Stockdales Of Sale, Altrincham & District Ltd

Harboro

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

Harboro is a residential care home for five people with learning disabilities and complex health needs. Harboro is a two story building with a communal lounge, sensory area, adapted bathroom and kitchen on the ground floor. Bedrooms are accessed by a lift to the first floor. There is a second adapted bathroom on the first floor.

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.

Staff knew the people living at Harboro and provided individualised support for each person. Clear person centred care plans were in place detailing people's interests, likes, dislikes and the support routines for the day. Risks had been identified and guidance provided for staff to mitigate the known risks. Clear behavioural support plans were in place where people had complex behaviours.

People and their relatives told us they felt safe living at Harboro. Staff were described as being kind and caring. Staff were able to explain how they supported people to maintain their privacy and dignity. Observations showed staff supported people in a respectful way.

People were supported by a team of trained staff. Staff completed a thorough induction and annual competency checks so they were able to meet people's complex health needs. The provider had achieved the investors in people's award. These awards are given to services that demonstrate a commitment to the on-going training and development of their staff.

Robust recruitment procedures were in place to recruit staff who were suitable to support vulnerable people. Staff said they felt well supported by the registered and deputy managers. Supervisions and staff meetings were held where staff were able to discuss the support people required and their own development.

Medicines were safely managed by the service and people received their medicines as prescribed. People's nutritional and health needs were met by the service.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. Residents meetings were held and people's relatives had been involved in agreeing the care and support provided.

A comprehensive quality assurance process was in place. Monthly audits were completed and quality assurance reports written for the Chief Executive Officer (CEO) and the provider's trustees. Evidence was seen that the assistant CEO and CEO carried out their own audit checks at the service.

Surveys were completed to gain feedback from people living at Harboro, their relatives, staff and other professionals involved with the home. These were used to inform the quality assurance process and to drive improvements at the service.

A range of activities was available for people to engage in. The provider had employed drivers so that people were able to attend activities even if the staff supporting them were unable to drive.

The home had been adapted to meet the needs of the people living there. Track hoists were available in communal rooms and there was an adapted accessible bathroom on each floor.

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**

Harboro

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 February 2018 and was unannounced. The inspection was completed by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). The PIR 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 other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We contacted the local authority commissioning and safeguarding teams. They did not raise any concerns about Harboro. We also contacted the local Healthwatch board. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Due to some people's complex care needs they were not able to tell us directly about their experiences living at Harboro. We made observations of the care and support provided at Harboro and people's gestures and facial expressions when interacting with staff and the inspector.
We spoke with one person who used the service, two relatives, the registered manager, deputy manager, assistant chief executive officer and four care staff. We looked at the care files of three people living at the service, two staff files and records relating to the management of the home including training records, quality assurance systems and maintenance records.

Good

Is the service safe?

Our findings

Relatives we spoke with thought that their loved ones were safe living at Harboro. Comments included, "[Name] is well looked after and I'm confident in the care he receives."

Staff were able to describe the different types of abuse and how they recorded any incidents or concerns. Records confirmed that staff had received training in safeguarding vulnerable adults. Records showed that the service had been pro-active within a multi-disciplinary team in agreeing a protection plan for one person. This concern was not in regard to the support provided by Harboro and had been raised by hospital staff. We discussed with the registered manager the need to inform the Care Quality Commission about all safeguardings' concerning people supported by the service, even when they were initially raised by a third party.

All incidents were clearly recorded and reviewed by the registered manager who specified any actions needed to reduce the risk of further incidents.

People's care files contained clear risk assessments for people's health, support and activities. These gave guidance for staff in order to mitigate the identified risks. Where required behavioural plans were in place where people may have complex behaviour. These identified known triggers for the behaviour, how staff should try to divert the person's attention to other activities, guidance for the use of prescribed 'as required' medication to reduce anxiety and interventions that could be used to provide safe support for the person when they became agitated.

People's medicines were safely managed. Staff had been trained on the safe administration of medicines and were observed by the registered manager or deputy manager to ensure they were competent. Records showed people received their medicines as prescribed. Clear guidelines were in place when 'as required' medicines were to be administered, including how people who were non-verbal would communicate they needed an 'as required' medicine.

A clear system was in place for staff having prescribed epilepsy rescue medication with them where people they were supporting may have a seizure when out of the house. Monthly medicines audits were completed. This meant systems were in place to ensure people received their medicines as prescribed.

