

Optima Care Limited

Heron House

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 was carried out on 30 January 2018 and was unannounced.

At the last inspection, the service was rated 'Good'. At this inspection we found the service remained Good.

Heron House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Heron House provides accommodation and personal care to up to five people who might need support with their mental health or may be living with a learning disability. There were five people living at the service when we inspected.

The service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities using the service can live as ordinary a life as any citizen.

People were 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 supported this practice. People had identified goals they wanted to achieve and had been supported to achieve these. People were able to follow their hobbies, attend higher education and meet friends and family.

People were supported by enough trained staff who knew how to recognise abuse and discrimination. Staff had been recruited safely. Staff knew people well and the support they needed, there was an open and transparent culture within the service. There was mutual trust and respect between people and staff. People's privacy and dignity was respected. People and staff were seen as equal with everyone's views being respected.

People's support plans gave staff clear guidance about how to support people in the way they preferred. Support plans were reviewed regularly with people and their representatives to ensure everyone received the right support. People's support plans and other records were held securely and people had been asked how they would like to be supported at the end of their life.

The premises suited people's needs. People were involved in cooking their meals and encouraged to choose the meals they wanted. People received their medicines when they needed them and to attend healthcare appointments to stay as healthy as possible. People were involved in making decisions about the service. Staff managed potential risks to people so they were not restricted. People were encouraged to lead healthy lives and were supported to enjoy swimming and walking.

The registered manager was experienced and skilled at supporting people with learning disabilities. The registered manager and staff had a clear vision for the service and worked as a team to ensure people received the support they needed. Audits and checks were completed, shortfalls were identified and

rectified to continuously improve the service. People knew how to complain. Any complaints, accidents and incidents were reviewed and lessons learnt.

The building had been adapted to meet people's needs and people were able to decorate their rooms as they wanted. People were supported to keep their home clean and complete household tasks.

The registered manager had notified the Care Quality Commission of events that were reportable.

The rating of 'Good' was displayed at the service and on the provider website.

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 remained Good.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Heron House

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 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 30 January 2018 and was unannounced. This inspection was carried out by one inspector as the service was small.

Before the inspection the registered manager completed a Provider Information Return (PIR). We reviewed the information the provider sent us in the PIR. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the last inspection report and other information including any notifications. Notifications are information we receive when a significant event happens, like a death or serious injury.

We met and spoke with four people in the communal areas. We spoke with four members of staff and the registered manager. We sampled various records including one support plan, one assessment of a new person to the service, audits, checks, staff files and communication records.

Is the service safe?

Our findings

People told us they felt safe at the service. One person told us, "I feel safe, the staff are nice and helpful."

There continued to be systems in place to protect people from harm and abuse. These included policies and procedure to provide guidance to staff and staff training. Staff described to us different types of abuse, the signs they would look for and the action they would take if they had concerns. Information was displayed in the staff room about who staff could contact if they had any concerns. Staff told us they were confident that the registered manager would deal with any concerns appropriately.

Risks to people continued to be identified and assessed. Staff followed detailed guidance to mitigate risks to people. One person was living with epilepsy. There was a description of what a seizure would look like and when staff should call for medical assistance. No seizures had been witnessed recently but staff felt confident that they would know how to manage the risk. When someone was at risk of choking, there were clear guidelines for staff about how to support the person to reduce the risk. Staff told us how they prepared the person's meal and how they supported the person to eat safely, this had been effective as the person had not choked while eating.

The registered manager had ensured that checks on the environment and any equipment used, had been completed to ensure people were safe. There was a contingency plan in place in case of an emergency such as a fire. There were personal emergency evacuation plans in place for each person to ensure that they could be safely evacuated from the building. Staff knew how to support people from the building.

There continued to be sufficient staff on duty to support people in the way they preferred. People were able to go out and attend activities when they wanted. People told us there were enough staff, there was a member of staff to support each person during the day. Staff told us that sickness and annual leave was always covered. The registered manager told us that the service used regular agency staff if needed. Agency staff received an induction on their first shift. Staff told us that the registered manager would work with people when required, to ensure people received the support they needed. During the inspection, four people went out for most of the day with staff. One person did not want to go out, a staff member stayed at the house with them.

Two new staff had started at the service since the last inspection. Staff completed an application form, supplied two references, photo identification and had a police check. People were asked their opinions about staff during their probation.

People received their medicines safely and when they needed them. Staff who administered medicines had received training and their competency was checked. Medicine administration charts were completed correctly. Medicines were stored, ordered and disposed of safely. The temperature of the room where medicines were stored, was recorded to ensure the temperature was within the range for medicines to remain effective. When people were prescribed medicines a when required basis, there was guidance available that staff followed. During the inspection, the community pharmacist completed an audit of the

medicines, and provided positive feedback to the registered manager.

Accidents and incidents were recorded, analysed and action taken to reduce the risk of them happening again. Lessons were learned from incidents including medicines errors. Medicines incidents were investigated and when needed staff were supported to update and improve their practice. Systems for staff to follow were put in place to reduce the risk of the incident happening again.

