Hightown Housing Association Limited

4 Old Barn Close

Inspection report

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Date of inspection visit:
04 September 2018
05 September 2018

Date of publication:
04 October 2018

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

4 Old Barn Close is a residential care home for four people with learning disabilities. Accommodation is provided on the ground floor with shared facilities such as a kitchen, bathrooms and lounge. Each person had their own bedroom. At the time of the inspection four men were living in the service.

At our last inspection we rated the service good. At this inspection, we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. At this inspection we found the service remained Good.

Why the service is rated Good:

People's safety and well-being had been considered by the service and steps had been taken to minimise the risk of harm. Care plans and risk assessments had been completed to minimise the risks associated with the delivery of care. Records were up to date and trained staff administered medicines to people. Supplies and equipment used in the service were maintained and checked.

Prior to moving into the service, each person had their needs assessed. People are supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. People's relatives spoke positively about the food available in the service.

Staff training was not always provided in line with the demand, meaning staff had to wait to refresh or attend training. We have made a recommendation about this. Staff were supported through supervision, training and appraisals to carry out their role. Staff meetings were provided to encourage clear communication and updates.

We were told and we observed how staff showed kindness and a caring approach towards people. People's privacy and dignity were protected. Care plans detailed how people communicated with staff. This allowed staff to understand the simple gestures people made which indicated pleasure or dislike. Staff knew people well and understood their preferences. People's care plans were personalised and focussed on their specific needs.

Information was obtained from people's relatives verbally and through a questionnaire as to how the service could be improved. Staff told us the managers were accessible, open and honest. They felt supported by the management and spoke positively about their management skills.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

4 Old Barn Close

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 comprehensive inspection took place on 4 and 5 September 2018 and was unannounced. The inspection was carried out by one inspector. Prior to and after the inspection, we reviewed previous inspection reports and other information we held about the home including notifications. Notifications are changes or events that occur at the service which the provider has a legal duty to inform us about.

Before the inspection, we asked the provider to complete 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. We reviewed the completed PIR and used this to inform our inspection.

During the inspection we spoke with four staff including the registered manager. Following the inspection, we spoke with four relatives on the telephone. We examined care records for four people, including documents related to the management of people's medicines. We read recruitment documents relating to the employment of two staff, audits, records of safety checks and other documentation related to the running of the service.

We observed how care was provided to people, how they interacted with staff and their environment. We were not able to speak with all the people who were present in the service due to communication difficulties. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

The service continues to provide safe care. One person's relative commented on the safety of the service. They stated. "I do think it is a safe service, the doors are locked, I have no worries at all."

Staff had received training in how to protect people from abuse. They were clear about how to identify indicators of abuse, and what action they would take if they had concerns. The process for reporting concerns to the local authority was clearly visible on the wall in the office.

People's safety and well-being had been considered by the service and steps had been taken to minimise the risk of harm. People had risk assessments in place for areas such as falls, moving and handling and medicines amongst others. Environmental risk assessments had been completed to ensure the building and equipment were safe to use. This helped to keep people safe from risks.

We observed there were sufficient numbers of staff to support people. However, two people's relatives told us occasionally there were insufficient numbers of staff to enable people to leave the service and enjoy activities in the community. The registered manager was open with us about the staff situation. This was on the provider's priority list for recruitment support to fill staff vacancies at the service. Two applicants had been offered employment. The service would continue to use bank staff until the final vacancy was filled. The registered manager told us they used regular bank staff to enable continuity of service.

We reviewed the recruitment files for the two most recently employed staff members. Checks were appropriately carried out. Investigations included Disclosure and Barring Service (DBS) checks, written references, health declarations, and proof of identity and of address. This process reduced the risk of unsuitable staff being employed by the service.

Medicines were administered by trained staff. They were stored securely and only appropriately trained staff had access to them. We undertook checks to ensure the storage, administration and records related to medicines were safe. We found they were. Records of the medicines administered were up to date and accurate. Protocols were in place for as required medicines (PRN), for example pain relief. Photographic identification was available for all people receiving medicines and allergies were recorded. Documentation for creams or lotions was available and we saw that administration records were up to date. The opening date of creams was recorded to assist staff to recognise when the shelf life of the cream or lotion would end and it would need replacing.

Staff received training in infection control and food hygiene. Equipment was in place such as colour coded mops and buckets to reduce the risk of spreading infections. The purpose of having colour coded equipment is to prevent cross contamination during the cleaning process. Each colour is related to an area of the building. This prevents mops used in the bathroom being used in the kitchen. Staff were supplied with personal protective equipment (PPE) such as gloves and aprons. This protected both staff and people from transferring germs and viruses. We observed the service was clean and tidy.

The gas and electricity supplies and equipment used in the service had been regularly serviced and maintained. This protected people from the risk of harm from unsafe utilities and equipment.

Good

Is the service effective?

Our findings

The service continues to provide effective care and support to people. Prior to moving into the service, each person had their needs assessed. This was to ensure the service was equipped to meet their individual needs. Staff received training in equality and diversity. This enabled them to understand and respect people's preferences, needs and their protected and other characteristics under the Equality Act 2010, for example, age; disability; gender reassignment; marriage and civil partnership; race; religion or belief; sex and sexual orientation. Where people required private time alone, this was respected by staff and facilitated.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found the service was operating within the legislation and the associated guidelines.

People were supported to make choices where they could. Where they had been assessed as unable to make their own decisions, a best interest process was followed. This ensured that any decision made on their behalf was in their best interest. Where restrictions were in place to maintain their safety, DoLS applications and authorisations were in place. This meant people's human rights were respected.

