

Castlehaven Care Limited

High Trees Residential Home

Inspection report

Hightrees
Bull Lane
Bishops Castle
Shropshire
SY9 5DA

Tel: 01588638580

Date of inspection visit:
06 October 2016
07 October 2016

Date of publication:
23 November 2016

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

High Trees residential home consists of two separate houses and provides accommodation and personal care for a total of 16 people with learning disabilities and autistic spectrum disorders. The two houses, High trees and Nova, provide accommodation for up to eight people each. There were 10 people living at the service at the time of our inspection.

People were protected from the risk of harm and abuse by staff who knew how to recognise and respond appropriately to any concerns that they had. Staff knew how to support people safely. Risks associated with people's care and support had been appropriately assessed and included ways to enable people to take risks, which respected their wish to try new things. Staff were knowledgeable about the Mental Capacity Act 2005 and enabled people to make decisions for themselves as far as possible.

There were sufficient staff employed to meet the needs of each individual living at the service. Staff did not start work until checks had been made to make sure they were suitable to support people and keep them safe. People were supported by a staff team who had the knowledge and motivation to be able to enhance their lives. People's independence was actively promoted. People and their families were included in any decision making and their views respected about what they wanted to do each day. Relatives were fully involved in the lives of their family members and good levels of communication were maintained. People were supported to access external healthcare support when required.

People had their nutritional needs assessed and were supported to be involved in meal preparation. Mealtimes were friendly and sociable occasions with much interaction between people and staff. People were supported to take their medicines as prescribed. Medicines were ordered, stored and dispensed according to national guidelines.

People enjoyed kind and caring support from the staff team. Staff treated people with high levels of respect and acceptance of their uniqueness. Care and support was provided with dignity and people's privacy was maintained. People and their families were fully involved in the development of individual care and support plans. A large range of activities, both joint and individual to the person was available. Much support was provided by staff to enable people to take part. People were actively supported to talk about their views on the service provided, and make a complaint if required.

The head of home was approachable. There was a positive and inclusive culture in the service where the staff and head of home worked together as a team to ensure people's needs and wishes were met. The registered manager and director of High Trees, who also were the providers of the home, visited the home every week and were available to support the head of home and their team. The providers had checks in place to monitor the quality of the service and encouraged staff to drive improvements in the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were supported to be safe by a staff team who knew them well.

Risks to people's safety were assessed and minimised. Any restrictions on people were kept to a minimum so they could enjoy independence. People were supported to take their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People were supported to make choices about the care and support they received. People were supported by a staff team with the knowledge and skills to enable them to be involved in decisions about their lives. People were supported to eat and drink well to maintain their health. People could access healthcare services as required.

Is the service caring?

Good ●

The service was caring.

People were supported to live meaningful lives by a staff team who respected and cared about them. People's views and wishes were supported at all times. People were supported with dignity, kindness and compassion.

Is the service responsive?

Good ●

The service was responsive.

People were encouraged to enjoy new life experiences. Staff enabled people to make decisions about their lives. People were encouraged to maintain family relationships. People were supported to be involved in the local community and develop friendships outside of the service. People were supported to complain if they wished to.

Is the service well-led?

Good ●

The service was well-led.

People were supported by a strong management team to be involved in the day to day running of the home. Checks were maintained by the registered manager to assess the ongoing

quality of the care and support provided. The provider's vision for the ongoing improvement of the service was shared by the staff team.

High Trees Residential Home

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 6 and 7 October 2016. The first day was unannounced and the second day was announced.

The inspection team consisted of two inspectors.

Prior to our inspection we reviewed information we held about the service. This included information received and statutory notifications. A statutory notification is information about important events which the provider is required to send us by law. Before the inspection, the provider completed a Provider Information Report (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made the judgements in this report.

We requested information about the service from the local authority and Healthwatch. The local authority has responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care services.