The home was clean, tidy and well maintained. People were supported to clean their rooms and keep the rest of the home tidy. People were supported to do their own laundry.

Is the service effective?

Our findings

People's needs continued to be assessed regularly in line with current evidence based guidance. People met with staff to discuss their support each month and made any changes that were needed. People told us they were happy with the support they received.

One person had moved into the service recently. The registered manager had met with them to ensure that Heron House would be able to offer the support the person needed. The assessment process addressed all areas of the person's support needs including cultural and social. The assessment identified potential risks to the person, risk assessments were agreed with the person before they moved to the service. A transition plan had been put in place to support the person to settle into the service, including coming to meet the staff. The person had decided that they wanted to move straight into the service. They told us they were settled and getting used to the staff.

New staff that started work at the service completed an induction programme, this included the care certificate. The care certificate is an identified set of standards that social care workers adhere to in their daily working life. This included working with experienced members of staff to get to know people and their preferences. All staff received regular essential training, including safeguarding, first aid, food hygiene. Staff received training in subjects specific to people's needs to enable them to support people in a person centred way, this included positive behaviour support, epilepsy, autism, mental health and diabetes. Staff had regular one to one supervision with the registered manager and an annual appraisal to discuss their training and development. Staff told us that the training they received gave them confidence in their role and they felt supported by the registered manager.

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 much as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisations for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked to make sure the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty are being met. One person was subject to a DoLS authorisation and the conditions were being met.

Staff had an understanding of the MCA, they told us how they supported people to make decisions about their daily support, such as how they spent their time. We observed staff supporting people to make choices, one person was going out for the day, staff supported them to choose and make their lunch to take with them.

People told us that they took part in cooking meals and clearing up afterwards. People took part in choosing

the menu for the day including their likes and dislikes. When the majority wanted a meal that one person didn't like an alternative would be made. We observed people making their own breakfast and lunch. One person told us, "I make my own breakfast, which I enjoy."

Staff promoted healthy eating, there was always a supply of fruit available for snacks. People enjoyed snacks of fruit and took fruit with them when they went out. People were supported to walk to the shops and to go swimming. Staff continued to work with healthcare professionals to help promote a healthy lifestyle. People had health care plans, these contained information about their needs and preferences if they were to be admitted to hospital. People attended regular appointments with the dentist and optician, people were supported to see the GP when unwell and had regular medicine reviews.

Staff monitored people's health and took prompt action when any changes were noted. Some people attended further education. Staff had worked with lecturers to put strategies in place to support the person when they became anxious. Staff had used technology to support people when they were in class such as computer apps people could activate and alert staff that they felt anxious. A computer was used to record all lectures, this meant if people became anxious and had to leave, they did not fall behind with their studies. These had been effective as people told us they felt supported.

The building was suitable for people's needs; everyone was able to access the garden. People had their own bedrooms, and access to shower and bathrooms. There was easy access to the kitchen and communal areas.

Is the service caring?

Our findings

People told us that staff treated them with kindness and compassion. One person told us, "The staff are kind."

At the beginning of the inspection, there was a busy, relaxed atmosphere; people were getting ready to go out. People and staff were making breakfast and cups of tea together.

Staff knew people well; they supported people to be as independent as possible. When someone was unsure of what to do next when making their breakfast, staff spoke to them discreetly and verbally prompted them. People wanted to tell us about how they worked together in the kitchen to cook meals and wash up afterwards. One person told us, "We take it in turns."

Staff were supporting one person to get ready for their trip out, they spoke to them in a kind and compassionate way. They positioned themselves at the person's eye level and touched their hand, the person responded to them with positive body language.

Staff treated people with dignity and respected their privacy. We observed staff knock on people's bedroom doors and wait to be asked to go in. One person became anxious and distressed about what activity they were meant to do that day. Staff sat with them in the quiet lounge with the door closed and spent time reassuring them. Staff responded to the person's distress and had an understanding of how the person was feeling and what had caused it. Staff followed the person's support plan and took them out to an activity that calmed them. When the person returned they were happy and relaxed.

People had their own bedrooms that they had personalised with their favourite items. People were able to spend time alone if they wanted or spend time in the communal lounge. People were supported to keep their bedroom, bathroom and communal areas clean. Staff supported people to do as much as possible; staff tailored the support to each person's abilities. Support plans gave staff guidance about how to support each person to complete housekeeping tasks. We observed staff supporting people in the way specific to them.

People were encouraged to learn new skills. Staff discussed with people the skills they wanted to learn and how this was going to be achieved. People agreed achievable goals and worked towards these to build their confidence.

People's friends and relatives visited and were welcome at any time. People were able to visit their families regularly.

People had regular meetings with their key worker; a key worker is a member of staff who takes the lead role in their support. People are able to discuss with staff how they want to be supported and by whom. Staff respected if people did not want to be supported by them, one person was chatting to a member of staff and stated that they did not want that staff member to support them. Staff accepted this view and told the

person that it was their choice and that was fine with them.

