

Leonard Cheshire Disability

# The Heathers - Care Home Learning Disabilities

## 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

This inspection took place on 30 March 2016 and was unannounced.

The Heathers is a large care home that provides accommodation and support to up to six people with complex needs. At the time of the inspection there were two people using the service.

There was a registered manager in place. 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 indicated they felt safe. People were protected from the risk of abuse by staff who had knowledge of safeguarding. Staff were aware of the potential signs of abuse and how to report their concerns appropriately. People were protected against identified risks. The service had in place comprehensive risk assessments, which gave staff clear guidance on how to keep people safe.

People's liberty was not deprived unlawfully. Staff and the registered manager were aware of their responsibilities in line with the Mental Capacity Act 2005 [MCA] and Deprivation of Liberty Safeguards [DoLS]. These aim to make sure that people in care homes, hospitals, and supported living services, are looked after in a way that does not deprive them of their liberty and ensures that people are supported to make decisions relating to the care they receive.

People were supported by sufficient numbers of staff to meet their needs. The service had staff available to cover outings and staff absence, so that people could continue with their planned activities and remain safe. The service carried out the necessary pre-employment checks to ensure suitable staff were recruited.

People were supported to receive their medicines in line with good practice. The service had robust systems in place to ensure people received their medicines on time and in accordance with their prescription. Medicines were stored, recorded and administered correctly. Staff carried out daily audits to ensure any medicine discrepancies were identified quickly and action taken to rectify the issues.

People lived in a safe environment. The service carried out regular checks of the premises and equipment to ensure people were safe. Records were maintained to highlight any areas that required maintenance and work carried out quickly.

People received support from knowledgeable staff. Staff were supported to receive on-going comprehensive training to ensure people's needs were met. Staff were aware of their roles and responsibilities and were encouraged to identify any training needs they required. Staff received on-going supervisions and appraisals, where they reflected on their working practices to highlight any areas of improvement.

People were supported to eat sufficient amounts to eat and drink. The service had involved the support and guidance of a nutritionist and the local Speech and Language Therapy [SALT] team, to ensure people's needs around nutrition and eating were met and closely monitored. People were encouraged to maintain a healthy nutritional diet. People's health was monitored and addressed regularly. The registered manager actively encouraged the involvement of other health care professionals to ensure people's health needs were met. Information and guidance provided by the health care professionals was then implemented into people's care plans.

People's privacy and dignity was respected. Staff were aware of the importance of maintaining people's privacy and dignity. Staff ensured people were treated with respect and kindness, encouraging their sense of self worth. People's consent was obtained prior to care being delivered.

People and their were supported to be involved in making decisions about their care. Where possible staff encouraged people to indicate if they were satisfied or not with suggestions about their care. Relatives and other health care professionals were included in decision making.

People received personalised care that met their needs. People's care plans were person centred and detailed their history, preferences and things that were important to them. Care plans were comprehensive and reviewed regularly.

## 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. People were protected against identified risks as the service had comprehensive risk assessments in place.

People were protected against the risk of abuse. Staff were aware of their roles in safeguarding people and could demonstrate clear knowledge of how to appropriately raise concerns of alleged abuse.

People received care and support from sufficient numbers of staff at all times.

People received their medicines in line with good practice.

### Is the service effective?

Good ●

The service was effective. People received care and support from knowledgeable staff. Staff underwent regular training to ensure they could effectively meet people's needs.

People were supported to access sufficient amounts to eat and drink in line with guidance from a nutritionist.

People were supported to maintain good health as the service actively sought guidance from health care professionals.

### Is the service caring?

Good ●

The service was caring. People were encouraged to maintain meaningful relationships.

The service actively encouraged advocacy services.

People were treated with kindness, compassion and respect by staff. People's privacy and dignity was maintained by staff at all times.

People were encouraged to express their views about the care and support they received.

### Is the service responsive?

Good ●

The service was responsive. People received care that was person centre and tailored to their individual needs.

Care plans were reviewed regularly and up dated to reflect people's changing needs.

People were supported to raise any concerns and complaints with support from advocacy services and their relatives.

**Is the service well-led?**

**Good** ●

The service was well-led. The registered manager encouraged an open door approach, enabling people, their relatives and staff to speak with her when convenient to them.

The registered manager actively sought partnership working with other health care professionals to ensure people's needs were met.

The registered manager carried out regular audits to ensure the safety of the environment and to gain feedback on the service provision.

# The Heathers - Care Home Learning Disabilities

## **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.

The inspection took place on 30 March 2016 and was unannounced. The inspection was carried out by one inspector.

Prior to the inspection, we reviewed the information we held about the service. We looked at statutory notifications the service had sent to us, previous inspection reports and other information shared with us.