People were supported to eat and drink sufficiently to remain healthy. Two people's relative told us "The food is nice." "The food is brilliant it's 100 percent." One person had diabetes, systems were in place to monitor their food and fluid intake and to ensure they remained healthy.

The staff received induction, training, supervision and appraisals in order that they could carry out their role to the expected standard. We found the provider failed to offer sufficient places on training courses to ensure that staff could renew their training in a timely way. We found not all staff had renewed their medicines training, this was due to the lack of available training places. The registered manager told us "To manage this risk we undertake medication competencies. These are done yearly. They consist of observations and a theory side. Staff need to pass both." This ensured staff's knowledge and skills were maintained between the available training courses.

We recommend the provider reviews the supply and demand for staff training to ensure there are sufficient numbers of suitably trained staff.

The service worked well with other organisations to ensure people's needs were met and care was effectively delivered. For example, we spoke with a health care professional who was visiting the service. They told us staff were quick to respond to any problems people had. When people displayed distress and the cause was unknown, the staff would take them to the GP to rule out any physical causes before reviewing the person's mental health.

An example was given to us when a person's behaviour changed, they were uncomfortable, distressed and they were also eating less. After extensive consultations with health professionals, it was established there

was a physical cause which was causing the person pain. Once the pain was managed, their behaviour diminished and their appetite returned.

The building was a bungalow, this meant it was accessible to people who used wheelchairs. For one person, there was a risk of injury from the corners of the walls. Padded strips had been added to protect the person. This meant the environment was safe for people.

Good

Is the service caring?

Our findings

The service continues to provide a caring service to people. People's relatives commented on the caring nature of the service. Their comments included "The staff are friendly and caring. They treat [named person] like he is one of their own." "The place is brilliant, he loves it there."

We observed how people were treated with kindness and respect. Staff understood the importance of assisting people to remain as independent as possible. They discussed with us how they achieved this with people, for example giving people choices. Care plans reflected the support people needed when they became upset or anxious. Staff could describe to us how they supported people in a person-centred way when this happened.

We observed how people's privacy and dignity was maintained by staff who knocked on people's doors before entering, and by speaking discreetly to people when it was appropriate to do so.

The Accessible Information Standard (AIS) is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The service was working towards being compliant with the standard.

Care plans detailed how people communicated with staff. This allowed staff to understand the gestures people made which indicated pleasure or dislike. One person could communicate verbally and they were encouraged to use their communication skills to assist others. For example, we were told they read to other people. Objects of reference were used to enhance people's communication where appropriate. This is where an object is used to represent an item, activity, place, or person. For example, a cup may represent a drink.

People's care plans included their personal histories, likes and preferences. Through discussions with staff it was apparent they knew people well. Care plans were reviewed with people and their representatives. This ensured information was kept up to date, and the care provided was appropriate.

Good

Is the service responsive?

Our findings

The service continues to be responsive. We observed a very homely, relaxed and comfortable atmosphere in the home. Staff were attentive and supportive. Interaction between staff and people was respectful and meaningful.

The provider had a complaints procedure and policy. People's relatives told us they knew how to raise a complaint or concern if they had to. There had been no official complaints raised with the service in the last year. People's relatives confirmed where they had raised issues these had been dealt with quickly. Their comments included "I have no complaints, but if I have anything to say I just say it. They do listen." "We have no complaints, but I would know who to speak to. They are very good; they listen to you and explain things, if there is a problem they would write to us."

People's relatives told us they had read the care plans and they confirmed they were accurate and up to date. One person's relative told us the staff wrote in a book, and when they visited they could read the book to see what the person had been involved in and how their health had been. They found this very useful to keep up to date with any changes.

People's care plans were personalised and focussed on their specific needs. For example, due to one person's physical disability, consideration had been given as to where they should be seated in the vehicle. Where people required specialist pieces of equipment to assist them with their independence, these had been provided. For example, plate guards to enable people to eat independently. Other consideration had been given to people's enjoyment of activities, and where possible these were facilitated. For example, shopping, going to the seaside, and sensory stimulation. This protected people from the risk of social isolation.

Most people living in the service were unable to give their opinion regarding their end of life wishes. One relative told us they had plans in place for after the person died, for example, a funeral plan. When we discussed this with the registered manager they told us it was a difficult area to discuss with people's relatives. They told us they had a good relationship with the community nurses and GPs and they would support people to remain in the home if this was in their best interest and the necessary medical support was available to them.

Good

Is the service well-led?

Our findings

The service continues to be well led. The service had 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.

Providers are required to comply with the duty of candour statutory requirement. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. People's relatives told us the service was open and honest with them and relayed all the necessary information to them. They felt they were well informed of what was happening in the service.

People's relatives told us they were asked for feedback on how the service could be improved. They were offered the opportunity to do this verbally and through a questionnaire.

Quality assurance audits had been completed to ensure the safety of the building and the quality of care, for example, infection control audit, fire safety audits including equipment checks and fire drills. Care plans were also audited to ensure the information was up to date and accurate. Review meetings took place with people, their representatives and any other professionals who played a significant role in the person's life.

Staff told us the there was an open culture within the service and senior staff were accessible and helpful. People's relatives and staff spoke positively about the senior staff in the service. Comments included "The managers are good, they deal with situations well. We are listened to and the men are listened to. The lads are well looked after and there is a brilliant bunch of staff." "The staff that work here provide them (people) with everything they need in their day to day lives." "The team here are vibrant, really open, everyone wants to succeed and do well"

Staff could feedback to the registered manager during supervision, appraisals and staff meetings. We were told the accessibility of the senior staff meant discussions and feedback could be given daily. This enabled the registered manager to consider and drive forward improvements to the service.