

# Miss J Ringrose

# Highfields

## 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 

### Overall summary

This unannounced inspection took place on 11 August 2015. The home provides support for up to six people with Learning Disabilities. At the time of the inspection there were five people living at the home.

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.

People told us that they felt safe in the home. Staff understood the need to protect people from harm and abuse and knew what action they should take if they had any concerns. Staffing levels ensured that people received the support they required at the times they needed. We observed that on the day of our inspection there were sufficient staff on duty. The recruitment practice protected people from being cared for by staff that were unsuitable to work at the home.

# Summary of findings

Care records contained risk assessments to protect people from identified risks and help to keep them safe. They gave information for staff on the identified risk and informed staff on the measures to take to minimise any risks.

People were supported to take their medicines as prescribed. Records showed that medicines were obtained, stored, administered and disposed of safely. People were supported to maintain good health and had access to healthcare services when needed.

People were actively involved in decision about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). People felt safe and there were clear lines of reporting safeguarding concerns to appropriate agencies and staff were knowledgeable about safeguarding adults.

Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. People participated in a range of activities both in the home and in the community and received the support they needed to help them do this. People were able to choose where they spent their time and what they did. Pictorial formats of weekly timetables and medical appointments were in place.

Staff had good relationships with the people who lived at the home. Complaints were appropriately investigated and action was taken to make improvements to the service when this was found to be necessary. The registered manager was visible and accessible. Staff and people living in the home were confident that issues would be addressed and that any concerns they had would be listened to.

# Summary of findings

## 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 was safe.

People felt safe and comfortable in the home and staff were clear on their roles and responsibilities to safeguard them.

Risk assessments were in place and were continually reviewed and managed in a way which enabled people to safely pursue their independence and receive safe support.

Safe recruitment practices were in place and staffing levels ensured that people's care and support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Good



### Is the service effective?

The service was effective.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People received personalised care and support. Staff received training to ensure they had the skills and knowledge to support people appropriately and in the way that they preferred.

People's physical and mental health needs were kept under regular review.

People were supported relevant health and social care professionals to ensure they receive the care, support and treatment that they needed.

Good



### Is the service caring?

The service was caring.

People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people living at the home and staff.

Staff had a good understanding of people's needs and preferences and enabled people through the use of pictorial aids.

Staff promoted people's independence to ensure people were as involved as possible in the daily running of the home.

Good



### Is the service responsive?

This service was responsive.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

Good



# Summary of findings

People were supported to engage in activities that reflected their interests and supported their physical and mental well-being.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a transparent complaints system in place and complaints were responded to appropriately.

## Is the service well-led?

This service was well-led.

There were effective systems in place to monitor the quality and safety of the service and any issues identified were completed in a timely manner.

A registered manager was in post and they were active and visible in the home. They worked alongside staff and offered regular support and guidance. They monitored the quality and culture of the service and responded swiftly to any concerns or areas for improvement.

People living in the home, their relatives and staff were confident in the management of the home. They were supported and encouraged to provide feedback about the service and it was used to drive continuous improvement.

**Good**



# Highfields

## 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 11 August 2015 and was unannounced and was undertaken by one inspector.

Before the inspection we contacted health and social care commissioners who place and monitor the care of people living in the home. We also reviewed the information we

held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with five people who used the service, four members of staff including care staff and members of the management team and one family member.

We spent some time observing care to help us understand the experience of people who lived in the home.

We reviewed the care records and of five people who used the service and four staff recruitment files. We also reviewed records relating to the management and quality assurance of the service.

# Is the service safe?

## Our findings

People felt safe where they lived. It was clear through observation and general interaction that people felt safe and comfortable in the home. One person said “I am completely safe here.” The provider had procedures for ensuring that any concerns about people’s safety were appropriately reported. Staff demonstrated an understanding of the type of abuse that could occur and the signs they would look for. They were clear what they would do if they thought someone was at risk of abuse including who they would report any safeguarding concerns to. Staff said they had not needed to report any concerns but would not hesitate to do so if they saw or heard anything that put people at risk.

Staff had received training on protecting people from abuse and records we saw confirmed this. They were aware of the whistle-blowing procedure for the service and said that they were confident enough to use it if they needed to.