During the inspection we spoke with two care workers and the registered manager and carried out observations of staff interactions with people. We looked at two care plans, two medicine administration recording sheets [MARS], three staff files, and other documents related to the management of the service. After the inspection we spoke with one relative and a health care professional.

# Is the service safe?

## Our findings

People indicated they felt safe. One relative we spoke to told us, "Yes, I believe my relative is safe. She has been there a long time and we have never had any problems". A health care professional told us, "Yes I feel people are safe".

People were protected against the risk of harm and abuse. Staff were aware of the different types of abuse and could indicate the procedure they would follow to report suspected abuse. One staff told us, "I'd make sure people were immediately safe, I'd then report it to my senior. If I had further concerns I'd keep going higher in reporting it". Another staff told us, "There's a clear reporting system in place and we must follow the service guidelines. We have an excellent leaflet with a step by step guide from the provider. We also talk about safeguarding and whistleblowing in team meetings". Staff were aware of their responsibilities in reporting any safeguarding matters and could confidently tell us the service policy on whistleblowing. Staff were confident in how to raise concerns with their line manager and other health care professionals if required.

People were protected against identified risks. The service had in place comprehensive and robust risk assessments which were regularly reviewed to reflect people's changing needs. Risk assessments detailed what people were able to do to minimise the risk themselves and details of the support they required to keep them safe. Risk assessments were person centred and took into account people's preferences and likes and dislikes. For example one risk assessment involving a person requiring support during meal times, detailed how they preferred to eat their meals independently by using adapted cutlery and plates. The risk assessment then detailed what actions the staff should take to encourage their independence whilst ensuring their safety when eating. Risk assessments covered all aspects of people's lives such as, mobility, eating and drinking, accessing the community, making choices and self-care.

People received care and support from staff that had undertaken the necessary pre-employment checks to ensure they were suitable to work at the service. We looked at staff personnel files and found these contained pre-employment checks, for example, disclosure and barring services [DBS], two references and photographic identification.

People were supported by sufficient numbers of staff to ensure their needs were met. A relative told us, "There are definitely enough staff on shift". Staff told us, "I believe there are enough staff on each shift, I think they [the provider] has got the ratio correct". The registered manager told us, "I work both in the office and on shift so that I know what is going on". Staff confirmed that the registered manager worked on shift, which meant people were able to participate in activities in the community.

People were protected against unsafe medicine management. The service demonstrated good practice in the administration, recording and safe storage of medicines. Staff told us, they were aware of the correct procedure in safely administering, storing and recording medicines. Staff told us they would contact a senior member of staff should they feel there was a discrepancy with the medicines to ensure this was addressed immediately. We looked at the medicine the service held and found these were stored in line with good

practice. Medicines were administered in line with the prescribing GP's recommendations and recorded correctly. We checked to see if the remaining amount of medicines recorded by the service was correct, and found all medicines were accounted for. The registered manager told us, any discrepancies would be addressed in line with the service policies. Medicines were audited daily to ensure any errors were identified swiftly and appropriate action taken to mitigate the errors.

People were supported to live in a house that was safe. Staff and the registered manager carried out health and safety audits daily, weekly, monthly and annually to ensure the environment was safe. We looked at records relating to the fire safety and found all necessary checks were undertaken in line with good practice. People had personal emergency evacuation plans [Peeps] which were reviewed regularly to reflect people's changing needs. Peeps are person specific documents that give guidance to staff on how to safely evacuate people from the building in the event of an emergency. Maintenance records showed staff identified areas of work that required improvement, when this was identified and when work was completed to rectify the issue. For example, one entry was that a fire door closer was broken. The record showed the work had been carried out to fix the closer on the day it was reported.

People were supported by staff that learnt from incidents and accidents. Staff told us they knew the correct procedure when dealing with incidents and accidents and who to report these to. We looked at the incident and accident log and found that there had been no incidents in the last 12 months.



## Is the service effective?

### Our findings

People received care and support from skilled and knowledgeable staff. A relative told us, "The staff always ring me if there are any problems or events taking place. There is a consistent team and they know [relative] very well. They are forthcoming with information". A health care professional told us, "All staff are knowledgeable".

People were supported by staff that had undertaken on-going training to meet their needs. Staff told us they felt there was more than adequate training provided by the provider. One staff told us, "There's a lot of training, you're always having training and you learn something new each time". Records showed all staff had received mandatory training, for example, fire safety, safeguarding, Mental Capacity Act 2005 (MCA), Deprivation of Liberty Safeguards [DoLS] and moving and handling. Staff told us, "I feel confident enough to request additional training if I felt it was needed. I believe the registered manager would take this into consideration and if it were beneficial would ensure we received the training". The service provided staff with other training which was person specific to people living at The Heathers, such as swallowing and choking and epilepsy training.

