A J Residential Care Ltd

Highfield Cottage

Inspection report

54 Highfield Road
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Tel: 01642228946

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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 2 June 2017 and was announced. We informed the provider at short notice (two days before) that we would be visiting to inspect. We did this because the location is a small service for people who are often out during the day and we wanted to make sure the people who lived there would be in when we visited.

Highfield Cottage is a terraced domestic bungalow with its own garden. It provides support for up to two people who have a learning disability. At the time of our inspection two people were using the service.

At the last inspection on 31 March 2015 the service was rated Good. At this inspection we found the service remained Good.

Risks to people using the service were assessed and plans put in place to reduce the chances of them occurring. Accidents and incidents were monitored by the registered manager to see if actions could be taken to improve people's safety. People's medicines were managed safely. Staffing levels were based on the assessed level of support people needed, and were regularly reviewed to ensure they were sufficient to keep people safe. The provider's recruitment processes minimised the risk of unsuitable staff being employed.

Staff received training in a number of areas to support people effectively. Newly recruited staff had to complete the provider's induction programme before they could support people unsupervised. Staff were also supported with regular supervisions and appraisals. People's rights under the Mental Capacity Act 2005 were protected. People were supported to maintain a healthy diet and to access other healthcare professionals involved in their care.

We saw numerous examples of kind and caring support during our inspection. Staff were very familiar with people's individual communication needs, and used this knowledge to deliver kind and caring support. Staff treated people with dignity and respect at all times. People were encouraged to maintain their independence. Procedures were in place to arrange advocacy support where needed.

Care was personalised. Staff we spoke with were able to describe the support people needed in detail, and we saw them following the guidance laid out in care plans throughout the inspection. Care plans were regularly reviewed to ensure they reflected people's current support needs. People were supported to access activities they enjoyed. Procedures were in place to investigate and respond to complaints.

Staff spoke positively about the culture and values of the service and said they enjoyed their work. Staff also spoke positively about the registered manager, who they said was supportive. The registered manager and provider carried out a number of quality assurance checks to monitor and improve standards at the service. Staff regularly checked that people were happy at the service, and feedback was sought from staff, relatives and external professionals. The registered manager had submitted required notifications to CQC.

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**

Highfield Cottage

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 2 June 2017 and was announced. We informed the provider at short notice (two days before) that we would be visiting to inspect. We did this because the location is a small service for people who are often out during the day and we wanted to make sure the people who lived there would be in when we visited.

The inspection team consisted of an adult social care inspector.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

The provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the commissioners of the relevant local authorities, the local authority safeguarding team and other professionals who worked with the service to gain their views of the care provided by Highfield Cottage.

People who used the service were unable to communicate verbally, but we spent time interacting with them during our inspection. We looked at two care plans, medicine administration records (MARs) and handover sheers. We spoke with six members of staff, including the provider, the registered manager and support workers. We looked at two staff files, which included recruitment records.

Good

Is the service safe?

Our findings

Throughout the inspection we saw staff working hard to keep people safe. Our ID was checked when we arrived and we were asked to sign the visitor book. Staff moved equipment and furniture that was no longer being used to reduce trip hazards. They also discreetly monitored people to see if they needed assistance. This helped to give people the freedom they wanted whilst also keeping them safe.

Risks to people using the service were assessed and plans put in place to reduce the chances of them occurring. For example, one person had a risk assessment in place for their behaviours that may challenge. This contained guidance to staff on things that could cause the person to become anxious and actions they could take to help keep the person and other people safe. Assessments were regularly reviewed to ensure they reflected people's current level of risk. Regular checks were carried out to ensure equipment and the premises were safe to use. Required test and maintenance certificates were in place. The provider had plans to support people in emergency situations. Fire safety procedures and equipment were in place and regularly reviewed.

Accidents and incidents were monitored by the registered manager to see if actions could be taken to improve people's safety. Recognised tools such as ABC charts were used to monitor incidents. An ABC chart is an observational tool that allows staff to record information about a particular behaviour. The aim of using an ABC chart is to better understand what the behaviour is communicating. Policies and procedures were in place to safeguard people from abuse. Staff had access to a safeguarding policy that provided guidance on how to report concerns, and staff we spoke with said they would not hesitate to raise any issues. There had not been any safeguarding incidents since our last inspection but the registered manager was able to explain how these would be investigated.