Recruitment procedures were in place to ensure staff were suitable to work with vulnerable adults. Rotas showed, confirmed by the staff and people's relatives we spoke with, that there were sufficient staff on duty to meet people's care and support needs. Additional staff had been put in place when one person required one to one support for a period of time. This meant the service was flexible with the staff on duty to meet any short term changes in needs.

The registered manager told us that staff from other properties run by the provider also worked at Harboro. This allowed additional staff to be trained to meet people's complex needs and be able to get to know people living at Harboro. This would enable continuity of people's care and support in the event of staff

absence or sickness.

We saw that the home was clean throughout. Personal protective equipment for example gloves and aprons to reduce the risk of infection. Equipment used, for example hoists, lifts and adapted baths were maintained according to the manufacturer's instructions. Weekly checks were made on the fire alarm and emergency lighting systems. Personal evacuation plans were in place to provide staff with instructions on how to respond in the event of an emergency. These should help to ensure people are safe living at Harboro.

Good

Is the service effective?

Our findings

Staff confirmed that they had completed a thorough induction when they started working at Harboro. This included training courses, shadowing experienced members of staff and completing an induction workbook. The workbook met the requirements of the Care Certificate, which are the national minimum standards that should be covered as part of induction training of new care workers.

A comprehensive workbook was also used to ensure staff had the training and competency to meet the complex healthcare needs of the people living at Harboro effectively. This included the use of suction equipment, colostomy care, epilepsy and rescue medication. Staff were observed on an annual basis by the registered manager or deputy manager, who signed to state the staff member was competent to complete the support task. Quiz sheets were also used, for example for safeguarding, fire awareness and mental capacity, to check the staff understanding of the training they had completed. This meant the service had a robust system in place to check that the staff were competent to meet people's assessed needs effectively.

An additional workbook and observations had been introduced for care staff to progress to the senior carer role. All staff were completing this level of training. This meant all staff were being given the skills to support people in all areas of their care.

Staff told us, confirmed by records, that they had supervisions and felt well supported by the deputy manager and registered manager.

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 saw best interest meetings had been held where people did not have capacity to make the particular decision in question, for example supporting a person to manage their weight. DoLS were in place for all the five people living at Harboro. Staff were aware of the DoLS and why they were in place. We discussed with the registered manager the need to notify the Care Quality Commission when any DoLS application has been authorised.

People's nutritional needs had been assessed and care files included details of the food people liked or disliked and the support they needed when eating. Detailed guidance was in place by the Speech and Language Team (SALT) for a person's gastral nasal feed regime. Another person had guidelines in place to reduce the risk of choking. These stated that the person's fluids should be thickened; however we were told that this was no longer required. All other points in the SALT guidance were still relevant. We recommend that the service asks SALT to update their written guidance to reflect the verbal advice they had been given.

People's health needs were monitored and referrals made to healthcare professionals such as GP's, opticians, dentists and specialists as required. Records detailed the reason for each visit and the outcome of the appointment. One relative said, "[Name] has had some medical needs and they've (the staff) handled it

very well." People's care plans included guidance provided by the specialists involved, for example one person had a sleep system guide provided by the physiotherapist.

We saw that each person's room was decorated and furnished to their personal choice. The home had been adapted to meet people's needs, with track hoists in communal rooms and accessible baths available for people to use. This meant people's physical support needs were met by the design of the home. The home had also installed a sensory area next to the main lounge, with bean bags and lighting. Staff told us some people liked to spend time relaxing in the sensory room and it reduced their anxiety. This meant the service had adapted the home to meet people's sensory needs.

Good

Is the service caring?

Our findings

Our observations showed that people living at Harboro had formed positive relations with the staff team. Relatives were complimentary about the staff team supporting their loved ones. One said, "Staff know [name] well, he's well cared for and happy. I wouldn't want [name] anywhere else." Another told us, "It's a great home; very friendly. They know and understand [name] better than anyone."

Staff clearly knew the people living at Harboro well and were able to communicate with them through verbal and non-verbal methods. A communication passport had been written for each person. This detailed how each person communicated, for example through gestures and facial expressions and also how staff should communicate with them, for example short simple sentences giving time for people to respond.

The communication passports and care plans also provided details of people's interests, likes and dislikes and what they enjoyed talking about. This meant staff had the information to be able to positively engage with people about topics they were interested in and that the service was meeting the requirements of the Accessible Information Standard.

Staff described how they communicated with people and gave them choice about their day to day lives. One staff member said, "[Name] makes noises – you can recognise different ones for different things, for example coffee." Another staff member told us, "I show people the choice, say of clothes, and they can choose what they want and I support them."

