. This means staff can support everyone safely”. Some people had specific behaviours which included self-harm. We saw that people were encouraged by staff to self-manage their behaviour, for example diverting their self-harm away from vulnerable areas of their body by encouraging them to tap their hands together instead. We saw people using this technique and were congratulated by staff for their control. One member of staff said, “Well done, really well done”.

An additional kitchen which could only be accessed by staff had been installed since our last inspection. Staff told us they had identified that the location of the main kitchen could present a risk when people were displaying behaviour that challenged. The provider had listened to the staff and acted accordingly demonstrating they considered people’s safety a priority. A member of staff said, “We close down the main kitchen if necessary and use the other kitchen to prepare food and drinks. It means we keep people safer”. Additionally the cooker hobs in both kitchens had been replaced with plates which would only operate when they were in contact with a metal pan. A member of staff told us, “The use of these hobs removes the concern

Is the service safe?

about people or staff touching the hob whilst it's still hot". This meant the provider had identified how people could be supported to remain safe in their home and actively sought to make environmental improvements to ensure people were not restricted.

People received their prescribed medicines when they needed them. No one living in the home was able to manage their own medicines. One member of staff told us, "Only two members of staff do the medicines. It means we can keep it tight". We looked at a sample of the medication administration records and found they were completed correctly. A check on medicine stock confirmed that the records staff kept were accurate. There was guidance in place to support staff giving rescue medicines when people needed additional support to settle or calm them. The guidance provided staff with information about when the medicines should be used and staff told us about the interventions they would try first to ensure medicines were used appropriately.

Staffing levels were flexible to ensure people could be cared for safely and enjoy the freedom of going out, with support, whenever they wanted. The registered manager and staff we spoke with told us the number of staff available to care for people was planned to meet their individual support requirements. We looked at the staffing

rotas and saw the number of staff available was planned around people's needs. One member of staff said, "The number of staff in depends on what people are doing but we always have enough". We observed that there were sufficient staff to meet people's needs promptly. For example whenever a person asked for assistance or support, staff responded immediately. Staff told us there was a low turnover of staff. One member of staff told us, "The staff are good quality. We work together well".

Pre-employment checks were completed prior to new staff being appointed. One member of staff said, "I had to give two people to contact for references, provide proof of my identity and wait for the DBS (Disclosure and Barring) to come back". DBS is a national agency which holds information about criminal convictions. We looked at three recruitment records and saw that new staff applying to work at the service were interviewed by the registered manager and the care manager who assessed their suitability to work with people living in the home. All pre-employment checks were completed for staff before they were able to start work. This demonstrated that the provider had thorough checks in place to ensure staff were suitable to work with people living in a care home environment.

Is the service effective?

Our findings

A relative told us, “They know what to do; they are definitely on the ball”. Staff said they received a variety of training to provide them with the skills to care for people. One member of staff said, “The training comes at us thick and fast. We get plenty of updates”. One member of staff explained the reason they had a panel of wind chimes in the garden and said, “It’s not just the sound that’s important for people. The tubes continue to vibrate for some time after the sound stops. Some people with sensory difficulties find this very reassuring”.

New staff were supported with an induction programme. A member of staff told us, “I started my training straight away. Everyone was really supportive and made sure I understood what to do”. Another member of staff said, “New staff shadow 30 shifts before we let them work alone. We like to train staff in our way of working so that we get a consistent approach”.

Staff told us they felt supported to fulfil their role. Staff said they received regular supervision and an annual appraisal. One member of staff said, “We get supervision every three months but you can always speak about things in between if you need to”. Another member of staff said, “We can talk about anything and everything”. The registered manager told us they used the supervision sessions to check on staff knowledge and competency, for example their understanding of mental capacity. This demonstrated that the provider had arrangements in place for staff to discuss their performance, future development and knowledge relating to the care of people.

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. We heard staff offering people choices and gaining consent from them throughout the day. We saw that people’s capacity had been assessed and a member of staff told us, “It’s important to understand what decisions people need support with”.

