Community Homes of Intensive Care and Education Limited

Little Heath Court

Inspection report

Little Heath Road, Tilehurst, Reading
Berkshire, RG31 5TX
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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

Choice Ltd - Little Heath Court is registered to provide care for up to 8 people. The home provides a service to people with learning and associated behavioural disabilities as well as physical disabilities. There were six people living in the service on the day of the visit. The accommodation is a bungalow with an annex, located in the suburbs within a quiet secluded area.

There is a registered manager running the service. 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.

People's safety was promoted as staff understood and followed safe practices. Staff members were able to recognise signs of abuse. The provider had identified risks affecting the people's safety and had put appropriate measures in place to reduce the risk of harm. The measures included situations in which people's behaviour might cause harm or distress to themselves or others.

Summary of findings

Staff at Little Heath Court responded flexibly to people's individual wishes and changing needs and sought support from health and wellbeing specialists when necessary. People's dignity and privacy were respected and supported by staff. Support workers were skilled in using an individual's specific communication methods and were aware of changes in people needs. The house was well-kept and adapted to meet people's individual needs. People's rooms reflected their individual interests and tastes.

People were protected from unsafe administration of their medicines, because support workers had been trained to administer medicines with regard to safety regulations and precautions. Staff's competence was reviewed regularly to ensure that the medicines were administered safely.

People were helped to identify their individual needs and the goals they wanted to achieve in the future by knowledgeable and responsive staff.

Staff had completed training on Mental Capacity Act (MCA) 2005 and understood their responsibilities. The Mental Capacity Act 2005 legislation provides a legal framework that sets out how to support people who do not have capacity to make specific decision. When some of people lacked the capacity to consent to their care and decisions had to be made on their behalf, legal requirements were followed by staff. The provider helped people to use advocacy services where required.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager had completed the required training and was aware of relevant case law. We found the provider to be meeting the requirements of the DoLS.

People's needs in relation to nutrition and hydration were documented in their care plans. People received appropriate support to ensure that they received sufficient amounts of food and drink. Meals, drinks and snacks provided to people suited their dietary needs and preferences.

Accidents were investigated thoroughly by the registered manager. Actions identified from the analysis of the incidents were implemented promptly by the registered manager. This ensured the delivery of a high quality service and maintained the safety and welfare of people. The registered manager effectively operated a series of audits to assess and monitor the quality of the service.

The registered manager was respected and valued by people, their relatives and staff. Regular quality and risk audits had ensured that the issues affecting people's care had been identified. As a result, appropriate actions were taken to drive improvements to the quality of the care the people received.

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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 is safe.

Good

People were protected from identified risks that might prove to be harmful to them. Staff understood which actions must be undertaken to keep people safe in the event of an emergency.

The service made sure staff understood how to protect people from any form of abuse.

People were supported by sufficient number of staff to meet their needs safely. Checks ensured that staff employed were of a suitable character to care for people safely.

People were given their medicines at the right times and in the right quantities to keep them safe and healthy.

Is the service effective?
The service is effective.

Good

Staff received training which taught them how to support the people effectively and safely. Regular supervision meetings and evaluation of the training ensured that staff understood how to implement their learning.

People were supported by staff who demonstrated their awareness of how to offer choice and make best interest decisions for people. People's freedom and rights were respected by all members of staff.

Staff were aware of changes in people's needs and ensured that people accessed healthcare services promptly when required.

People were offered a variety of healthy food to choose and supported to maintain a safe and healthy diet. Guidance from health professionals was followed to meet special dietary needs.

Is the service caring?
The service is caring.

Good

People were treated with kindness and respect. People's preferences regarding their support were recognised and understood by the staff.

People were encouraged to participate in creating their personal care plans. Their relatives and friends were involved in planning and documenting the people's care. This ensured that people's needs and preferences were taken into account when developing care plans.

Relatives of service users were welcome on the premises, and staff made sure that people were supported to maintain relationships that were important to them.

Is the service responsive?
The service is responsive.

Good

Summary of findings

People had personalised support plans which reflected their care needs and preferences. These had been updated regularly by staff to reflect any changes so that they were responsive to people's needs and wishes.

People were supported in attending a wide range of activities of their choice, both in the home and in the local community. Staff discussed people's choices and interests with them, to make sure they wished to continue with planned activities.

People views were sought through residents meetings. The complaints procedure was detailed and available to people who live in the home, their relatives, visitors and others. Any issues, when raised, had been responded to in an appropriate and timely manner.