When people were unable to express their views they were supported by their families or care manager. The registered manager knew how to refer people to advocacy services when they needed support. An advocate is an independent person who can help people express their needs and wishes, weigh up and take decisions about options available to the person. They represent people's interests by either supporting people or by speaking on their behalf.

Is the service responsive?

Our findings

People continued to receive person centred care that was responsive to their needs. One person told us, "Staff know what I like."

Each person had a support plan that was individual to them. People's needs had been fully assessed and were included in the support plans. To help people to understand and be involved in their support plan, staff used pictures to explain and develop the plans. People had identified goals that they wanted to meet and what they wanted to happen in the future. People and staff had worked together to write a plan of how the goal was going to be met and who would be supporting the person.

There was clear guidance for staff about how people displayed behaviours that meant they were anxious or upset. People had been involved in planning how staff should support them to reduce their anxiety and this was clearly recorded. Staff knew how to support people and there had been no episodes of behaviours that challenged. Staff had met with people regularly to agree the support plan was up to date and this had been recorded. People told us that they met regularly with staff.

People were supported to take part in lifelong learning and activities and hobbies they enjoyed, such as further education and going to the library. Staff were preparing people to apply to college for an apprenticeship, to gain a skill to get a job in the future. People were able to decide what they wanted to do each day. Some people had regular clubs and education that they attended and staff supported people to plan their time so they could attend. During our inspection people went to Herne Bay town, the library and to an out of town shopping centre.

People were supported to maintain relationships with friends and family. Staff drove people to stay with relatives for the weekend. Staff worked with people's family and friends to ensure that people were able to spend as much time as they wanted with people they cared about.

The registered manager had asked people and their families about their end of life wishes. One person had spoken to staff about their wishes, including the music they would like to be played at their funeral. This had been recorded in their support plan, to ensure that their wishes and preferences were known to staff. People living at the Heron House were young and the topic of end of life wishes was difficult for staff to approach. The registered manager told us that they would be looking at other ways to approach people and record their wishes.

People told us they would talk to the registered manager if they had any concerns and they knew it would be dealt with. The provider had a complaints policy that was displayed at the service and was written in a way that was meaningful to people. At each keyworker meeting, staff explained the complaints procedure and asked if there was anything the person wanted to bring to the staffs attention. There had been no formal complaints since the last inspection. The registered manager told us that any complaints would be recorded and investigated. A monthly report was sent to the provider's head office and any complaints were looked at to see if there was any learning that could be implemented.

Is the service well-led?

Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager and senior support staff worked alongside staff. They told us they observed staff practice and ensured that staff were supporting people in the way they preferred. There was an open and transparent culture within the service. People knew the registered manager; they were happy and relaxed in their company. The registered manager was experienced at working with people with learning disabilities. Staff told us that they worked well as a team and were supported by the registered manager.

Heron House is part of a group of services; the provider had a clear vision for their services. The provider's vision described as 'Shine values' seeks to 'ensure that people of all ages, with learning disabilities and complex needs, including severe/ enduring mental health issues, realise their full potential. Underpinned by a clear support framework with milestones of personal goal achievement. Shine may be tailored according to individual need. It helps ensure a transition journey through our services towards more independent living.' The registered manager and staff understood their roles in meeting the provider's vision.

The senior management team had been strengthened since the last inspection with new staff in post as general manager, regional manager and director of development. The registered manager told us that the support they received had improved. The registered manager attended regular meetings with the senior team to discuss Heron House and the support they needed to continuously improve. The registered manager met with the provider's other registered manager's to share best practice and to learn from incidents at Heron House and the other services. The registered manager told us, "It may have happened in another service, but I can learn from that, and make improvements here."

Regular checks and audits were completed by the registered manager on all aspects of the service. External audits were completed by senior management and head office staff, any shortfalls found were recorded and led to action plans for improvement. Names of people responsible for actions and timescales were now added to any action plans for improvement. Shortfalls identified had been rectified and checked by the registered manager. Audits were discussed by the registered manager with the senior management team during monthly meetings.

Staff attended regular staff meetings to discuss their practice, the people they support and raise any concerns they may have. Residents meetings were held every two months, people were able to discuss what they would like to do within the house. At Christmas, they discussed the theme they wanted for the pantomime and what decorations they wanted. People were able to make suggestions and these were acted upon. People had asked for new board games that were more age appropriate, the registered manager ensured that the games people had asked for were brought for the house.

Quality assurance surveys had been sent to staff, people and relatives each year. The registered manager told us that relatives and people had not returned the surveys. However, they had been given other opportunities to share their views including support reviews, keyworker meetings and resident meetings. The staff had completed the survey and this was currently being analysed by the provider. The registered manager told us that they would put an action plan in place once the results were available.

Staff understood their roles and responsibilities. The provider had policies and procedures to support staff to complete their role. The policies were up to date and available to staff.

The registered manager worked with to promote links with the community. The service had links with the local shops and library and were working with educational facilities to ensure that people were supported to further their education.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The rating of 'Good' was displayed at the service and on the provider's website.