Headroomgate Limited

Headroomgate

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 13 July 2017 and was unannounced.

Headroomgate is registered to provide 24 hour care for up to 19 people. The home is situated close to St Annes town centre and is a large corner property with garden and paved areas around the building. There are three floors, two of which have lift access, two lounges and dining areas.
Some bedrooms have en-suite facilities. At the time of our inspection, 18 people lived at the home.

The service had a registered manager. 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.

At the last inspection in May 2016, we found the provider was not meeting the requirements of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breaches related to dignity and respect, and safe care and treatment. Following that inspection, the provider sent us an action plan which told us how they planned to make improvements for people who used the service. During this inspection, we checked to see what improvements had been made. We found the provider had made positive changes and the service was now meeting legal requirements.

Environmental risks and risks to individuals were assessed and measures put in place to reduce or remove them, in order for care and support to be provided safely. Sufficient information was available to guide staff on how to support people safely.

We saw staff used safe systems when administering medicines. Medicines were safely and appropriately stored and secured safely when not in use. We checked how staff stored and stock checked controlled drugs. We noted this followed current National Institute for Health and Care Excellence (NICE) guidelines.

We found staffing levels were regularly reviewed to ensure people were safe. There was an appropriate skill mix of staff to ensure the needs of people who lived at the home were met.

Staff received training related to their role and were knowledgeable about their responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

Staff had received safeguarding vulnerable adults training and understood their responsibilities to report any unsafe care or abusive practices related to the safeguarding of vulnerable adults. Staff we spoke with told us they were aware of the safeguarding procedure.

People told us they were involved in planning their care and had discussed and consented to their care. We found staff had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty

Safeguards (DoLS).

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 within the home supported this practice.

People told us they were happy with the variety and choice of meals available to them. We saw regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration.

We found people had access to healthcare professionals and their healthcare needs were met. We saw staff responded promptly when people had experienced health problems.

Comments we received demonstrated people were satisfied with their care. The management and staff were clear about their roles and responsibilities. They were committed to providing a good standard of care and support to people who lived at the home.

Care plans were organised and had identified the care and support people needed. We found they were informative about care people had received. They had been kept under review and updated when necessary to reflect people's changing needs.

People told us they were happy with the activities organised at the home. Activities were arranged for individuals and for groups. The registered manager explained this was an area they had identified for improvement to ensure people were able to participate in activities that were meaningful to them.

A complaints procedure was available and people we spoke with said they knew how to complain. People and staff spoken with felt the registered manager was accessible, supportive and approachable.

The registered manager had sought feedback from people who lived at the home and staff. They had consulted with people for input on how they could continually improve the service people received. The provider had regularly completed a range of audits to maintain people's safety and welfare.

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.

Medicine protocols were safe and people received their medicines correctly according to their care plan.

Personalised guidelines around risk management were in place. Staff were aware of assessments to support people and manage risk.

There were enough staff available to meet people's needs, wants and wishes. Recruitment procedures the home had were safe.

Staff had been trained in safeguarding and were knowledgeable about how to recognise and report abuse.

Is the service effective?

Good

The service was effective.

Staff had the appropriate training and regular supervision to help them to meet people's needs.

Staff were aware of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and had knowledge of the process to follow.

The home provided a range of food and drinks to help meet people's nutritional needs. People's specific needs were catered for.

Is the service caring?

Good

The service was caring.

People who lived at the home told us they were treated with dignity, kindness and compassion in their day-to-day care.

Staff had developed positive caring relationships and spoke about those they cared for in a warm, compassionate manner.

People were involved in making decisions about their care and

the support they received.

Is the service responsive?

Good

The service was responsive.

People received care that was person centred and responsive to their needs likes and dislikes.

The provider gave people a flexible service, which responded to their changing needs, lifestyle choices and appointments.

People told us they knew how to make a complaint and felt confident any issues they raised would be dealt with.

Is the service well-led?

Good

The service was well-led.

The provider had ensured there were clear lines of responsibility and accountability.

The registered manager had a visible presence throughout the home. People and staff we spoke with felt the registered manager was supportive and approachable.