Is the service well-led?

Good

The service is well-led.

There was an open and caring culture throughout the home. Staff understood the provider's values and practised them in the delivery of the people's care.

The registered manager carried out regular audits to monitor the quality of the service and drive improvements.

The registered manager was praised by support workers. Staff told us they were able to approach the manager to raise their concerns and felt they were provided with good leadership.

Little Heath Court

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 was meeting the legal requirements and regulations associated with the Health and Social Care At 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 3 September 2015. It was completed by two inspectors. Before the inspection we had reviewed the information we had held about the home, including previous inspection reports and any concerns raised about the service. We had also looked at notifications sent in to us by the registered manager, which had revealed to us how incidents and accidents had been managed.

During our inspection we talked to one person. We also spoke with the registered manager, the assistant manager and four support workers. Some people living in the home were unable to tell us about the care and support they received. We have received feedback from three relatives of people living at Little Heath Court. We spent some time observing the care people received throughout the day, including activities and mealtime support. This enabled us to form our views of the support people received.

We pathway-tracked the care of four people. Pathway tracking is a process which enables us to look in detail at the care received by each person in the home. We reviewed medication records relating to people who use the service. We received one written comment from relatives of a service user. We saw four staff recruitment files and supervision records. We looked at all staff training records and a training record for the year 2015. We considered how information was gathered and quality assurance audits were used to drive improvements in the service. We also looked at records relating to the management of the service, such as health and safety files, risk assessments, staffing rotas and business continuity plan.

Good

Is the service safe?

Our findings

People were unable to tell us if they felt safe in the service. However, it was obvious that people felt confident approaching the staff. Communication plans noted clearly how people expressed their unhappiness.

People were protected from the risks associated with their care and support because these risks had been identified and managed appropriately. Risk assessments were complete with the aim of keeping people safe, yet supporting them to be as independent as possible.

People were protected from all forms of abuse and were kept safe by the staff who were well-trained and fully understood their responsibilities in regard to safeguarding. They were knowledgeable about the signs of abuse and what would constitute a safeguarding concern. They described how they would deal with a safeguarding issue, including reporting issues outside of the organisation, if necessary. Staff were able to identify if an individual was distressed or unhappy by body language and behaviour. A recent safeguarding concern brought to their attention by the local authority was appropriately dealt with. The investigation has not yet concluded.

All staff were trained in the use of a recognised system for supporting the people to manage their behaviour when necessary. People's behavioural support plans identified the appropriate approaches for each person. We saw that all behavioural incidents were recorded, monitored and analysed by the provider's psychologist in order to manage future risk to people.

The whistleblowing policy and procedure had been reviewed in June 2014 and the Safeguarding policy had been reviewed in April 2015. Additionally there was a 'anti-bullying' policy. The service made the local authority's latest safeguarding procedures available to all staff. This included a flow chart which staff could access easily.

People's individual risk assessments were incorporated into their care plans. These gave staff detailed information about how to support people in a way that minimised risk for the individual and others. Identified areas of risk depended on the individual and included areas such as the use of buses and taxis, swimming, cycling, use of bedrails, and choking.

The service used body maps to chart any marks or bruising. These did not always include an investigation or conclusion into how the bruises occurred. However, the home had developed new body maps which would make it clearer that they had been investigated. They would also note what action was taken to minimise the risk of recurrence. The new body maps had been designed in response to a recent safeguarding concern.

People were given their medicines safely by appropriately trained care staff. Staff's competence in medicines administration was tested and recorded every year by a senior staff member. One staff member administered people's medicine and another staff member acted as a witness. The service used a monitored dosage system (MDS) to assist them to administer medicines safely. MDS meant that the pharmacy prepared each dose of medicine and sealed it into packs.

People had guidelines for the use of any medicine prescribed to be taken as necessary (PRN). The guidelines for PRN medicines prescribed to help people to control their behaviour were very detailed. They were used in conjunction with behavioural guidelines.

There was a medicine fridge which was kept at the appropriate temperature for storage. Records confirmed a safe temperature was maintained. All medicines were stored securely in a locked cabinet in a locked medicines room.

Regular checks and tests were completed to promote safety in the home, such as weekly fire alarm tests and external checks of firefighting equipment. The people had been protected from risk caused by faulty equipment. All electrical portable appliances were tested on 17 October 2014.

People were protected from harm because support workers knew the emergency procedures. The evacuation procedure was explained to people in a form that would be easy to understand. In the annex it took the form of a social story consisting of a series of pictures with comments written in a simple language.