Some people did not have the capacity to decide how to keep safe when going out without support from staff and this could constitute a deprivation of their liberty. A member of staff told us, “We’re not here to stop people doing what they want to but to find out ways for them to do things safely and better”. 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. Staff understood the importance of making legal applications and we saw that these had been completed. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People could choose what they wanted to eat. One person showed us the cereal they had chosen for breakfast. There was a snack meal for lunch and staff told us the mealtimes were flexible to fit around people’s day. Staff noticed one person was not enjoying their food and when their attempt to encourage them was unsuccessful, they offered them one of their favourite meals to tempt them to eat. We saw the person enjoyed the second meal offered. Staff sat with people whilst they ate and we heard them chatting about how they had spent their day and their plans for later in the day and what they going to eat as it was ‘junk food’ supper. Most people chose fish and chips which they would eat in the home or at their social club. We observed that staff included everyone in the conversation which provided people with the opportunity to enjoy a sociable mealtime. We saw there was pictorial information on display in the kitchen demonstrating why it was important for people to have plenty of drinks and the effects of not keeping the body well hydrated. One person said, “I have lots of drinks, it’s good for me”. We saw that people were offered plentiful drinks and some people made their own with the support of staff when they wanted one. People’s weight was monitored and appropriate actions were taken when people needed additional support to maintain a healthy weight. We saw that one person who had required a dietary supplement when they moved to the home, had gained weight and no longer required the supplement on a regular basis.

People had their health care needs met to support their physical, mental and psychological wellbeing which was demonstrated by the range of appointments we saw in people’s care plans. A relative told us, “They address any problems as they arise and keep the family fully informed”. We read that one person had been anxious about visiting

Is the service effective?

the GP surgery and staff had undertaken several trips to the surgery with them to increase their familiarity and

confidence with the setting. We saw that people also received an annual health check which included health promotion advice, for example advice and support on stopping smoking if they expressed an interest to do so.

Is the service caring?

Our findings

Everyone we spoke with was complimentary about the staff and the care they received. One person said, "The staff are great. I get on with all of them". Another person said, "Good staff here". A relative told us, "The Mount is a fabulous place. It's been an amazing place for [the person who used the service]. It's been a God send". Another relative said, "We are very happy with the care". As some people were unable to tell us about their experience of care we observed the care in the communal areas of the home. We saw that people were treated with kindness by staff. Staff spent time with people, listened carefully to them and promoted a sociable atmosphere in the home by encouraging other people to join in with conversations. One person told us the Queen had been visiting the area that day and had been wearing a pink outfit. A member of staff involved the other people sitting at the table and asked which famous person they would like to meet and what questions they would ask them. One person said, "I'd ask if pink was her favourite colour". People looked relaxed in the company of staff. We heard light hearted banter between people and staff including some teasing of the staff which demonstrated people's confidence in their company.

People could choose where they spent their time. One person liked to spend most of their time in their room which was respected by staff. Other people spent time sitting together in the communal sitting room or using the computer which was adjacent to the sitting room. One person told us, "I like the computer", and offered to show us how they searched for some sounds of church bells that they liked and images of cathedrals.

One person told us, "The staff are really nice to me". Some people became anxious and we saw staff offered constant

verbal reassurance and physical gestures, such as a hug, to support people. Staff understood which approach would be the best way to support the person. For example, one person liked staff to sit with them and we saw staff responded to their request immediately. People were encouraged to be kind, thoughtful and polite to each other. One person asked if they could try some cake made by another person during their creative cooking session. This was agreed and when they tried the cake they said, "Thank you, [Name]. That was absolutely delicious". Staff congratulated both people. One for sharing and the other for showing their appreciation.

People were supported to maintain their appearance. One person had changed their hair style earlier in the week and we saw staff had styled it for them that morning. All of the staff remarked positively to the person about their new hairstyle. Other people told us they chose their clothes. One person said, "I bought this new t-shirt last night when I went shopping, do you like it? I chose it myself".