The registered manager had oversight of and acted to maintain the quality of the service provided.

The provider had sought feedback from people, their relatives and staff.

Headroomgate

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection team consisted of one adult social care inspector.

Prior to this inspection, we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are submitted to the Care Quality Commission and tell us about important events the provider is required to send us. We spoke with the local authority to gain their feedback about the care people received. This helped us to gain a balanced overview of what people experienced accessing the service.

We spent time in communal areas of the home so we could observe how staff interacted with people. We also observed how people were supported during meal times and during individual tasks and activities.

We spoke with a range of people about this home including six people who lived at the home. We spoke with the registered manager and four staff members during the inspection. We spent time observing staff interactions with people who lived at the home and looked at records. We checked documents in relation to three people who lived at the home and four staff files. We reviewed records about medicine administration, staff training and support, as well as those related to the management and safety of the home. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

Good

Is the service safe?

Our findings

People we spoke with all told us they felt safe at Headroomgate. Comments we received from people included, "Oh yes, I feel safe. There's always enough staff around." And, "Oh yes, I'm safe here. Staff are around if I need anything."

When we last inspected the home in May 2016, we found the provider was not meeting legal requirements in relation to safe care and treatment. Staff were observed to be using moving and handling techniques that were not safe. There was a lack of detail to guide staff about how to support people with behaviours which may challenge. This was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following that inspection, the provider sent us an action plan which told us how they planned to make improvements for people who lived at Headroomgate.

During this inspection, we found improvements had been made in these areas. We spent time observing how staff helped people and noticed they followed safe techniques. Care plans we looked at contained a satisfactory level of detail to guide staff in how to support people safely. This showed the provider had made improvements to ensure they were meeting legal requirements.

We looked at how the provider assessed and managed risks for individual people. We found the provider used a variety of systems to assess and manage risks. We saw documentation which showed risks relating to behaviour, nutrition, pressure sores and swallowing, among others, were assessed by staff. Plans to reduce or remove these risks were written by staff and held in people's written plans of care. This provided guidance on how to manage risks for each l person. Staff were knowledgeable about people's individual needs and supported them to remain safe.
We spoke with the registered manager who showed us documentation and explained how they managed environmental risks, including infection control. We found they had assessed risks, for example, relating to fire, utility loss and the premises in general. We saw plans to reduce risks had been put in place.

At our last inspection, we made a recommendation that Personal Emergency Evacuation Plans (PEEPs) were reviewed to ensure each PEEP contained individual guidance about people's needs. We saw the registered manager had reviewed people's PEEPs and saw the level of detail around people's needs was good. PEEPs provide guidance for staff or others, for example the emergency services, in the event of an emergency evacuation of the home.

At our last inspection, we made two recommendations with regard to recruitment of staff and the records the provider should hold. The first was for the registered manager to document discussions around gaps in candidates' employment histories. The second was for the registered manager to ensure it was clear who was providing references for candidates and in what capacity, for example, employment or character references. We found the provider had made improvements in line with our recommendations.

We found the provider had followed safe practices in relation to the recruitment of new staff. We looked at four staff files and noted they contained relevant information. This included a Disclosure and Barring Service

(DBS) check and appropriate references to minimise the risks to people of the unsafe recruitment of potential employees. Staff we spoke with told us they did not start work until they had received their DBS check. This showed staff were always recruited through an effective recruitment process that helped to ensure only suitable candidates were employed to work with people who may be vulnerable.

During this inspection we observed medicine administration, looked at the storage of medicines and related documentation. The medicines were stored in a locked trolley, which when unattended, was attached to a solid wall. The staff member administered people's medicines by concentrating on one person at a time. There was a chart for each person that gave instruction and guidance specific to that individual. Each person had a medication administration recording form (MAR). The form had information on prescribed tablets, the dose and times of administration. There was a section for staff to sign to indicate they had administered the medicines. We looked at how staff stored and stock checked controlled drugs. We noted this followed current National Institute for Health and Care Excellence (NICE) guidelines.