Some areas of the home, such as the laundry, posed a potential risk to people, as it stored harmful chemicals. Those areas were protected with a keypad lock so that the

Good

Is the service safe?

people would not be exposed to danger. People were encouraged to ask for assistance if they wanted to use the laundry, and were able to access the laundry with staff support as they wished.

The provider operated effective recruitment procedures. People had been involved in the recruitment and interview processes. All applicants had been subject to a six-month-probation period when they had been assessed by the registered manager whether they had the required skills and approach to support people appropriately. Relevant checks, such as evidence of identity, criminal record checks, references and employment history had been undertaken.

People's special needs were met by a large staff team. The minimum staff on duty was seven per shift during the day, one sleeping and three awake in the night shift. The numbers of staff fluctuated depending on how many people were resident in the home. The numbers noted above dropped if people went to visit their family homes at weekends and for holidays. During the week there was an additional staff member providing activities between 9am and 5pm, management support and a cook. The service had an 'on call' system so that senior staff were available at all times. Numbers of staff were continually monitored by senior staff and additional staff could be used if required. The service used bank staff and staff working extra hours to cover staff shortages. They did not use agency staff because of the nature of the needs of people who live in the service. Rotas for August 2015 showed that staffing never dropped below those identified by the service as minimum (unless there was a corresponding drop in the numbers of people resident).

Good

Is the service effective?

Our findings

Staff told us the care they provided was ”excellent”. One of the relatives told us “Choice offer their staff an excellent training package to support the people in their care and this serves our son very well”.

People’s rights were protected because staff understood the issues of consent, mental capacity and DoLS. The registered manager had submitted DoLS applications appropriately to the local authority. Staff had received Mental capacity Act 2005 and DoLS training. They were able to explain what deprivation of liberty was.

People were supported to make their own decisions and choices as far as possible. Plans of care noted the ways in which people would be involved in making any decisions they were able to make. Best interests meetings were held in regard to health and well-being procedures and any other major decisions concerning people’s lifestyle. An example included the use of general anaesthetic for health checks.

People were offered assistance and opportunities to see health professionals, if necessary. People’s health needs were identified and effectively assessed. Care plans included a health action plan and a hospital assessment booklet. Staff always accompanied and stayed with people if they were admitted to hospital. Detailed records of health and well-being appointments, health referrals and the outcomes were kept properly.

People were encouraged to eat healthy food and provided with a choice of suitable and nutritious food and drink. Individual dietary needs were noted in care plans and were available for reference in the kitchen.

People were provided with any specialist equipment needed to meet their changing needs in order to keep them as safe, comfortable and independent as possible. The building was single storey and accommodated some people with physical difficulties. People had large bedrooms with en-suite facilities, including showers. They had access to a large communal, safe garden and were additionally provided with a private garden for their personal use. These gardens had been specially adapted for individual’s safety and relaxation. Communal areas were spacious and attractive.

People's needs and preferences were taken into account when premises were decorated or adapted. The service had created a large living area for one person, which had allowed them to move freely and relieved them from anxiety. Special adaptations had been made to strengthen the annex ceiling and to change the fencing around the annex garden.

Behaviour of people who live in the home could cause distress or harm. The service used physical interventions when necessary, to keep the individuals and others safe. Staff were provided with specific training and support from the provider’s behaviour management team. The training system used positive de-escalation oriented techniques (methods of early intervention to stop behaviour becoming harmful or distressing) to help people to control their behaviour. However, the techniques included physical restraint as a last resort. The service kept a record of all incidents and interventions. These were reviewed and ‘signed off’ by the registered manager and the behaviour team. Plans of care included detailed behaviour plans for individuals.

The service took responsibility for people’s personal allowances. Other financial matters were dealt with by people’s families or the local authority acting as appointees. However, there was some confusion with regard to whether family members had obtained a power of attorney (legal permission to deal with someone who lacks capacity’s finances) concerning people’s finances or if this was necessary. The registered manager undertook to clarify who had a legal right to administer people’s finances if people lacked the capacity to give permission for others to act on their behalf. Staff checked people’s money at every shift change. People paid for staff’s meals while were being supported in the community or on holiday. It was not clear if this had been noted in the contracts. The registered manager undertook to review this practice and how it was operated to ensure the system did not create opportunities for potential financial abuse.

Staff communicated with people using the methods detailed in their support plans. Staff supported people with limited verbal communication who could make choices by using pictures, objects of references, using Makaton (a system of sign language) or body language. People were given choices and asked for their permission before staff undertook any care or other activities.