Staff understood the relationships which were important to people. No relatives visited on the day of our inspection so we spoke with three relatives by telephone. The relatives provided positive comments about the way their family member was cared for. One relative said, "They have come on leaps and bounds since they moved here. I can turn up and visit anytime I like". Another relative said, "They love being here".

Some people without support from family or when the need for additional support had been identified; had access to an advocate. Advocates represent the interests of people who may find it difficult to be heard or speak out for themselves. Staff recognised that one person may need support in the future and had pre-empted this by contacting an advocate early to allow them to get to know one another.



Is the service responsive?

Our findings

People received consistent and personalised support. People we spoke with told us the staff knew them and understood how they liked to be cared for. One person said, “They know me”. A member of staff told us, “For some people we’re their family. We’ve watched them grow up and understand what they like”. Another member of staff told us, “We were planning a trip to Blackpool but I could see [the person who used the service] looked distracted. I realised that the trip fell on the same day of the week that they normally do something else which they really look forward to. I said to them, you know you don’t have to come to Blackpool if you’d rather not and they immediately relaxed and said they wouldn’t come. That’s why it’s important to know people well; you can stop them getting anxious”. This meant staff recognised this person’s preference and could respond to their individual needs.

Care was planned proactively with people and their relatives. Staff we spoke with knew people’s preferences for care and what was important to them. They recognised people’s individuality and worked with people to provide care with the minimum of restrictions. For example, some people liked to stay in their rooms or have a lie in which staff respected. Regular reviews were completed in partnership with people. We saw there was a weekly care review for each person with a member of staff. During the meeting staff asked people how their week had been and what had or hadn’t gone well for them. For people who were unable to verbalise their feelings staff provided pictorial information which they could respond to by signing or pointing to the answer they wanted to give. The pictorial information was meaningful to the people and we saw that staff used these to ensure that people’s care and support still reflected their choices. This meant that the staff had been innovative in creatively developing a communication system that was tailored to people’s individual needs.

Staff understood the importance of structure for people living in the home. Staff told us some people became anxious about the changeover of staff and wanted to know who was working later in the day or overnight. Staff had responded to this concern by displaying staff photos on a board close to the communal room and we saw people checking for themselves who would be working later. One person said, “[Name] is working later”. We heard people

discussing who else was working with them and talking about them with familiarity. Understanding people’s diverse needs showed that staff were proactive in supporting people to manage their behaviour.

People were supported to explore different experiences and staff recognised people’s diverse interests. Staff had a ‘can do’ approach to supporting people to enjoy life to the full. When we arrived at the home some people had already gone out to take part in their hobbies and the activities which interested them. We saw that people living in the home had a weekly planner for all of their hobbies, work and activities which reduced their anxiety about what they were doing on a day to day basis. The individual plans were built around people’s appointments and college commitments. Staff told us the plans were flexible and depended on how people felt and what they wanted to do but some people needed to have these plans in place to reduce their anxiety. We saw that people were in and out all day. People went to a choir and drama group and another person went horse riding. One person told us they really enjoyed their bus rides and said, “I go twice a week and the staff enjoy them as much as I do”. A relative told us, “There is always something going on for them”. A member of staff said, “This isn’t like work. It’s like going out with your friends and making sure they have a good time”. This meant people were provided with opportunities which promoted their independence and ensured they were involved in valued activities that were meaningful to them.

There were links with the community and local businesses. One person worked as a walking guide on Cannock Chase and also worked with a gardening company. They told us how much they enjoyed their jobs and said, “They say I’m a really hard worker. I’ve been all over the place doing gardening. I love my jobs”. A relative told us, “The staff encouraged [the person who used the service] to start college. I was worried at first because I thought they might be vulnerable but it has been extremely beneficial for them. They’ve been made a class representative now which is well deserved and amazing”. This demonstrated that people were valued and empowered to develop their roles and responsibilities.