We asked about protecting people from abuse or the risk of abuse. Staff understood how to identify abuse and report it. They told us they had received training in keeping people safe from abuse and this was confirmed in staff training records. Staff told us they would have no concern in reporting abuse and were confident the manager would act on their concerns. Staff also told us they knew where to find the contact details for external agencies if they needed to report concerns to them.

People who lived at the home and staff told us there were sufficient numbers of staff available at all times to meet people's needs. We looked at staffing levels and observed care practices. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who lived at the home. Staff told us they had plenty of time to ensure they could support people to attend appointments or to go out in the locality.

During the inspection, we had a walk around the home, including bedrooms, bathrooms, toilets, the kitchens and communal areas of the home. We found these areas were clean, tidy, and well maintained. We observed staff made appropriate use of personal protective equipment, for example, wearing gloves when necessary. People commented positively about how clean the home was. One person told us, "It's always clean, tidy and well kept."

During the walk around the home, we checked the water temperature from taps in bedrooms, bathrooms and toilets; all were thermostatically controlled. This meant the taps maintained water at a safe temperature and minimised the risk of scalding. As part of our inspection, we looked at how accidents and incidents were recorded. These were documented appropriately and in detail.

Good

Is the service effective?

Our findings

People we spoke with told us they felt the staff were effective and they had as much choice and control as possible over the service they received. People told us their ongoing health needs were met. This included visits to or from external healthcare professionals, such as GPs, dentists and other specialist services. One person told us, "I choose everything. I choose what to eat, what to do with my time, can have a shower when I want." Another person said, "The staff are all brilliant. They all know what they are doing." One person told us if they ever felt unwell, they simply had to ask a member of staff who would arrange for a GP visit.

When we last inspected the home in May 2016 we made a recommendation the manager review the area of meal time provision. This was in relation to both the standard of food served and the processes for offering people everyday choices about what they have to eat. During this inspection, we received positive feedback from people about the meals. One person told us, "The food is fantastic. I can choose what I want from the menu. I had two dinners today." Another person told us, "The food is very good."

The registered manager told us they had carried out work to find out what sort of foods people would like to see on the menu and implemented this. They had introduced a new five-week menu which included a variety of alternatives to the main meals. People's preferences and dietary needs were communicated to kitchen staff so they could be catered for. During our lunchtime observations, we saw people enjoyed their meals and gave positive feedback to staff. Where people required assistance to eat and drink, we saw staff provided this in a sensitive and patient manner.

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 interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA 2005.

We talked with people and looked at care records to see if people had consented to their care where they had mental capacity. People told us they were able to make decisions and choices they wanted to make. They said staff did not restrict the things they were able, and wanted, to do.

We looked at the care and support provided to people who may not have had the mental capacity to make decisions. Staff demonstrated a good awareness of the MCA code of practice and confirmed they had received training about how to support people to make decisions and act in their best interests.

Assessments of people's capacity to make decisions had been recorded in their plans of care for specific

decisions. We saw the provider had made applications under DoLS for a number of people. We saw records of best interests decisions which, as far as possible, involved the person concerned. Where the provider placed restrictions on people, we saw this had been thoroughly assessed and was as least restrictive as possible.

We spoke with staff members, looked at the training matrix and individual training records. The staff members we spoke with said they received induction training on their appointment. They told us the training they received was provided at a good level and relevant to the work undertaken. People we spoke with were complimentary and positive about the care provided at the home.

We saw from training records and staff we spoke with told us they had received a wide range of training. Staff told us this helped them to support people effectively. Training staff had received included safeguarding adults, moving and handling, infection control, the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff felt the training they received helped to allow them to fulfil their role effectively.

Staff we spoke with told us they had regular supervision meetings and felt well supported by each other and management. Supervision was a one-to-one support meeting between individual staff and the registered manager. They helped staff to review their training needs, role and responsibilities, as well as any concerns they had about people who lived at the home. This helped to ensure staff were supported to undertake their role effectively.