People were enabled to take risks and staff ensured that they understood what measures needed to be taken to help them remain safe. A range of risks were assessed to minimise the likelihood of people receiving unsafe care including risks to staff and environmental risks. Individual plans of care were reviewed on a regular basis to ensure that risk assessments and care plans were updated regularly or as changes occurred. Staff said “Risk assessments are key to providing safe and planned care for people.” When accidents did occur the manager and staff took appropriate action to ensure that people received safe

treatment. Training records confirmed that all staff were trained in emergency first aid. Accidents and incidents were regularly reviewed to observe for any incident trends and control measures were put in place to minimise the risks.

There was sufficient staff available to provide people’s care and support. One person said “There is always someone to help me and [staff member] is my favourite.” The registered manager told us that there was a staff member who supported the home and covered for annual leave and absence, staff knew the people well and completed the same training as permanent staff. Throughout the inspection we saw there was enough staff to meet people’s needs.

People’s medicines were safely managed. One person said “I always have my tablets in the morning with my breakfast.” The staff confirmed they had received training on managing medicines, which was refreshed annually and competency assessments were carried out. Records in relation to the administration, storage and disposal of medicines were well maintained and medicines management audits took place. There were detailed one page profiles in place for each person who received medicine detailing any allergies, behaviours that may challenge and how a person takes their medicine.

People were safeguarded against the risk of being cared for by staff that were unsuitable to work in a care home. The staff recruitment procedures explored gaps in employment histories, obtaining written references and vetting through the government body Disclosure and Barring Service (DBS). Staff we spoke with confirmed that checks were carried out on them before they commenced their employment.

# Is the service effective?

## Our findings

People received care which was based on best practice, from staff who had the knowledge and skills needed to carry out their roles and responsibilities effectively.

New staff received a thorough induction which included classroom based learning and shadowing experienced members of the staff team. The induction was comprehensive and included key topics on learning disability and Autism. The induction was focussed on the whole team approach to support people to achieve the best outcomes for them. One staff member told us “I knew some of the people from my other workplace but people act and respond differently when they are at home so it was good that I spent lots of time shadowing other staff.”

Training was delivered by a mixture of face to face and e-learning modules and the providers mandatory training was refreshed annually. Staff were provided with the opportunity to obtain a recognised care qualification through the Qualifications and Credit Framework (QCF). Training was also available from the Community Team for People with Learning Disabilities for individual needs specific to learning disabilities. Staff we spoke with were positive about the training received, one staff member said “Epilepsy training was really useful; it helped me to identify different types of seizures.”

Staff had received training on managing behaviour that challenged the service. We saw in training records that this was covered in the induction when people first started working for the home and it was also covered in more detailed training. The home had access to the Community Team for People with Learning Disabilities (CTPLD) where staff can discuss concerns they have in supporting people with behaviour that may challenge and the team also provide specific training on people's individual needs.

People's needs were met by staff that received regular supervision and received an annual appraisal. We saw that supervision meetings were available to all staff employed at the home, including permanent and ‘bank’ members of staff. The meetings were used to assess staff performance

and identify ongoing support and training needs. Staff said “Supervision is good because we talk about people's changing health needs and any challenges we come across as keyworkers.”

The manager and staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA 2005) and the Deprivation of Liberty Safeguards (DoLS) code of practice. Mental capacity assessments were in the process of being completed and best interest decisions recorded. The registered manager had a pictorial/easy read guide for people who used the service which explained about what consent was and gave examples of the kind of things people may be asked to consent to. E.g.: Medical procedures and support with finances.

People were supported to eat a balanced diet that promoted healthy eating. Meals and mealtimes were arranged so that people had time and space to eat in comfort and at their own speed and liking. People were relaxed at shared mealtimes and had made choices about their menu using a pictorial menu. One person told us “I love the food here.” On the day of the inspection there was a choice of two freshly prepared and cooked meals for people to choose from.

The staff team were knowledgeable about people's food preferences and dietary needs, they were aware of good practice in relation to food hygiene and this was promoted by signage around the kitchen. People were referred to the Speech and Language Therapy Team if they had difficulties with swallowing food and if required referrals were made to the NHS Dietician. Care plans contained detailed instructions about people's individual dietary needs, including managing diabetes, dysphagia [swallowing difficulties] and maintaining adequate hydration.