People were not deprived of their liberty unlawfully. We looked at the records held by the service and found that the registered manager had applied for general authorisation DoLS with the local authority deprivation of liberty team in line with legislation. Both staff and the registered manager had adequate knowledge of the MCA and DoLS framework and their responsibilities to ensure people were not unlawfully deprived of their liberty. Staff told us, "MCA gives people who can make choices the opportunity to do so and those that cannot, the best possible care that's in their best interests". Records showed those that lacked the capacity were supported by a best interest meeting. An advocate, relatives and health care professionals were involved in the best interest meeting in line with the requirements of the MCA 2005.

People's consent was sought prior to care being delivered. A relative told us, "Staff are always respectful when relative indicates she doesn't want to do something". Staff told us, "People may not be able to tell us what they want verbally, but they can do so physically. They might push our hand away, or make noises to indicate they do or don't want something. We have worked with them for a long time and it's about getting to know them well and know what their gestures mean". During the inspection we observed staff seeking people's consent before supporting them. For example, staff were observed asking if people wanted to have their lunch. Staff were patient and gave people reassurance and time to indicate if they wanted to have their lunch or not.

People were supported to have sufficient amounts of nutritional food to eat and drink throughout the day. Staff told us, "If people cannot tell you what food they like or dislike, it is a case of learning through trial and error. If you provide a meal that they don't want, we then offer them something else". The service provided a four week rolling menu that had been devised with the input of a local nutritionist. We saw records that indicated the registered manager had requested advice in healthy eating and foods that would not cause a choking or swallowing difficulty. The service had in place cutlery and plates that had been specifically designed to enable people to eat independently, however staff were on hand to support people who

required additional support.

People were supported by staff that had undertaken an induction. Staff told us, "I have had an organisational specific induction. I found this helpful to know the expectations of the service". At the time of the inspection there had been no new staff members since 2008. Therefore there were no recent inductions. However, the registered manager was able to tell us the induction process for new staff.

People received care and support from staff that reflected on their working practice. Staff told us, "I really do find supervisions helpful, it's a one on one time with your senior and you can talk about everything related to your work. They [supervisor] will highlight areas you need to work on and you can say what you think you need more support with". Another staff member told us, "We set our own goals in the supervisions, we don't always meet them, but we aim to". We looked at staff supervision records and found staff received supervision regularly in line with good practice. Staff were encouraged to bring their own agenda items for discussion to ensure their views, concerns and ideas were addressed. Supervisions showed staff discussed all aspects of their role including, staff morale, house responsibilities, training and additional activity ideas for people. Staff also received annual appraisals, we found these were up to date and focused on staff achievements and goals for the next 12 months.

## Is the service caring?

### Our findings

We received mixed reviews about care provided. A relative told us, "I do believe the carers are caring and respectful. I've never thought otherwise". A health care professional told us, "The staff are caring in regards to people's physical needs, but emotionally and compassionately I'm not sure. However we did not find any evidence to support this statement.

People received care and support from staff that were kind, compassionate and respectful. During the inspection we carried out observations of staff interacting with people and found staff were inclusive, patient and enigmatic when engaging with people. For example, staff would talk about topics they believed were important to people, such as trips out and relatives. People indicated through gestures and sounds that they were comfortable with the level of communication provided by staff.

People's privacy and dignity was maintained and respected by staff. A relative told us, "I believe that [relative] is treated with dignity and respect at all times". Staff told us, "We always close the bedroom and bathroom doors, and there's a sign we put on the door saying it's occupied". Another staff told us, "You should never leave someone where their dignity might be at risk, you must think and act accordingly". Throughout the inspection we observed staff ensuring people's dignity was maintained, for example, when having lunch, staff quietly asked someone so that others could not hear, if they would like to change their clothing as there was food on it. Staff did this in a kind and respectful manner and respected the decision made by the person.

People were provided with information in a way that enabled them the best opportunity to understand. Staff used different styles of communication to share information with people. For example, staff were observed speaking with someone and using gentle reassuring touches on their forearm when talking.

People were supported by staff that encouraged their independence. Staff told us, "Because people are very dependent on us [staff], we encourage them to assist with various aspects of their care. For example with personal care, we encourage them to do as much as they can for themselves and then we will support them. We also encourage them to participate in the preparation of their meals as much as they can". Another staff told us, "We give people time to do things, and allow them to do as much for themselves as possible then we help. You need to be patient, some days they may be able to do more for themselves than others but it's about enabling them to take the lead and they are then proud of their achievements and we recognise that".

People were supported by staff who recognised the importance of maintaining confidentiality. Staff told us, "No one should leave information about people or staff lying around that should not be divulged to those who do not need to know. All records are kept secured and locked in the office". Staff were able to demonstrate why maintaining people's confidentiality was imperative.

