

Polesworth Group Homes Limited

Highfield

Inspection report

Dunns Lane
Dordon
Tamworth
Staffordshire
B78 1RS

Tel: 01827892882

Website: www.polesworthhomes.co.uk

Date of inspection visit:

30 April 2018

01 May 2018

Date of publication:

25 May 2018

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

We inspected this service on 30 April 2018. The inspection was unannounced. We informed the registered manager that we would continue our inspection on 1 May 2018, when we gained feedback from people by telephone conversations.

Highfield is one of eight services provided by Polesworth Group Homes Limited. Highfield is a purpose built bungalow which provides accommodation with personal care for up to five people with a learning disability. At the time of our visit, there were five people living in the home. The service also provides domiciliary care to 20 people with a learning disability in their own homes, some of whom require 24-hour support from staff.

At our last inspection in December 2015 we rated the service as good overall. However, we rated the effectiveness of the service as requires improvement because where people lacked capacity to make day to day decisions, mental capacity assessments had not always been completed. Neither had Deprivation of Liberty applications been made as required. At this inspection, we checked whether improvements had been made and found they had.

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.

Staff had received training in the Mental Capacity Act 2005 and worked in line with this to promote people's best interests. Staff offered choices to people and gained consent before, for example, supporting them with personal care.

People were safe from the risks of harm, because staff understood their responsibilities to protect people. Staff had been trained in what constituted abuse and would raise concerns under the provider's safeguarding policies. The provider checked staff's suitability to deliver care and support during the recruitment process.

There were enough staff on shift to support people safely and meet their individual needs. Staff received training and used their skills, knowledge and experience to provide effective and responsive care.

People's needs were assessed before they moved to live at the purpose built bungalow or receive a domiciliary care service in their own home. Risks to people's safety and wellbeing were assessed and plans were in place to reduce these. Accidents and incidents were recorded by staff and investigated and actions taken to minimise the risks of reoccurrence.

People were supported to eat and drink enough and staff promoted healthy choices around food.

People were very relaxed in the presence of care staff and the registered manager. Staff were friendly toward people, showing respect toward them and that people were valued in the home. Staff knew people well and how to meet their needs.

People were able to take part in individual leisure activities according to their preferences. There were also opportunities for people with shared interests to do activities in a group.

Staff were happy in their job role and felt well supported by the team and the registered manager. Staff felt listened to and able to contribute to the way the service was delivered.

People and their relatives had no complaints about the service. They felt the registered manager would deal with any concern if they needed to raise something.

The registered manager and provider carried out a range of quality audits to ensure people received safe, effective and responsive care that met their individual needs.

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?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service improved to effective.

Where people lacked capacity to make day to day decisions, assessments had been completed in line with the Mental Capacity Act 2005. Deprivation of Liberty applications had been made when required. Staff gained consent from people and worked within the remit of the Mental Capacity Act.

Staff were safely recruited and undertook detailed training which gave them the skills they needed for their job role. People were offered choices about what they ate and drank and were supported to receive the support they needed from healthcare professionals.

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.

Highfield

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 comprehensive inspection took place on 30 April 2018 and was unannounced. Further feedback was gained from telephone conversations with people on 1 May 2018. One inspector undertook the inspection.

Prior to our inspection visit, we reviewed the information we held about the service. We reviewed statutory notifications sent to us from the provider. A statutory notification is information about important events which the provider is required to send us by law. We looked at the Provider Information Return (PIR). This is information that 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 used information the provider sent us in the PIR in our inspection planning.

Some people living at the home had limited verbal communication due to their complex health conditions. We spent a significant period of time observing communal areas and joined people at lunchtime so we saw how people were supported. This helped us judge whether people's needs were appropriately met and to identify if people experienced good standards of care.

During the inspection we spoke with four of the five people that lived at Highfield and had telephone conversations with four people who received a domiciliary care service in their own home. We spoke with five people's relatives and six care staff. We also spoke with the service administrator, the registered manager and the chief executive of the Polesworth Group Limited.

We reviewed three people's care plans, daily records and medicine administration records. We also looked at the management records of the checks the registered manager and provider made to assure themselves people received a safe, effective quality service.

Is the service safe?

Our findings

At our last inspection in December 2015 we rated this key question as Good. At this inspection we found the service provided continued to be safe. The rating continues to be Good.

People told us they felt safe because staff were there to help them when needed. Staff had been trained in safeguarding people and continued to understand what abuse was. One staff member told us, "If I noticed any bruising or changed behaviour for someone, I'd report it to the manager straight away, they'd deal with it."