During our inspection we spent time with people in the communal areas of the home. We spoke with two people who used the service and four of their relatives to get their views of the service. We spoke with six members of support staff, the head of home, the registered manager and the director. We also spoke with two external health and social care professionals who supported the service. We looked at the care and

support records of three people who used the service. We viewed a range of records relating to the running of the service, including medicines, complaints, accidents and incidents. We also looked at quality audits carried out by the registered manager and registered provider.

Is the service safe?

Our findings

We spent time with people who lived at the service. We saw people were protected from the risk of harm by staff who knew them well. Staff told us they had received training in how to recognise when people may be at risk of abuse and harm. They were able to tell us the different ways people could be harmed. In addition, they told us the different types of abuse people may be subjected to. People living at the service required a very high level of staff support to be safe in their environment. This was because they were unable to recognise potentially harmful situations. All the staff members we spoke with were able to tell us what action they would take if they had concerns about people's safety and well-being. They said that they would speak with the head of home. They were confident that the head of home would deal with the matter immediately. Staff also knew how to report any concerns to the senior management team or to external organisations such as the local authority or the Care Quality Commission (CQC) if they needed to.

People were supported to have control of their lives in a safe way. Risks were identified and managed in a way that supported this. Risk assessments and support plans were in place that considered any potential risks and strategies were in place to minimise any risks. Staff told us that, because people's ability to respond to potentially unsafe situations varied from day-to-day, risks to people's well-being and safety were constantly being reviewed by the staff team. We saw that staff communicated well with each other and, if any new risks for people were highlighted, they shared this information with their colleagues. This enabled staff to recognise changes in people's behaviour which could increase the risk of harm or conflict. For example, we were told that one person did not cope well with unusual or noisy environments and became agitated. We saw that this person was supported to sit away from other people at a party they attended on the day of the inspection. They were happy to sit with their keyworker and enjoyed the party from a distance.

People had a 'hospital passport' assessment which contained detailed information about each individual, any risks around their safety and how they should be supported if they required admission to hospital. The head of home arranged for staff to provide one to one support if a person was in hospital. All people had Personal Emergency Evacuation Plans (PEEP). A PEEP provides information for the staff and emergency services about what support each person would require in the event of an emergency such as a fire.

People were cared for by sufficient numbers of competent staff. Most people living at the home required one to one support at all times. We saw that care and support was provided for the people in a timely manner at all times during our inspection. People were seen to receive relaxed and friendly support as staff had enough time to support people well. One relative said, "There's always enough staff as far as I'm concerned" The service did not use agency staff as the staff team worked to cover any shortages. One staff member said, "Staffing levels are definitely safe and enough to meet people's needs."

The provider had taken steps to protect people from staff who may not be suitable to support them. Before staff were employed the provider carried out checks to determine if staff were of good character. They took up references from previous employers and requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of their recruitment process.

People were supported to take their medicines as prescribed in line with good practice and national guidance. Within the medicine administration files we saw that the staff had access to key information for each person. This included prompts on how to support people to take their medicines. For example, one person's file had information on what to say to get the person ready to take their medicines and the type and quantity of drink the person would need to be able to swallow their medicines safely. Staff received regular training to be able to administer people's medicines and senior staff regularly audited people's medicines. Each staff member had their competence checked every three months by the head of home. We also saw there were effective arrangements in place for the ordering, recording, storing and disposing of medicines. We were shown the protocols which were in place with regard to their specific health problems. Staff talked about how to use any 'Rescue' medicines they may need. Rescue medicines were kept in the service to be administered in the event of a sudden health issues, such as a seizure.

When people went out of the home, their required medicines were signed out of the home to enable people to continue with their medicine regime. We saw that correct processes were in place to ensure the safety of the medicines when people were out. Medicines were signed in and out as required.

Is the service effective?