Good

Is the service effective?

Newly recruited staff had completed an induction course based on nationally recognised standards and had spent time working with experienced staff. This ensured that they had the appropriate knowledge and skills to support people effectively.

People were supported by staff who had been appropriately trained. Training was up to date and support workers had received further training specific to the needs of people they supported. These included learning disability, epilepsy and autism. Staff told us they were provided with good opportunities for training. Staff members also stated that they had easy access to training and were actively encouraged by the management to complete core and specialised training. Staff received regular one to one supervision and an annual appraisal. Staff members told us they felt "very well supported by the management team".

Regular meetings helped to improve staff care practice. Staff had discussed different approaches of how to support people through periods of anxiety and frustration. They had used staff meetings to agree on consistent approaches based on staff's feedback about people's behaviour and the internal psychology team's guidance.

Good

Is the service caring?

Our findings

People were treated with respect and their dignity was preserved at all times. Staff displayed patience and a caring attitude throughout our visit. Staff were knowledgeable about the needs of people and had developed strong relationships with them.

People were helped to maintain relationships with their families or other people who were important to them. The people who lived in the service were young people, sometimes newly transitioned from children's services. The particular kind of relationship between people and their families was understood. The registered manager had worked closely with families to meet the needs of people in her care. However, the service recognised that people over 18 have a legal right to make decisions about their lifestyle.

People and their families attended their annual review meetings and were involved in their care planning depending on their abilities, preferences and what was appropriate. People's opinions were represented at their reviews by their key workers who had worked closely with them and understood their sometimes complex communication methods.

Information which was relevant to people was produced in differing formats and explained to individuals in a way which gave them the best opportunity to understand it. These included pictures of reference, photographs and symbols. Staff followed people's individual communication plans. For example staff advised us which words we should and should not use when talking to people. Additionally, they used sign and other specialised communication methods throughout the day. People understood staff and staff understood them. Care staff and people who live in the home constantly communicated and interacted with each other.

Support workers knew how to comfort people who were in distress and unable to communicate their needs verbally. People's care plans detailed the facial expression, body language of people and sounds they would make to express their discomfort if they were unable to explain it verbally. Additionally, the actions required to comfort people were described clearly. Records guided support workers to react appropriately, for example by speaking calmly, offering reassurance and identifying the source of a person's distress. Staff were always alert to any signs of distress and advised us before we approached people at the service.

People's diversity was respected as part of the strong culture of individualised care. Support plans and behaviour support programmes gave detailed descriptions of the people supported. People were provided with activities, food and a lifestyle that respected their choices and preferences. Care plans included 'my story' which noted people's religion, what they preferred and enjoyed and how they expressed themselves.

People were encouraged by the provider to personalise their room and gardens, hence all bedrooms were decorated to reflect people's interest. People had a choice of how to use their gardens. For example some people enjoyed activities like gardening while other preferred to have swings in their gardens.

Good

Is the service responsive?

Our findings

Staff were very knowledgeable about people's needs. There were small numbers of people and high staff ratios to enable staff to respond appropriately to people's needs. In some cases staff were allocated to an individual at the ratio 2:1. Throughout the visit staff responded immediately to people's needs.

People had a full assessment of their needs before they moved in to the service. They, their families, social workers and other services had been involved in the assessment process. Care plans were reviewed every month by the key worker and a formal review was held at least once a year but generally more often. The people who live in the home were young and their needs changed frequently. A review was held whenever necessary.

People had very detailed care plans which meant that staff were able to offer very individualised care. Staff developed knowledge of everyone's needs and were able to talk about how they supported individuals. People's care plans were tailored to meet their complex needs. They clearly described the person, their tastes, their preferences, and how they wanted to be supported.

People's activity plans had been developed to meet the needs, preferences and abilities of the individual. People were supported so that they could participate in activities they liked and activities new to them. Intensive staffing, if necessary, was provided to enable people to go on holidays and go into the community to enjoy their activities.

People's needs were met promptly because staff communicated well, both informally and in handover meetings between shifts. Written records of handovers helped to ensure that information was passed effectively between shifts to maximise continuity of care. Staff confirmed that team communication was good and support was available from senior staff.

When people moved between services, for example whilst attending hospital, the registered manager made sure that they received consistent individual care because they were accompanied by support workers and had their 'hospital passports' already prepared. These 'passports' contained all the relevant information required by health professionals, including people's methods of communication and preferences.