Risks associated with people's individual health and well-being had been assessed. Risk assessments were in place which outlined what the risks for each person were and how staff should minimise those risks. One staff member explained because one person was blind, they always guided their rotator (walking frame) to minimise risks of the person knocking against something that may cause them to fall.

Another staff member told us, "(Name) had a fall and bumped their head recently, it's because they try to rush about and run. We are all encouraging them to slow down a little and walk so they don't fall again." Records showed this person had 13 falls over a 12-month period which were due to them moving about quickly. Most of these falls resulted in minor injury and were treated by staff giving first aid at the home. These were all investigated and actions, where possible, were taken to reduce risks. For example, protectors for the edge corners of furniture in their bedroom were investigated.

One person was able to safely go out alone and travel to visit family and friends. One staff member explained to us, "This person can become anxious so we ensure plans are in place to reduce this so they are safe. If they are travelling by air, we arrange airport assistance. We take them to the airport and introduce them to their airport assistance staff. This reduces any anxiety and they are then happy for us to leave them."

Another person displayed behaviours that could be challenging to themselves and others around them. Staff said this person's anxiety was linked to new people or going out to places. Staff knew this person well and what the healthcare professional guidance said they should do to avoid anxiety or how to support the person if they became anxious and challenging. This person's relative told us, "My family member has been living there ten years, I am very happy with their care. They are not on nearly as much medication for their behaviour as they were before. It's going well for them."

There were enough staff on duty to support people safely. Staff had time to spend with people and told us they did not feel rushed in supporting people. One staff member told us, "With three staff on the day shift, it means we can support the five people to do different things, we've got two vehicles as well that we can use to go out if people want to." We saw people's needs were responded to straight away.

People we spoke with that received a domiciliary service told us staff arrived on time and they felt safe with them supporting them in their home.

There was a fire alarm system in place at the bungalow and smoke detectors in domiciliary care services.

People had Personal Emergency Evacuation Plans (PEEPS) in place which informed staff of the level of support people would need in the event of an emergency. The registered manager showed us records of their discussions with people to establish their understanding of what to do if smoke / fire alarms sounded. One person told us they would 'go to garden' if there was a fire. Fire 'drills' took place and records showed staff acted promptly to support people to a safe place.

Staff told us people had their prescribed medicines available to them. One staff member said, "We always check we receive the right medicines for people from the chemist and have enough for the month. We observed one staff member administering one person's medicine to them and saw they safely followed the instructions on the person's medicine administration record. We looked at three people's medicine administration records and found these had been completed accurately. The registered manager told us there had been eight recorded medicine errors across the service in the past twelve months. Some of these were recording errors, where medicine had been administered correctly, but staff had forgotten to document this. Such incidents were investigated by the registered manager who then sought to support staff so improvements were made.

Staff told us they each took responsibility, during their shift, for infection prevention and control. We saw staff wore personal protective equipment (PPE) such as gloves and aprons when needed. During our visit we saw the home was clean and tidy and free from odours.

Senior management from the Polesworth Group Homes Limited paid frequent visits to Highfield. An experience shared with us, by the chief executive, showed that lessons were learned when things did not always go to plan. They explained that they told one person they would speak with them next, but this person saw this did not happen and became anxious when another person was spoken with before them. The chief executive said this had been a learning point for them so they did not accidentally cause anxiety for people during their visit.

Is the service effective?

Our findings

At our last inspection in December 2015 we rated the effectiveness of the service as Requires Improvement, because where people lacked capacity to make day to day decisions, mental capacity assessments had not always been completed. Neither had Deprivation of Liberty applications been made as required. At this inspection, we checked whether improvements had been made and found they had. The rating was lifted to Good.

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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager told us that following our last inspection, mental capacity assessments had been completed for people and included where they lived, financial management of their money and their care and support. We saw these in people's care plans and staff could refer to them if needed.

Since our last inspection one person had been poorly and whilst in hospital a DNACPR (Do Not Attempt Cardio Pulmonary Resuscitation) had been completed. The registered manager told us the person did not have capacity to make decisions so they had requested a multidisciplinary healthcare meeting to discuss if it was in the person's best interests for the DNACPR to remain in place now their health was stable.

Another person had a best interests meeting arranged to discuss their healthcare and possible invasive medical procedures which they were unable to consent to themselves. This showed the registered manager understood their responsibilities under the Act.

Staff gained consent from people by explaining what was happening and involving them. When one person arrived home, a staff member asked if they would like some help to freshen up. This person was relaxed when they went with staff to their bedroom, to be supported with their personal care.