The service was flexible and responsive to people’s individual needs and preferences and we saw that staff worked flexibly and adapted people’s activities to suit their individual circumstances. One person enjoyed visiting coffee bars but following an incident it was considered to



Is the service responsive?

be unsuitable for them to sit inside to drink their coffee. Staff told us that they now visited a drive through coffee outlet and then drove to the park where they sat to have their drinks which made the person happy. On the day of our visit they had responded to a request from the person to be taken to a drive through burger restaurant as they wanted something to eat which demonstrated they offered a flexible approach for people to enjoy doing what they valued. We saw that people who had specific dietary requirements associated with their beliefs were supported by staff to maintain their chosen lifestyle.

Staff understood the importance of recognising social and cultural diversity. Staff told us that as some people did not have the opportunity to visit countries around the world they brought the country and its culture to them in theme nights. One member of staff told us, "I love to travel but people here may never have the opportunity to visit different countries and experience their culture and way of life. That's why we've introduced the themes so that we can bring the experience to them". We saw that the theme

country for the month was Japan and that there were plans in place to visit a sushi bar, watch a film about Japan, celebrate their festivals and have the opportunity to wear national costumes. People showed us the poster on the wall showing Japanese images and told us they would have popcorn whilst they watched the film. One person had bought a t-shirt with Japanese writing on it. We saw that an outbuilding had been adapted for use as an activity room and included a large screen and projector which was used for the film nights.

People told us they knew how to complain if they wanted to. One person said, "I'd speak to the staff". We saw there was a complaints procedure which provided pictorial information to guide people who they could speak with both inside and outside of the home if they wanted to raise concerns. We saw that the registered manager and provider met with people and relatives who raised concerns and that actions were taken to address their concerns. A relative told us, "I have raised a concern in the past and I felt reassured that they would put matters right".

Is the service well-led?

Our findings

People and their family were regularly involved with the service in a meaningful way and people were provided with a meeting where they could discuss holidays and make requests for favourite foods. We saw in the minutes that people were also asked if the staff listened to them and if they were happy with their care. There was an annual satisfaction survey and we saw this had been shared with stakeholders, for example health care professionals. We read the comments and saw these were predominantly excellent or good and confirmed the staff worked well in partnership with other organisations.

The staff were clear of their role and spoke passionately about how the manager supported people to lead meaningful lives and to have an exceptional quality of life. There were clear values that had been developed to enable people to receive the care and support they wanted and to innovatively develop the service to ensure people were actively involved within the home and community and were not restricted.

Everyone we spoke with told us the home was well-led. Both the registered manager and the care manager spent time working alongside staff so that the people who used the service knew them and they could engage with them regularly. We saw that people knew who the registered manager and care manager were and we saw them chatting happily with them. One person said, "Cliff is the manager". A relative we spoke with told us, "The two managers do a really good job". Staff told us they felt very well supported, one member of staff said, "Absolutely

supported. The managers are great. They always make time to listen to you". The registered manager told us, "We recognise that pressure can build up for staff sometimes and we have an 'open door' policy so they can always come in for a chat".

The provider had a whistle blowing policy in place to provide staff with opportunities to raise their concerns about the service or colleagues anonymously. Staff we spoke with were aware of the policy and when they should use it. One member of staff said, "I wouldn't hesitate. If someone wasn't doing what they should I'd be the first in the queue to raise a concern". Another member of staff told us, "Staff explained to me what it was and I've seen the policy so I'd know what to do".

Relatives and staff told us there was an open and transparent atmosphere and ethos. A relative told us, "All of the staff here are very open. I can ask to look at the records at any time". A member of staff told us, "This is a very open company, no secrecy". Staff told us the provider was a regular visitor to the home. One member of staff said, "They are always accessible and very receptive to suggestions from staff and the people living here".

The registered manager had systems in place to assess, monitor and improve the quality of care people received. Both the registered manager and provider had audit programmes in place to record the quality of the service. This included medicines management, which included a check on the stock and recording, the environment and regular checks of the fire systems. We saw the results of the audits were analysed and if improvements were identified these were implemented immediately.