People's medicines were managed safely. Before they started using the service people's medicine support needs were assessed and a care plan drawn up. People also had a medicine administration record (MAR). A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. MARs we looked at had been correctly completed with no gaps. Protocols were in place for 'as and when required' (PRN) medicines. Where people were given medicines covertly we saw this had been appropriately authorised by other healthcare professionals involved in their care. Covert medicines are given in disguised form, usually in food or drink. Staff supporting people with medicines had been appropriately trained and this was regularly refreshed to ensure it reflected current best practice.

Staffing levels were based on the assessed level of support people needed, and were regularly reviewed to ensure they were sufficient to keep people safe. During the day there was always a minimum of three staff at the service, including the registered manager. At night there were always two members of staff working. Staffing levels were increased to support people to access activities. Staff we spoke with said there were enough staff deployed, and that leave through sickness or holiday was always covered.

The provider's recruitment processes minimised the risk of unsuitable staff being employed. These included seeking references and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service

carry out a criminal record and barring check on individuals who intend to work with children and adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and adults.

Good

Is the service effective?

Our findings

Staff received mandatory training in a number of areas to support people effectively. Mandatory training is training and updates the provider thinks is necessary to support people safely. This included training in areas such as safeguarding, fire safety, first aid, physical interventions, communication, learning disabilities, mental health and health safety. Where people with a specific support need started using the service training was delivered to ensure staff had the skills to work with them. The registered manager monitored and planned training on a chart. This showed that training was either up-to-date or planned. Staff we spoke with said they were happy with the training they received and would be confident to request more if they felt this was needed. One member of staff said, "The training is good. I've just done medicines."

Newly recruited staff had to complete the provider's induction programme before they could support people unsupervised. This was a five day course covering the provider's mandatory training, policies and procedures and working alongside more experienced members of staff. One member of staff told us they had completed the induction programme and it gave them the confidence to carry out their role.

Staff were also supported with regular supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. The provider told us supervisions were carried out every month. They said, "This can be a tough job and we want staff to know they are supported and have an opportunity to tell us about any issues." Records of these meetings showed they were used to discuss staffs' personal development goals and any other issues they wanted to discuss. One member of staff said, "We get supervisions every month and regular appraisals. I find them very useful as you can talk about any personal issues."

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 Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection both people using the service were subject to DoLS authorisations and lacked capacity to consent to their care. Appropriate capacity assessments and best interest decisions had been carried out and recorded in people's care plans.

People were supported to maintain a healthy diet. People's nutritional needs and preferences were assessed and recorded, and we saw staff following these during our inspection. For example, one person only liked to drink after their meal and staff ensuring this took place. People's food and fluid intake was recorded and they were regularly weighed to monitor their nutritional health. We saw one person enjoying lunch, with staff supporting them at their own pace and preparing extra food when they indicated they were still hungry.

People were supported to access other healthcare professionals involved in their care. Care plans were based on advice received from other professionals, such as consultants, learning disability dieticians, the epilepsy clinic and occupational therapists. This meant the service worked effectively with other professionals to monitor and promote people's health.

Good

Is the service caring?

Our findings

We saw numerous examples of kind and caring support during our inspection. Staff at the service clearly knew the people they supported well, and had professional but friendly and caring relationships with them. For example, we saw staff joking with one person about the fact that they needed a haircut. They used appropriate signalling and touch to indicate they were talking about the person's hair and the person started to smile. Later in the day we saw staff laughing and joking with a person who had developed hiccups.

Staff were very familiar with people's individual communication needs, and used this knowledge to deliver kind and caring support. For example, we saw staff supporting a person to decide what they wanted to do for the afternoon. They spent time observing the person's signals and movements, and because staff knew the person well they knew this meant they would like to watch a DVD. Staff then sat on the floor with the person to show them the boxes of their DVDs before choosing one. The person started to dance to the music when the DVD started and was clearly having fun watching it. People's care plans contained guidance to staff on people's communication support needs and how staff could effectively interact with them.