Staff had documented involvement from several healthcare agencies to help manage people's healthcare needs. We observed this was done in an effective and timely manner. Records we looked at showed involvement from various health professionals such as GPs and specialist practitioners This confirmed good communication protocols were in place for people to receive continuity with their healthcare needs.

Good

Is the service caring?

Our findings

People we spoke with gave us positive feedback about how caring staff were. For example, one person told us, "Staff are always very polite and treat everyone well. They're friendly. They're caring." Another person told us, "They [staff] are very nice. They are polite and respectful. They do everything very well." During our observations, we saw staff were kind, caring, compassionate and respectful during their interactions with people.

When we last inspected the home in May 2016, we found the provider was not meeting legal requirements in relation to dignity and respect. At that inspection, we found people would often be wearing someone else's clothes and staff did not always respect people's privacy and dignity when discussing their care. This was a breach of Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following our inspection, the provider sent us an action plan which told us how they intended to make improvements for people who lived at the home.

During this inspection, we checked and found the provider had made improvements in both of these areas.

One concern raised at the last inspection was staff spoke to people loudly about their care, so other people overheard. During this inspection, we observed staff discreetly discussing care with individual people, such as offering support to the toilet. This showed the approach of staff had improved.

We discussed the provider's action plan with the registered manager about how the laundry was organised. We found they had implemented a new system which minimised the potential for people to be given clothes belonging to someone else. People we spoke with did not raise any concerns about their clothes going missing or being given clothes belonging to anyone else.

When we looked at people's written plans of care, we saw people had signed to say they had given consent to the care and support that had been planned. People we spoke with confirmed they had been involved in planning their care, in order for them to influence how it was provided to them. We noted where people had not signed their care plan, staff had recorded a reason why.

With regard to advocacy services, we saw contact details on the notice board in the home. This provided people with the opportunity to contact such services privately if they wished to do so. Staff we spoke with, and the registered manager, confirmed if someone did not have friends or family, they would make them aware of advocacy services during the care planning process. An advocate is in independent person who can act in a person's best interests.

People we spoke with told us they had a good relationship with the staff who supported them. Staff we spoke with confirmed they had time to get to know people well. The registered manager told us they felt it was important for the staff team to build and foster positive relationships with people in their care. We observed staff spoke with people in different ways depending on how the person preferred to be addressed. For example, we observed people enjoying banter with staff, while other preferred to be addressed more

softly, to which they responded positively. Our conversations with staff confirmed they knew people well, including their likes and dislikes. This helped to ensure people received a personalised service.

We noted people's dignity and privacy were maintained throughout our inspection. Staff knocked on people's doors before entering. People we spoke with confirmed this was usual practice and raised no concerns about privacy or the approach of the staff team.

When we visited people in their rooms, we saw the rooms had been personalised with pictures, ornaments and furnishings. Rooms were clean and tidy which demonstrated staff respected people's belongings.

Good

Is the service responsive?

Our findings

People we spoke with told us they felt the care and support they received was responsive to their needs. They explained staff reviewed their plan of care with them regularly. People told us they were involved in this process and were enabled to have input into how their care was provided. One person told us, "They come to me with it [care plan] every so often and we talk through it." This person explained they could ask staff if there was anything they didn't quite understand and they were able to change things if they wanted.

To ensure they delivered responsive, personalised care the provider assessed each person's needs before they came to live at the home. We spoke to the registered manager about how they ensured the care was personalised and met people's needs. They told us they completed a pre admission assessment before people moved into the home. Peoples' written plans of care were initially built on the assessment, along with information from other professionals. This ensured the placement would meet peoples' needs and staff would have the skills to keep them safe.

We looked at people's written plans of care to check they were up to date and reflective of people's individual circumstances. We found people's involvement in the care planning process had been recorded. Their individual needs and preferences had been taken into account when written plans had been drawn up. People told us and records we looked at confirmed care plans were reviewed regularly, where possible, with the person, to ensure they still met the person's needs. Staff explained to us that care plans and risk assessments were reviewed and updated immediately following a change in someone's circumstances, for example, following a fall or another type of incident. This showed the provider operated systems to gather personalised information to guide staff to deliver support that was responsive to peoples' needs.