Our findings

People were supported by staff who were well motivated and trained to support them effectively. We were unable to find out the views of some of the people who lived at the service about staff's knowledge and skills. This was due to their complex needs. However, we observed how the staff interacted with people during the day. All staff members we saw were able to demonstrate in-depth knowledge and understanding of both the physical and emotional needs of each person as they spent time together. We saw that staff asked people's views about what they wanted to do and encouraged them to be involved in decisions. A relative told us, "I feel staff are well trained, they demonstrate this through how they deal with residents." Another relative told us, "The staff team are excellent with [person's name]. They know them inside out and know what they are doing."

Staff told us that they received training to enable them to support people well. The registered manager had worked with the head of home to develop a bespoke training programme. This encompassed learning specific to the people being supported in the home, as well as mandatory requirements. This included learning how to be aware of what could make a person become anxious or aggressive. This specialised training looked at the management of actual or potential aggression (MAPA). MAPA focussed on the prevention, reduction and avoidance of aggressive reactions from people. One staff member told us that this training had helped them to understand people better. They said, "It is about understanding the people. Why do they act the way they do? Can we prevent them being upset?" Other training topics included learning about the different types of autism, caring for a person with dementia and Makachat lessons. Makachat is a method of communicating with people using hand signs and gestures. In addition, the providers enabled the staff team to access up to date information and current guidance to ensure they were working in accordance with best practice. This included medicines information and new initiatives regarding supporting people with learning disabilities.

The staff team were supported in their roles by the head of home. New staff worked through the providers induction training book. This enabled the new staff member to get to know essential information such as emergency procedures how to support people. The staff were supported by amore experienced colleague as they learned their role. One staff member told us, on the subject of their induction, "I got the right level of support from the team. The manager was very supportive as well." Staff were supported to share their views with the head of home during individual support sessions and yearly appraisals. All staff spoken with said, however, that they felt that the support from the head of home was always there for them. One staff member said, "We can talk to the head of home whenever we want to."

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 interest and as least restrictive as possible. We found from speaking with staff that they understood the principles of the MCA. We heard staff asking people and explaining what their choices were. We saw that people's responses to this approach varied from no response to being able to tell staff what they wanted. However, we saw that the staff team

did not make assumptions about what people wanted. One staff member said, "We never assume what people want. If they can't tell us then we look at their body language and facial expressions." Another staff member explained to us about one person being able to make decisions by using pictures or their tablet computer.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. All people living at the service had a current DoLS authorisation in place. These related to the reasons why each person was unable to go out unaccompanied. However, each person was enabled to go out when they wished with support from their key support workers, therefore any restrictions on going out were minimised by the staff team.

People were supported to eat and drink well. Staff knew people's likes and dislikes with regard to food and drink. This information had been acquired by talking with people and their families and using the communication plans in place. Meals and drinks were prepared by the staff team who encouraged people living at the home to join in with preparation and serving if they wanted to. One person was regularly assisted to make their own meal from scratch. The Speech and Language Team (SaLT) were involved in the assessment of nutritional intake for one person who was unable to chew. The staff team followed the recommendations from their assessments to reduce this person's risk of choking. One staff member told us that some people enjoyed eating in the village. They said, "Everyone gets healthy food in the home but when they go out, it is not as easy to do so as they (people) enjoy junk food – but they do enjoy it!"

People were supported to access healthcare services when required. These included their GP, district nurses, clinical psychologists and the community support teams. They also had access to the NHS screening services. During our inspection one person was visited by the best interests assessor from the DoLS authority. We saw that the assessor included the person in the discussions. They told us that they enjoyed visiting people in the home. We spoke by telephone with the GP who supported the service. They told us that they had no concerns about the ability of the staff team to provide care that was supportive and proactive.

Is the service caring?

