Stockdales Of Sale, Altrincham & District Ltd

Headonhey

Inspection report

34 Harboro Road
Sale
Cheshire
M33 5AH

Tel: 01619693527
Website: www.stockdales.org.uk

Date of inspection visit:
19 June 2017

Date of publication:
12 July 2017

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

The inspection took place on 19 June 2017 and was unannounced, which meant that the provider did not know that we were coming.

Headonhey is registered to provide accommodation for up to seven adults. At the time of our visit there were seven people who lived in the home. Care is provided for people with complex learning disabilities and associated physical disability needs. It is managed and owned by Stockdales of Sale, Altrincham and District Limited (Stockdales), which is a charitable organisation.

At the last Care Quality commission (CQC) inspection on 3 February 2015, the service was rated Good in all domains and overall.

At this inspection we found the service remained Good in all key areas and overall.

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.

The ethos of the home was to provide person centred care and support to each person who used the service by recognising and celebrating their individuality.

Due to the complex needs of people living at Headonhey it was difficult for us to ascertain their opinions on the service they received, as they were unable to tell us verbally what they thought or felt. However, we found we could use the information contained within the care plans to help us understand their unique communication styles, which we were then able to use to capture feedback about their experiences. We saw people looked happy and comfortable in their surroundings.

The staff had risk assessments in place to identify risks when meeting people's needs. The risk assessments showed ways these risks could be reduced.

The provider continued to have systems in place to safeguard people from harm and abuse and make sure

that safeguarding alerts were raised with other agencies, such as the local authority safeguarding team, in a timely manner. Staff knew how to report any concerns related to abuse.

Medicines were stored and administered safely. Clear and accurate medicines records were maintained.

People continued to take part in a variety of social activities. Each person has a weekly plan that contained information about the activities they were taking part in. Relationships and friendships were maintained.

People had the opportunity to remain in contact with people that mattered to them. People and their relatives continued to remain involved in an assessment of need. Following an assessment, a care plan is developed to ensure staff supported people to meet their needs. The care plans continued to be reviewed with people on a regular basis to ensure they remained relevant.

Staff knew each person well and had a good knowledge of the needs of people. Training records showed that staff had completed training in a range of areas that reflected their job role and enabled them to deliver care and support as appropriate.

The complaint process was made available to people and their relatives. One complaint had been raised, investigated and a response provided to the complainant.

The registered manager maintained effective leadership to staff at the service. The manager was at the service each day and provided management support at the service.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included regular audits and relative surveys to seek their views about the service provided.

The service was constantly striving to improve and learn and demonstrated areas of recognised best practice.

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**

Headonhey

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 19 June 2017 and was unannounced. The inspection was carried out by two Adult Social Care Inspectors.

Before the inspection we looked at the information we held about the service. We reviewed the provider's information return (PIR). The PIR is a form that asks the provider to give some key information about their service, how it is meeting the five questions, and what improvements they plan to make. We looked at notifications sent to us at the Care Quality Commission (CQC). Statutory notifications are notifications providers are required to send to us about safeguarding incidents, serious injuries and other significant events that occur whilst they are providing a service.

We contacted Trafford Council Commissioning team for information and Trafford Healthwatch who told us they didn't have any intelligence on this service. Healthwatch is an organisation responsible for ensuring the voice of users of health and care services are heard by those commissioning, delivering and regulating services.

Due to the complex care needs of the people who used the service some of the people were unable to tell us directly about their experiences. Therefore we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who cannot tell us about their care.

We spoke with two people who used the service, four staff, including the registered manager, service manager and two support workers. We looked at the care records of two people and two records which

related to staffing, including recruitment procedures and the training and development of staff. We looked at a selection of records in relation to the management of the home including quality and monitoring audits.

On the day of our visit there were seven people at home. After the inspection we telephoned three family members involved in the care and support of their loved ones for their feedback about the service. They all had positive things to say about the service.

Good

Our findings

People's relatives and representatives told us they were confident their family members were safe living at Headonhey. Comments included: "I know [person's name] is safe at this home. The staff are superb and I am confident in the staff abilities", "[Person's name] has lived at Headonhey for the last 40 years, this is a very safe service" and "The staff are well trained in my opinion, this keeps people safe."

The service had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen and staff spoken with confirmed they had received safeguarding vulnerable adults training. The staff members we spoke with understood what types of abuse and examples of poor care people might experience and understood their responsibility to report any concerns they may observe. There had been no safeguarding incidents raised with the local authority regarding poor care or abusive practices at the home when our inspection visit took place.