Staff treated people with dignity and respect at all times. Though staff were always close by to ensure their safety we saw that people were free to move around the house and spend time wherever they wanted, including in communal lounges or their bedrooms. Where staff delivered support this was done at the person's own pace, with staff explaining what they were doing at every stage. Where people became anxious staff spoke with them in a calm and measured way which helped to reassure them.

People were encouraged to maintain their independence. Staff supported people to carry out tasks for themselves in order to maintain and improve their life skills. For example, one person was supported with eating at mealtimes. Staff placed food on their spoon for them then passed it over to the person. The registered manager said staff planned to continue to encourage the person to place food on their spoon for themselves. People had a list of 'goal based outcomes' in their care plans which contained small, realistic goals for them to work towards. For example, one person was being supported to increase their independence in choosing which shoes to wear.

At the time of our inspection no one at the service was using an advocate. Advocates help to ensure that people's views and preferences are heard. Procedures were in place to arrange this should it be necessary, and the registered manager was able to explain in detail how this would be done.

Good

Is the service responsive?

Our findings

Care was personalised. Before people started using the service a detailed assessment was carried out. This involved discussions with other professionals involved in supporting the person, and the person making several visits to the service so that staff could meet them and help design a package of care. People using the service had complex support needs, and the assessment process continued even after they had moved in. This helped ensure people received the support they needed based on their assessed needs and preferences.

Where a support need was identified a care plan was drawn up based on advice from other professionals involved in the person's care, the person's preferences and on decisions made in their best interest. For example, one person had a sleeping care plan in place. This contained detail on the best routine to follow to help ensure the person had a good night's sleep, particularly if they had behaviours that can challenge. People's care plans also contained personal details such as their life history, photographs of their family and what was important to them. These were written from the perspective of the person they belonged to and helped to emphasis the person's voice in care planning and delivery. For example, one person's care plan read, 'I am at the centre of all plans and decision making.'

Staff we spoke with were able to describe the support people needed in detail, and we saw them following the guidance laid out in care plans throughout the inspection. Care plans were regularly reviewed to ensure they reflected people's current support needs.

People were supported to access activities they enjoyed. During our inspection both people at the service attended a local ice rink and had planned to visit a local park before bad weather prevented this. Later in the day they were visiting a youth club. Both people also regularly attended a local day centre. People's care plans contained details of their hobbies and interests, and staff were able to tell us what people enjoyed doing and helped them to do it. For example, one person enjoyed watching musicals and we saw staff doing this with them during our visit. Staff also knew which objects or items people valued, and we saw an example of staff using this knowledge to help reassure a person when they became anxious.

Procedures were in place to investigate and respond to complaints. No complaints had been received since our last inspection in March 2015. The complaints policy was displayed in communal areas and was also available in an easy read format.

Good

Is the service well-led?

Our findings

Staff spoke positively about the culture and values of the service and said they enjoyed their work. One member of staff said, "It was the best move I ever made coming here." Another staff member said, "It's fantastic here. No two days are the same."

Staff also spoke positively about the registered manager, who they said was supportive. One member of staff said, "We get all of the support we need. The registered manager is very approachable." Staff confirmed that staff meetings took place at which they were encouraged to raise any issues they had. They also said they were free – and encouraged – to raise any issues outside of formal staff meetings or supervisions.

The registered manager and provider carried out a number of quality assurance checks to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. This included monthly audits of care plans, medicines, accidents and incidents and staffing levels. In addition to this audits were carried out in these areas every six months and annually by the provider. Where issues were identified records confirmed that remedial action was taken. For example, an audit of falls had identified that one person might benefit from extra support from the falls team so the service worked with the person's day centre to make the appropriate referral. The registered manager and provider told us they were not complacent and were always looking for ways to improve the service.

People using the service were unable to give feedback orally or in writing, but staff regularly observed them to ensure they were happy. Feedback questionnaires were sent to staff, relatives of people using the service and external professionals. A recent relative questionnaire contained positive feedback, with a relative stating they felt included in planning the person's care. The recent staff questionnaire also contained positive feedback. For example, of the seven members of staff who responded all said they felt valued by the service. This meant procedures were in place to monitor and improve standards at the service.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.