Our findings

People were supported and encouraged to develop positive and caring relationships with staff and each other. One person told us, "I like living here. I like [staff member's name] best. They help me do lot's of things." We observed staff to be very motivated and confident in how they supported people. They interacted with people in a kind, caring and happy manner. We saw that people were relaxed and content as they spent time with staff. We spent time with two people who were unable to verbally communicate their needs. Staff were able to anticipate their needs, because they knew the people very well. During our time with these people, we were able to interact in a positive manner, such as eye contact and smiles. They appeared at ease with us in their environment. Staff were seen to support both people in a discreet and dignified way. This was because staff understood their physical mannerisms, which they used when they needed personal assistance and acted on them. Another person liked to have their clothing, shoes and bag matching. The staff made sure their party outfit was matching. This persons demeanour was very happy because of this. One staff member told us that they would never just 'do' things to people. They would always involve people in making decisions. Another staff member added, "Even if it is just about the colour of the curtains or what we are eating – we always involve them because it is their home."

Feedback from relatives about the care provided was wholly positive. One relative told us, "[Person's name] is very happy and safe here. We are very happy with the care and support they receive." We spoke with another relative who said, "I know [person's name] is happy there. When they visit at home they are always ready to go back there. It is a small, intimate home. We are pleased with the quality of care [person] receives." We spoke with a relative by telephone who told us, "The staff have brought [person] to family funerals and weddings because they wanted to go but needed support to attend. The staff did over and above their expected duty because they stayed as long as [person] wished so they could enjoy it all."

On the day of the inspection, people and staff were preparing to go to a birthday party for one of the people living at the home. The party was being held in a local village hall and everyone who lived at the service were going. There was an air of excitement throughout the home as people were getting ready for the party. Staff made sure that people were involved in decisions about the preparations, including preparing of food and decorations. We were invited to join them at the party. At the party we saw people were enjoying the music, food and the interactions with others. It was a very happy occasion. We spoke with the person whose party it was. They expressed happiness and enjoyment at the presents they had received.

Staff told us, and we saw, that people's human rights were protected at all times. This was achieved because the staff team valued each person as an individual and worked to ensure they did not experience discrimination because of their condition. One staff member said, "Each person is an individual with their own needs and wishes. We support and respect that at all times."

We saw that people living at the service were cared for in a dignified and compassionate manner at all times. Staff treated people with high levels of respect and acceptance of their uniqueness. We also saw that people treated each other in a respectful and companionable way. The staff team ensured that personal care needs were undertaken in private and that discussions about care and support needs were discreet. We were able

to identify many instances where each person was valued and respected by the staff team. For example, one person wanted to get ready for the party and wear their best clothes. The staff team talked with the person about when would be the best time to put their best clothes on so they stayed smart. The person then made their own decision to get changed later. One staff member told us, "We treat everyone as we would want to be treated. We all deserve kindness and respect in our lives, it is no different for these people."

Each keyworker acted as an advocate for people to support their day to day decisions. However, the provider had engaged the services of an external advocate to support people to make decisions with major or important consequences if they did not have the support of families to do this. For example, an advocate supported one person with decisions in connection with their DoLS assessment.

Is the service responsive?

Our findings

People's care and support was provided by a staff team who were able to demonstrate an in-depth knowledge of each person's needs and abilities. The main focus was on improvement of people's wellbeing and prevention of anxiety. This knowledge enabled the staff team to respond straightaway to subtle changes in people's demeanour. Relatives were very much involved in working with the staff team to bring out the best in each person living at the service. We were able to speak with the relative of one person who told us that their family member was a different person since they had lived at High Trees. They said, "[Person's name] has a full life there. It is their home and [person] treats it like their home." They added, "[Person's name] does a lot of things outside the care home, they have learned so many new things."

People were supported to achieve their full potential, undertake further education and develop their life and social skills. Each person had their own detailed care and support plans. In addition, they had personal goal files. These files were developed with the person in order to support them to record things they have done and identify new things they wished to achieve in their lives. Two people were supported to attend college to continue their education. The staff team worked to ensure that people living at High Trees enjoyed happy, interesting and fulfilled lives. No activity or pastime was considered unsuitable for people. Staff agreed that, if a person wanted to do something, a way would be found to enable them to do it. We saw that the people were supported to attend a ball in the locality. The staff supported the ladies to wear ball gowns. We saw many photographs of people enjoying themselves. One relative said, "[Person's name] goes out and is involved in lots of activities. [Person] gets involved in something every day." People were supported to undertake such pastimes as, swimming, yoga, horse-riding, dancing classes, arts and crafts, walks in the countryside, going out for meals and going on holidays. The holidays were decided by discussion with people, where possible, and with the families and staff. One staff member said, "It is usually somewhere by the seaside because everyone loves the sea and sand."