Around planning people's care, the registered manager told us there were times when a person's needs changed and they required guidance from multi-disciplinary agencies to ensure a safe and effective environment. For example, the registered manager had referred one person to the falls team for advice following an increase in the frequency of falls. This showed the registered manager was responsive to peoples' changing circumstances and reviewed the care and support they needed.

We saw a variety of activities were planned to take place within the home. However, people we spoke with and staff told us people often did not want to get involved. People we spoke with told us there was a group of gentlemen that played dominoes each morning and occasionally there would be outside entertainers who attended the home. One person explained they really enjoyed the exercise classes with a footballer who visited the home. The registered manager told us they respected people's individual choices with regard to activities. People told us staff supported them to go for walks, to go shopping and to go to local cafes and the beach. People told us they sometimes preferred these activities to those provided in the home. We saw a decking area at the front of the property which people told us they made use of in good weather. The registered manager explained they were undertaking work with each person to try to tailor more activities to people's individual needs. This showed the provider recognised activities were essential to stimulate and maintain people's social health.

There was an up to date complaints policy. People we spoke with stated they would not have any reservations in making a complaint. They told us they felt able to raise concerns with any member of staff or the registered manager, who they described as approachable. No one we spoke with had raised any concerns but felt confident the registered manager would address any issues. This showed the provider had a procedure to manage complaints.

Good

Is the service well-led?

Our findings

People we spoke with and staff were positive about the registered manager and how well-led the home was. Comments we received from people included, "[Registered manager] is really good. She will do anything for you." And, "[Registered manager] is very nice, approachable. I know I could go to her with any problems and she'd sort it out." Staff we spoke with were equally positive about the leadership at the home. They told us, "The transition [from nursing to residential care] has been a little difficult, but we're seeing positive changes in how the home is run. The paperwork is much better and everything is better organised." And, "I really like working here. [Registered manager] is one of the best bosses I've come across. She genuinely does care and she pitches in even if she's busy."

When we last inspected the home May 2016, we made a recommendation the provider should review their quality assurance systems due to the two breaches of regulations we found during that inspection. During this inspection, we found the provider had a range of which they used to assess, monitor and improve the service. These included daily, weekly and monthly checks on different areas, as well as satisfaction surveys. We saw where areas for improvement were identified, these were acted on to improve the experience of people who lived at the home.

The registered manager completed a range of audits as part of their quality assurance for monitoring the home. These included bedroom checks, legionella checks, emergency lighting, water temperature and fire alarm systems. Checks on any lifting equipment was undertaken and certificated by an external company.

Lines of accountability were clear and staff we spoke with stated they felt the registered manager worked with them and showed leadership. Staff told us they felt there was a good team at the home and they could approach the manager with any issues or concerns. Staff had confidence in the registered manager to resolve any issues promptly. One staff member told us, "I feel very well supported. She [registered manager] is really approachable, I could go to her with anything and she would sort everything out."

Staff spoken with demonstrated they had a good understanding of their roles and responsibilities. One staff member told us, "This important thing is that we make sure people receive the care they need. We all pitch in to make sure that happens. We all work really well together. We saw minutes, which indicated regular staff and residents meetings took place. Topics included ongoing refurbishment of the home, keeping people safe and subjects related to the kitchen and people's dining experience.

The registered manager told us they had used satisfaction questionnaires to gather people's views. We noted regular questionnaires had been distributed and people's views collated and where appropriate actioned. The feedback we saw was positive. People we spoke with told us there were regular meetings held for people who lived at the home but they preferred not to go to them because they knew they could make suggestions at any time and felt they would be listened to.

The home's liability insurance was valid and in date. There was a business continuity plan in place. A business continuity plan is a response planning document. It showed how the

management team would return to 'business as usual' should an incident or accident take place.

The registered manager understood their responsibilities and was proactive in introducing changes within the workplace. This included informing CQC of specific events the provider is required to notify us about and working with other agencies to maintain people's welfare.

The provider had ensured the rating from the previous inspection was on display in a prominent position at the home.