People were enabled to choose their own keyworker who took the lead on overseeing their individual needs, their care planning and reviews. The registered manager also assigned a co-keyworker to support the keyworker role and provide continuity during periods when the keyworker was absent. It was evident from staff interactions that they were familiar with the needs and preferences of the people they supported. As a result, they identified changes in people's wellbeing promptly and sought medical assistance or other advice in a timely way.

Support workers used 'Living the Life' folders to work with people and to promote their independence. 'Living the life' folders were created to enable people to set their own goals and determine how they wanted to be supported. They also encouraged staff to think about how they could support people in different ways to achieve their goals. This meant staff had access to information which allowed them to provide support in line with the individual's wishes and preferences. People assessed their goals with the help of their keyworkers at the end of each month. This helped them to monitor the progress and identify new goals to achieve.

People were supported while going away on holidays or simply going out according to their individual wishes. Staff support had been previously discussed and agreed with people, including such issues as if they had wished to go with other people from the home or individually. For example one person had enjoyed a London tour recently and had planned a holiday to a place of particular interest.

Relatives confirmed that they had been involved in the planning of people's care when appropriate to ensure it was individualised to a person's needs. One relative told us 'We feel our opinions and wishes are respected. This consistency ensures we all meet our son's needs in a comprehensive and thorough way'.

People were able to express their opinions on matters important to them, such as activities, food menu or holidays, at regular house meetings organised on a monthly basis.

People had been offered a wide range of training provided by professional service user trainers. The training promoted people's independence and helped them to develop new skills. After completing the training, people were given relevant certificates.

Good

Is the service responsive?

Information was provided to people about how to make a complaint or how to raise a concern in a people friendly way, such as pictorial or symbol formats. Complaints and concerns formed part of the service's quality auditing process and were recorded on a computer once received. Records included the complaint, actions taken and if the complainant was satisfied with the outcome Two formal complaints had been raised since our last inspection in October 2013. Records indicated that these had been dealt with in accordance with the provider's complaints policy, and resolved to the complainant's satisfaction.

Good

Is the service well-led?

Our findings

Staff described the registered manager as "very approachable". They said there was an open culture within the home and everyone's ideas and opinions were listened to. One of the relatives told us "The management team at Little Heath Court is strong and effective. The manager is approachable, kind and caring".

The registered manager and senior staff team monitored staff's performance and adherence to the values and behaviours expected by the service and the provider. A variety of methods was employed to achieve this goal, including supervisions, covering all shifts and night time spot checks by the deputies or the manager, together with the area and registered managers.

The registered manager and senior staff had the authority to make decisions to ensure the safety and comfort of the people who live in the home. Examples included employing additional staff and ordering emergency repairs, if necessary.

The service worked closely with health and social care professionals to achieve the best care for the people they supported. People's needs were accurately reflected in detailed plans of care and risk assessments. People's records were of good quality and fully completed as appropriate.

The service reacted quickly to any issues of improvement identified by others. For example, they had developed a new body mapping form to ensure the safety of people. Records relating to other aspects of the running of the home such as audit records and health and safety maintenance records were accurate and up-to-date.

The registered manager carried out regular audits to monitor the quality of the service and plan improvements. The provider also completed quarterly compliance audits to monitor the quality of the service.

The provider and the registered manager had produced a business continuity plan which covered many possibilities, for instance, bad weather conditions or events of flu or pandemic. The business continuity plan was very thorough and prepared the service for running smoothly through many possible events that could affect the well-being of service users.

Accident and incidents had been recorded and reviewed by the provider, the registered manager and the internal psychologist where applicable. Actions had been taken promptly in response to individual incidents.

Relatives of people told us that the communication with the registered manager and support workers was effective and they had experienced a strong team spirit amongst staff and people. The service manager had developed good relationships with the relatives informing them twice a week about such issues as people's activities, letters received from schools, and about other public bodies, such as Child and Adolescent Mental Health Services (CAMHS). One of the relatives told us, "I am extremely happy with the care and support my son receives from the higher management at CHOICE care too. They invite parents to workshops and conferences and this ensures our voices are heard on another level too".

The registered manager actively encouraged people to be involved in the running of the home. For instance, people were involved in the recruitment of new staff by participating in interviews.

Regular house meetings were organised and recorded, at which people were able to discuss any concerns or ideas to improve the service. People had the opportunity to comment on their activities but were also provided with guidelines regarding the Human Rights Act in a way suited to people's abilities and clear to understand.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.