On the day of our inspection there were enough staff on duty to meet people's needs. We carried out observations and spoke with one person who used the service. This person was asked if there was enough staff on duty in the day and at night to support them safely. We used their communication passport to help us understand their responses. They answered "yes" to both questions. A communication passport is a tool used by staff to help them understand the unique communication style of the person they are supporting. Communication passports are important tools when supporting people who are unable to communicate their needs verbally.

We found staff had been recruited safely, appropriately trained and supported. They had skills, knowledge and experience required to support people with their care and social needs.

People's medicines were managed safely. We looked at how medicines were prepared and administered. Medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. The registered manager had audits in place to monitor medicines procedures. These meant systems were in place to check people had received their medicines as prescribed.

During the inspection we noted the service was in the process of moving the medicines to a new cabinet that was easier for staff to access. During the day of our inspection we noted the medicines folder was left out and not secured. We discussed this with the registered manager who assured us the medicines folder will now be stored securely in the locked cabinet to ensure people's medical confidential information was protected.

People were supported by a dedicated and caring team. Recruitment processes ensured that staff were suitable for their role and staffing levels were responsive to people's needs. People's relatives and representatives spoke positively about staff and always felt there were enough staff available to meet their needs. One person told us, "The service always has enough staff, I have never had any concerns about the staffing levels." Another person said, "The staff have been working here for a long time, I know them all. This helps [person's name] for continuity of care."

The registered manager confirmed they used staff from other houses as they were trying to ensure as many staff as possible were trained and familiar with people in each of the houses so continuity could be provided in the event of absence or sickness of regular staff.

Risk assessments had been carried out to cover activities and health and safety issues. The risk assessments were enabling and were clear and outlined what people could do on their own and when they needed assistance.

People lived in a service that was clean. Staff had access to appropriate equipment to carry out their jobs. Staff had access to personal protective equipment for example, gloves, and aprons. Staff had access to these as required and helped them to reduce the risk of infection. The home environment was clean and clutter free.

Personal emergency evacuation procedures had been developed and reviewed and were kept in each person's file. There was clear instruction for staff to enable them respond appropriately to keep people safe in the event of an unforeseen emergency.

Good

Our findings

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 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Some people were subject to a DoLS and staff knew who they were and why they were in place.

Consent was sought from people about a range of issues that affected them, for example, consenting to their personal care being provided by staff. Where others were acting in someone's best interest to make decisions on their behalf, such as people with power of attorney, this was identified in their care file. Care plans contained guidance for staff about the choices and decisions people had made in relation to their support. Where people had been assessed as not having the capacity to make these decisions they had only been made after a best interest meeting and signed for by their relative or representative.

Staff confirmed they had received a full and comprehensive induction. This involved online training and shadowing shifts with experienced staff, where they were able to observe staff practice and be introduced to people who used the service. Following this, they completed a six month probationary period which included monthly supervisions. On successful completion of this, their suitability for the post was assessed and their appointment made permanent.

People living at Headonhey had a wide range of complex healthcare needs it was important staff understood what these were so they could support people effectively. Each staff member was assessed for their level of competency in specific areas of complex care before supporting a person with these needs. Areas of competence assessed included suction equipment, oxygen, epilepsy and rescue medication as well as safeguarding and mental capacity. This meant that the provider could test the effectiveness of the skills of staff in order to maximise the quality of care delivery. This was a good way of ensuring staff were able to put their learning into practice to deliver good care, which met people's individual needs. Staff were not able to work night shifts until they had successfully been assessed as competent in the both areas.

People who used the service had a health action plan in place; this was available in pictorial format and contained relevant information for health professionals about the person and their health and personal needs. We saw from records that people were fully supported with their healthcare needs.

People's healthcare needs were carefully monitored and discussed with the person or family members as

part of the care planning process. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. We saw one person who experienced swallowing difficulties had received a visit from a Speech and Language Therapist who was monitoring their condition.

People had their nutritional needs assessed prior to admission. Care records contained risk assessments, preferences, likes and dislikes and the level of support people required in the preparation of meals.

Each of the people who used the service were involved in this process equally and with varying levels of support, dependent on their individual needs. This meant staff were respecting and promoting each person's level of independence, ensuring they were involved in learning about and participating in day to day tasks.

Good

Our findings

People developed positive relationships with staff and people were treated with compassion and respect. People's relatives and representatives spoke positively about staff. Comments included: "The carers are very caring and compassionate about what they do", "The care staff will always keep me informed if [person's name] is unwell and they are passionate about caring for him to make sure he fully recovers" and "This is a compassionate caring service."

We saw there was a strong person-centred culture apparent within the service. People who used the service were supported to take the lead in planning their day-to-day activities. Staff were trained to use a person centred approach to support and enable people to develop person centred plans. People who used the service were involved in choosing and interviewing new staff.