We saw staff spoke with people in a respectful way. Staff were aware how to maintain people's privacy and dignity when providing support. One staff member told us, "I always explain what I'm going to do before I give any support so people know." On our arrival we saw one person's bedroom door was open whilst they were getting ready. The assistant chief executive immediately prompted the staff member to close the door to maintain the person's privacy.

Minutes of residents meetings showed that they had been held every three months. This had been discussed in a staff team meeting and they were now due to be held monthly. Activity ideas and holiday destinations people would like to go to were discussed at the residents meetings.

Equality and diversity training was embedded within the induction and competency workbooks used by the service. Care plans contained information about people's religious observance and cultural needs where appropriate. Records showed people had been supported to attend church services. This meant the service was meeting people's cultural needs.

Good

Is the service responsive?

Our findings

Person centred plans and care plans were detailed and included information about people's preferences and how they liked to be supported. The person centred care plans provided staff with a summary of the support each person needed including diagnosis, communication, mobility and personal care. Clear guidance was provided for people's routines throughout the day.

Staff we spoke with were able to describe people's support needs, how they communicated, their interests and routines.

The plans were individual and reflected people's wishes. For example we saw one person liked to have breakfast before having a soak in the bath, whereas others preferred a bath as soon as they woke up.

The care plans had been regularly reviewed and updated. People's families told us they had been involved in reviewing their loved ones care and support. They also said that the staff team kept them informed of any changes regarding their loved one, for example if they were unwell.

Formal reviews had been held with the funding authority to agree people's ongoing support and plan goals to be worked towards. For example one person wanted to socialise more with the people living in the provider's other houses. We saw the provider held a number of joint social events for all the people they supported.

We noted that one person's person centred care plan had a discrepancy with the person's epilepsy care plan with regard to how soon an ambulance should be called if a seizure continued. The registered manager told us this would be corrected straight away following our inspection.

We saw a separate care plan had been written for one person's recent hospital admission. This clearly detailed the role of the care staff and the support they would provide when visiting the person at the hospital. This meant the service implemented a short term care plan when it was required to ensure people received the support they needed.

People were supported to participate in a range of activities. The provider had employed drivers which could be pre booked to ensure people were able to access their activities even if the staff on duty did not drive themselves. Monthly monitoring reports showed people had enjoyed trips to Dunham Massey and local parks. We saw people had been supported to participate in a cruise holiday in 2017. This meant the service supported people to participate in activities and holidays of their choice.

The service had a complaints policy in place. We saw that the one complaint received by the service since our last inspection had been fully investigated and resolved. Relatives told us they would talk to the staff, deputy manager or registered manager if they had a concern. They were also aware that they could contact the assistant chief executive officer if required. They said concerns were sorted out without the need for a formal complaint to be made.

Good

Is the service well-led?

Our findings

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.

The registered manager also managed another small home with the same provider. They were supported at Harboro by a deputy manager. Staff told us that both managers were visible within the service and were approachable. Staff said they enjoyed working at the service and felt well supported in their roles.

Monthly staff meetings were held where staff were able to contribute their ideas and raise any concerns. Staff also told us they were involved in writing and updating people's care plans.

We also saw that the Chief Executive Officer (CEO) held monthly meetings with representatives from each of the provider's staff teams. The representative would then feedback the information to their colleagues. This meant the staff were kept informed of any developments and plans the provider had.

An annual survey was undertaken with the people who used the service, their families, staff and professionals involved with the home. The results for 2017 were positive and included within the provider's annual quality assurance report. Comments made in the surveys for Harboro included, "Staff always come in with a smile" and "I have received a lot of training and feel equipped to do my job." This meant the provider sought feedback on the service in order to identify any areas for improvement.

A robust quality assurance framework was in place. Monthly audits were completed for medicines, health and safety, daily records and monitoring charts. Each person's keyworker wrote a monthly report with an overview of the person's health, activities participated in, incidents and family contacts.

The registered manager wrote a monthly quality assurance report for the assistant CEO. We saw the assistant CEO carried out their own checks on the service and wrote a summary quality assurance report for the CEO and the provider's trustees. We saw that the CEO also completed their own spot checks on the service. An action plan was created for any shortfalls found during the audits to drive improvement. This meant there was clear accountability for the quality of the service throughout the organisation.

The provider had achieved the investors in people's award. These awards are given to services that demonstrate a commitment to the on-going training and development of their staff.