The registered manager told us no one living at Highfield bungalow had a DoLS in place. One person was safe to go out alone and the other people told us they wanted to go out with staff supporting them and not alone. The registered manager had submitted five community DoLS applications to the local authority for people supported in their own homes. They told us they were awaiting the outcome of these applications and would submit an urgent DoLS request if situations changed with the people identified as potentially needing a community DoLS.

Staff understood their role in protecting people, but were unsure of the terminology of what DoLS meant. Staff gave us examples of how they would protect people from harm and said if they were concerned a person they would discuss this with the registered manager immediately.

The registered manager had identified the terminology of DoLS as a training need and a session was arranged for May 2018. MCA and DoLS information was available to staff and the topic was covered during team meetings.

People and their relatives had confidence in the staff who looked after their family member. One relative said, "The staff are good and know what they are doing."

The needs of people were met by staff who had the right knowledge. Some staff had worked for the organisation for many years and knew people very well. These staff shared this experience with newer staff members. We spoke with two staff who had started working at the home since our last inspection. One told us, "I started working here last year. I did an induction and about a month shadowing other staff. That was really useful, my training has been good and I feel I have the skills to meet people's needs."

Another member of staff told us, "I've worked here over ten years and really enjoy my job, we get good training. For example, I was a bit anxious about supporting one person with their PEG, but the training was good and gave me the confidence I needed." Percutaneous endoscopic gastrostomy (PEG) is an medical procedure in which a tube (PEG tube) is passed into a person's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate.

Staff told us they had regular team meetings and one to one meetings with the registered manager which they found supportive and useful as a means of keeping up to date with any changes.

People were offered choices about what they ate and drank and staff encouraged people to have a balanced diet and maintain a healthy weight. One person had been identified as not always eating and drinking enough and specialist nutritional guidance had been sought. Whilst guidance in this person's care plan stated what their fluid target was, staff did not know this or where to locate the information. However, staff told us they encouraged this person to have a drink because they were aware of the importance of this. We discussed this with the registered manager and during our visit, this person's fluid recording chart was updated to include their fluid intake target so that action could be taken if this was not achieved.

Staff supported people to visit their GP when needed or arranged home visits. Community nurses visited on a weekly basis and provided support for people with healthcare conditions. Other people were supported by other healthcare professionals, such as psychiatrists, and staff worked in line with the guidance provided to deliver effective care and support.

Highfield bungalow was purpose built and suited the needs of people living at the home. Some people used wheelchairs and the design of the bungalow meant they could access all areas, including the garden. We found no maintenance issues and staff told us if any problems arose, they were quickly attended to once reported to the registered manager.

Is the service caring?

Our findings

At our last inspection in December 2015 we rated this key question as Good. At this inspection we found staff continued to have a caring approach toward people who were happy living at the home. The rating continues to be Good.

People and their relatives made positive comments to us about the staff. One person described the staff as "kind." One relative told us, "The staff are caring, we couldn't have hoped for better."

Staff told us they were very happy in their job role. One staff member described working at Highfield bungalow as, "It's like one big family, I enjoy my job and seeing the people we support happy." Another staff member said, "I wouldn't want to leave working here."

People were comfortable in the presence of staff. One person sought reassurance on a frequent basis by asking staff if they were 'alright?' We saw this person ask staff this during our visit, and staff responded in a positive way each time and engaged this person in a conversation which made them smile and relax. Staff knew people well and how they liked to be cared for. Staff attitudes showed they valued people. For example, one person was able to speak but took their time and sometimes staff needed to ask the person to repeat themselves, as they had not understood. Staff showed patience to this person and did not rush them.

Staff knew how people liked to spend their time. One staff member told us, "(Name) is in their 70's now, so does not like to be going out all the time, they really enjoy knitting. We go to a 'knit and natter' club, but they are also really happy when we sit on the sofa together and make pom-poms."

One person, supported by a staff member, told us, "I like my (electronic) tablet to play solitaire, I enjoy copy writing and colouring, I do cooking and go to work (day centre) every day." Another person practised their faith and had been supported to make links with the local Church, which they attended independently. This person also went independently to the local library and shop.

Staff promoted other people's independence by encouraging them to make day to day choices about what they wanted to do.

People told us, and we observed, staff respected people's privacy and dignity. When bedroom doors were closed, staff knocked on the door before entering and told people who they were. Staff ensured people's dignity was maintained. For example, one person's tee-shirt had ridden up exposing their tummy, so staff gently pulled this back down as they spoke with the person.