We saw staff had an appreciation of people's individual needs around privacy and dignity. We observed they spoke with people in a respectful way, giving people time to understand and reply. We observed they demonstrated compassion towards people in their care and treated them with respect.

Support was individual for each person. People were encouraged to make day to day choices about their care, such as the food they wanted to eat or the clothes they wanted to wear. People were able to choose where they spent their time, including in their bedrooms, in communal areas such as the lounge or dining room and if and when they wanted to go out.

Care records were available in easy read format and other formats which people used to support their communication. Information in the support plans showed the service had assessed people in relation to their mental capacity; people were encouraged to make their own choices and decisions about care. We were told people and their families were involved in discussions about their care and support and best interest meetings had taken place where a person did not have capacity.

People who used the service had access to a fully adapted kitchen, dining area and a communal lounge area. Each bedroom was personalised and decorated based on people's own tastes and preferences. The rooms were warm, clean and inviting and people indicated they were happy within their surroundings. People who used the service told us their families were welcome to visit at any time. The families we spoke with after the inspection confirmed this.

We found the ethos of the service was well embedded within the home and staff had a good understanding

of what they needed to do to facilitate this. Staff were able to communicate effectively with each person, no matter how complex their needs and genuinely cared about the wellbeing of the people they supported.

Good

Our findings

The staff spoken with had an in-depth understanding of each of the people who used the service, their personalities, their aspirations, their particular interests, how they communicated and expressed themselves, their strengths and qualities and the areas they needed support with.

People were supported by staff who were knowledgeable about their needs and preferences. Staff clearly knew people well, as we observed from their interactions with people. Care plans contained guidance for staff about people's preferences, such as how they liked to spend their time, the activities they enjoyed and whether they expressed a spiritual interest. We saw each care record had a section 'all about me'. This provided staff with a summary about the person they were supporting including: communication methods, diagnoses, allergies, family and friends' birthdays and special anniversaries. Each care plan identified clearly what the person's aims were and the steps staff should take to support the individual with this, in line with their personal preferences.

Assessments were reviewed with the person concerned and their relatives and care plans had been updated as people's needs changed. Staff described how they offered people choices on a day to day basis. We observed that staff were attentive to people's request for assistance throughout our inspection. During our observations, staff involved people in decisions about their daily care, such as what time they wanted to go out.
People who used the service had the opportunity to access a wide variety of different activities; some of these were structured whilst others were in place to pursue hobbies and interests or for relaxation. There was a structured weekly plan in place for the service and each person had a personalised activity plan based on their personal preferences and aspirations.

The service continued to encourage people to socialise within the local community and hosted fundraising events at the home. These events were well publicised in the local community, and in the newsletter published by the provider. People who used the service were involved in developing the newsletter. There were photos displayed around the communal areas of the home which showed people engaged in a wide range of activities with staff and family members. This meant the home understood the importance of social and community inclusion and had taken positive steps to promote this with and for the people using the service.

There was a complaints procedure which told people and relatives how they could complain and the timescales for a response to be received. Staff were familiar with what to do if people approached them to

complain and they understood the policy. There was a pictorial complaint process guide for people on the notice board. This enabled people to know how to complain in a format they could understand. One complaint had been received by the service within the last 12 months. We found this complaint had been investigated comprehensively.

Good

Our findings

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. The registered manager was also the Assistant Chief Executive Officer. The registered manager was supported by a service and deputy manager at Headonhey. The registered manager was responsible for managing the team of service managers across the organisation. We observed throughout the day the registered and service managers both had a positive presence throughout the home and engaged well with staff and people who used the service.

Quality assurance systems were in place to help drive improvements, which included a number of internal checks and audits. These helped to highlight areas where the service was performing well and the areas which the registered manager and provider wished to develop. The registered manager had a clear action plan for the service, this included updating people's care and treatment records to make them personalised and also the redecoration of the home. The registered manager produced a monthly report to the trustees which would outline action taken and provide an overview of action and progress. We found there were clear and robust lines of accountability within the service from the trustees to the people who used the service, with the emphasis on excellent service delivery, empowerment, inclusion and involvement.

There were systems in place to record, monitor and review any accidents and incidents to make sure that any causes were identified and action was taken to minimise risk of reoccurrence. We looked at records of accidents. These showed that the registered manager took appropriate and timely action to protect people and ensured that they received necessary support or treatment.

Staff told us people's opinions were important and they were supported to express their views in a variety of ways appropriate to their individual communication skills and abilities. Records showed that people who used the service were regularly asked their views through house meetings and one to one sessions with staff.

The home had achieved the Dignity in Care Award and also held the Investors in People Award. These awards are given to services who can demonstrate consistent, individualised care and support to people who use services and to those services who are committed to the on-going training and development of staff.