If people living at High Trees needed to be admitted to hospital for a period of time, the head of home arranged a rota of staff to be able to spend time at the hospital to assist the hospital team in providing support for the person. This action helped the person to be more settled in the unfamiliar environment of the hospital, and receive their treatment in a timely manner. This support reduced the likelihood of any distressed behaviour due to the person being supported by people they did not know.

The provider had a procedure in place to enable people and relatives to make a complaint if they needed to. People living at High Trees were supported by the staff team if they wanted to make their views known about anything. Staff told us, and we saw, that they understood small differences in people's demeanour which indicated they were not happy. They would then work to find out what the problem was and support the person to complain. Relatives told us that they knew how to make a complaint and were aware of the provider's complaints procedure. All relatives we spoke with said they would be happy to approach the staff if they had any concerns. One relative said, "I would be confident that the staff team would deal with anything. I have never needed to complain so far." Another relative told us, "The home is very responsive to any concerns I have and will always get back to me." The registered manager asked relatives their opinion of the service provided by way of resident and relatives meetings held every three months. However, there was

much daily communication between the staff and relatives. One relative said, "We are regularly consulted and kept informed and involved with [person's name] life. People were also supported to complete quality surveys every year. Relatives also were provided with surveys.

Is the service well-led?

Our findings

People looked happy and relaxed throughout our time in the home. Staff said that they thought the culture of the home was one of a homely, relaxed and supportive environment. One staff member told us, "I love working here, it is not like work. We have great relationships with the people living here." All staff told us that they were committed to providing a good quality service and ensuring that the people were able to be actively involved in the decisions about the service.

The home had strong links with the local community. We saw that people went to the village everyday and enjoyed meeting people. They also attended functions in the village. The head of home told us that the people who lived at High Trees were very much part of the community. One relative told us, "[Person's name] is well known in the community. They accept them for just being them – a lovely person who has a happy life, and they are a part of that."

Staff told us there were arrangements in place to support them, such as regular individual and team meetings. Another staff member said, "I would certainly feel confident in having my own family here. There is a really good staff team, who go above and beyond in my view." Staff knew what was expected of them and were motivated in their work. They knew about the providers values which were 'to provide a quality service that enabled each service user to reach their maximum potential, whatever that may be, and to lead a full, happy and secure life.

Staff also told us that they were confident that they would be listened to if they had concerns about the service. This was because they felt the head of home respected their views. One staff member told us, "I have never had trouble speaking out with the head of home or registered manager. We are encouraged to raise issues and they do listen." They were able to tell us about the provider's whistleblowing procedures. Whistleblowing is when staff are protected if they make complaints about aspects of the service. One staff member said, "I think that none of us would tolerate poor practice. I would certainly be confident to report it." They added, "We are confident in our work and in the support we receive from everyone to be the best we can be." This confidence was echoed by a relative who told us, "The staff are the best. If anything happened to me, I know that they would love and care for [person's name]."

The provider had systems in place to record and monitor the quality of the service provided for people. The head of home took day to day responsibility for the recording and collating of accidents, incidents, complaints and compliments. This information was then reviewed by the registered manager during their visits to the home. Where required, action plans would be formulated to enable staff to learn from what happened and to reduce the risk reoccurrence. The registered manager and director of High Trees, who also were the providers of the home, visited the home most days and were available to support the head of home and their team in providing care and support in line with their values. We saw that the staff team were confident in expressing their opinion with the providers about how the service is being run.