Relatives said they had no restrictions placed on them when they visited Highfield or their family member in their domiciliary supported living home. One relative told us, "We often visit (name) at the bungalow and staff always make us welcome, whatever time we go."

Is the service responsive?

Our findings

At our last inspection in December 2015 we rated this key question as Good. At this inspection we found the service continued to be responsive to people's needs. The rating continues to be Good.

People's needs were assessed and plans of care developed so staff had the information they needed to meet those needs in an individual and consistent way. Care plans were detailed and contained information on people's likes and dislikes. There was a pictorial section in the care plan that show that people had been involved in planning and had signed in agreement.

People's relatives told us they felt involved in their family member's care. Two relatives told us they had dates for review meetings during May and felt staff 'always' kept them up to date with their how their family member was.

People had key information listed in a 'passport to health' which staff told us they would take to hospital if the person was admitted. The registered manager added that they would always aim to send a member of care staff with a person if they needed to go to hospital, so that a consistent approach could be maintained. People only made positive comments to us about the service and said they had no concerns or complaints. They said if they did, they would speak with a member of staff or 'the manager man' (registered manager). Relatives were satisfied with the service and had no complaints. One relative told us, "I've no complaints at all. If I did, I could always speak with the manager." They added, "They are usually there when we visit." Another relative said, "I always ask (name) if they are upset with anything or if anything is wrong, they always tell me 'no, everything is fine,' if they said they were upset or I thought they were, I'd speak to the manager. The manager knows I will always speak my mind. But, I am happy with everything. I have no complaints about my family member's care."

Compliments were recorded and included five over the past twelve months, thanking staff and management on the care given to people. One complimented the 'friendliness' of staff, which reflected what relatives had told us and how they felt when they visited the home.

Staff told us that they had cared for one person at the end of their life, giving them a comfortable, dignified and pain-free death. Whilst the home was not an end of life service, when people living there neared the end of their lives, staff aimed to be able to care for the person in their home whenever possible if that was in the person's best interests. This had been done in conjunction with the support of visiting healthcare professionals. One staff member told us, "One person's death was expected and we worked closely as a team to give them the best until the end."

Within Highfield's garden, there was a small area dedicated as 'memorial garden' to loved ones. One staff member explained people were supported to plant herbs there and paint garden ornaments to display in memory of people.

Is the service well-led?

Our findings

At our last inspection in December 2015 we rated this key question as Good. At this inspection we found the service continued to be as well managed. The rating continues to be Good.

The service had had an established registered manager who had been in post registered with us since October 2010. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 understood the requirements of their registration and when notifications needed to be sent to us; about specific events that happened at the service.

Polesworth Group Homes Limited had a website which provided information about their services, they also displayed information on their latest CQC rating as required.

The service was well led. People and their relatives spoke in a positive way about the quality of Highfield bungalow and the domiciliary services provided to people in their own homes. One relative told us, "We are more than happy with the service."

Staff were positive about the registered manager. Staff described themselves as being 'happy' working at the home and felt 'supported by the manager.' The registered manager was described as being approachable and people, relatives and staff felt they would listen and act on any issues raised.

The service had a low turnover of staff, with 30% of staff having worked for the provider for over ten years. This gave stability and consistency to the people that used the service. The registered manager told us unplanned staff sickness (as opposed to planned leave such as medical treatment) was very low at less than 1%. The registered manager and provider undertook this analysis as well as feedback from people, relatives and staff to assess the quality performance of the service.

The registered manager conducted regular audits of the quality of the service. They checked people's care plans were reviewed and reflected their current needs. Audits were also undertaken on medicine administration and infection prevention and control.

The accident analysis was detailed and identified actions taken to reduce the risks of reoccurrence and these were balanced with positive risk taking and efforts not to compromise people's independence.

Questionnaires in accessible formats had recently been given to people to ask their views about the quality of the service. Individual analysis was completed for people receiving a domiciliary care service and an individual action plan had been written in April 2018 to make improvements where needed. For example, one person had suggested having their main meal at lunchtime would be better on a particular day so they did not have to rush to go out in the evening to their regular club. This had been changed in response to their feedback. Questionnaires from people that lived at Highfield bungalow had not yet to be analysed. We

looked at the completed forms and saw no negative comments had been made by people.

In addition to the quality assurance checks undertaken by the registered manager and visits from the chief executive for Polesworth Group Homes Limited, the chairman of the Board of Directors also undertook visits to the service. The chairman's visit reports showed no actions for improvements had been identified to date this year.

The chief executive told us they were part of a provider forum and attended meetings to share best practice. They gave us an example of being inspired by some work carried out by one provider, and were sharing this with their managers.