People had access to an advocate. The service recognised the importance of having an advocate available to people. The registered manager told us, "It's been very helpful having an advocacy service to attend

meetings. It's nice to have somebody coming in to advocate on someone's behalf". We looked at records the service held and found advocacy services were involved in best interest meetings and other meetings where people required unbiased opinions.

## Is the service responsive?

### Our findings

People received support that was person centred and tailored to their individual needs. Relatives told us, "[Relative] has a keyworker who helps make sure things are person centred and she drives the support for him/her. I believe they cater for both the group's needs and individual needs." A health care professional told us, "I do not believe the service is person centred". However we did not find evidence to support this statement.

People had care plans that were person centred. A relative told us, "I have seen the care plans and we do get to go through them and I believe they are person centred". The service had comprehensive care plans that gave staff clear guidance and understanding of the people they were supporting. Staff told us, "We follow the care plans and if we feel they need changing, we tell the registered manager who will look into it". Care plans detailed all aspects of people's care including their likes and dislikes, history, preferences for care delivery, medical history and things that were important to them. Care plans included a one page profile, that explained how the person preferred to communicate and things staff need to know before supporting them. Care plans detailed how to present questions to people so that they could give consent and what level of support was required to help them make decisions. Care plans were reviewed regularly by the registered manager and where appropriate updated to reflect people's changing needs. Review meetings took place and relatives, advocates and care managers attended to share their views with implementing care plans.

People were encouraged to participate in a wide range of activities. A relative told us, "From talking to staff and when we visit, staff always let me know what activities have taken place. They go for trips to Kew gardens, shopping trips, meals out, parties and sensory sessions. The service tries to engage people in activities". On the day of the inspection, one person was attending a day centre and another person went out for a drive. The service had a plan of activities that people could choose to participate in if they wished. Staff told us, "I feel we offer enough activities for people. They go out a lot and get lots of stimulation". We looked at people's records which showed that people were encouraged to participate in the following activities, day centre, aromatherapy, sensory sessions, local walks, shopping and day trips.

People were supported by staff that were aware of the impacts of social isolation. Staff told us, "We do encourage people to be sociable but people also like to spend time alone in their bedrooms. We make sure we check people are ok if they spend time alone and then encourage them to re-join their peers if they would like to". Staff were able to demonstrate the importance of socialising against the need for private alone time.

People were encouraged to share their views in a manner they felt comfortable. The service had a complaints procedure available for people, however due to the complexity of people's needs it would be hard for them to understand. We spoke with the registered manager who told us, they took their cues as to whether people were dissatisfied by looking at the way they reacted to things. As they were unable to raise concerns and complaints, the involvement from family, the advocate and care manager was imperative in ensuring people were given every opportunity to speak out.

## Is the service well-led?

### Our findings

Staff and relatives spoke highly of the registered manager. A relative told us, "She seems helpful and willing to answer questions. She's approachable and I can always get hold of her if I need to". A health care professional told us, "The registered manager is honest and accessible".

The registered manager told us she operated an open door policy where people, their relatives and staff could speak with her at a time that was convenient to them. One staff told us, "She's [registered manager] very easy to talk to and is accommodating. She listens to us and she will always try new things and if it doesn't work she will try a different approach". The registered manager worked on shift which enabled her to have first-hand knowledge of what was happening and any changes that required implementing.

Staff told us the registered manager listened to their ideas and took on board their views. One staff member told us, "She's [registered manager] is very nice as a manager and always has time for you and encourages us to have our say. She's open to everyone's ideas and incredibly approachable". We looked at the staff meeting minutes and found staff were encouraged to share their views and make recommendations about the delivery of care. This meant that staff were part of the decision making.

The registered manager actively sought feedback on the service delivery. Quality assurance questionnaires were sent out annually to relatives, advocates and other health care professionals. The questionnaires asked people for their views on the care and support provided, staff communication, activities and if people were treated with respect. Completed questionnaires were then sent to head office who analysed the feedback and in conjunction with the registered manager developed an action plan. We looked at the completed questionnaires and found 100% of questionnaires were happy with the care and support provided at The Heathers. We saw one instance where a comment was made about the lack of activities due to the house minibus not working. This had been addressed by the registered manager in a timely manner and was now working. This meant that the registered manager acted promptly to identified issues. The service also received quality checks by the quality team from head office. The registered manager told us, "Having these visits mean we continually improve". We looked at the feedback from the quality team and saw the registered manager had devised an appropriate action plan with work currently being undertaken.

The registered manager actively encouraged partnership working. We saw records that showed the registered manager had made referrals to a dietician, speech and language therapist [SALT] and psychiatrist. Recommendations and guidance given by the health care professionals had been adhered to and by doing so people had been discharged from the referrals. The registered manager told us, "As soon as you involve other professionals you get to share your ideas and can gain good information that benefits people and the team. There is a risk of becoming stagnant and that's why having fresh ideas helps".