People's healthcare needs were carefully monitored and detailed care planning ensured care could be delivered effectively. Information on health professionals and health procedures were in pictorial format to assist people with understanding the processes. Care Records showed that people had access to community nurses and GP's and were referred to specialist services when required. Care files contained detailed information on visits to health professionals and outcomes of these visits including any follow up appointments.

# Is the service caring?

## Our findings

People were happy with the care and support they received. They told us they liked the staff and said they were 'the best'. One person said "Lovely staff, I love all of them." Relatives said they were very happy with the care and support provided and said staff looked after people well.

People were treated with kindness, compassion and respect. The staff in the home took time to speak with the people they were supporting. We saw many positive interactions and people enjoyed talking to the staff in the home. Observations showed staff had a caring attitude towards people and a commitment to providing a good standard of care.

People were involved in personalising their own bedrooms and living areas so that they had items around them that they treasured and had meaning to them. All of the people living at the home wanted to show us their bedrooms and in turn showed us personalised items and pictures that had importance to them. One person told us "I love my room" and went on show us some new clothes they had purchased and pictures on their wall of a gardening project they had been involved in.

Care plans included people's preferences and choices about how they wanted their care to be given and we saw this was respected. Staff understood the importance of respecting people's rights and people were supported to dress in their personal style. People who used the service all had different interests and we saw staff interacting and discussing a wide range of topics and giving practical support to people.

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was placed in a staff communication book which was a confidential document or discussed at staff handovers which were conducted in private.

People's privacy and dignity were respected by the care staff. Care staff made sure bedroom and toilet doors were kept closed when they attended to people's personal care needs. People were assisted to their room whenever they needed support that was inappropriate in a communal area. Staff said "It is so important to respect people's privacy and dignity; I treat people how I would like to be treated."

There was information on advocacy services which was available for people and their relatives to view. No-one currently living at the home used an independent advocate but staff were knowledgeable about how to refer people to advocacy services and what advocacy services could offer people.

Visitors, such as relatives and people's friends, were encouraged and made welcome. The manager told us that people's families could visit when they want and they could speak with them in the lounge area or their bedrooms. One relative said "They have an open door policy, we can visit any time of day and we don't have to contact them in advance; that reassures me they have nothing to hide."



# Is the service responsive?

## Our findings

People's care and treatment was planned and delivered in line with people's individual preferences and choices. Information about people's past history, where they lived when they were younger, and what interested them, featured in the care plans that care staff used to guide them when providing person centred care. This information enabled care staff to personalise the care they provided to each individual, particularly for those people who were less able to say how they preferred to receive the care they needed.

Care plans were reviewed on a regular basis to help ensure they were kept up to date and reflected each individual's current needs. The manager told us when any changes had been identified this was recorded in the care plan. This was confirmed in the care plans we saw. People participated in person centred reviews of the service they received by the local authority and this was documented in their personal files.

The risk of people becoming withdrawn and lonely within the home was minimised by encouraging them to join in with the activities that were regularly organised. People living in the home spent time in garden, going to local clubs, swimming and attending BBQ's at the local pub. Care staff made efforts to engage people's interest in what was happening in the wider world and local community.

Staff were responsive to people's needs. They spent time with people and responded quickly if people needed any

support. Staff were always on hand to speak and interact with people and we observed staff checking people were comfortable and asking them if they wanted any assistance.

People participated in a range of activities. Some went to work based activities where they told us they did packing and boxing things up, others went to community opportunities for learning disabilities where they enjoyed a wide range of activities. Each person had a day at home on a one to one basis where they shopped for personal items, attended appointments and chose the options for that nights menu for the house.

People had been supported to go on holiday; one person showed us some pictures of a trip to Lapland they went on last year and there were photographs around the home and in peoples own room of holidays and day trips that they had been on.

When people were admitted to the home they and their representatives were provided with the information they needed about what do if they had a complaint. There were appropriate policies and procedures in place for complaints to be dealt with. There were arrangements in place to record complaints that had been raised and what had been done about resolving the issues of concern. Those acting on behalf of people unable to complain or raise concerns on their own behalf were provided with written information about how and who to complain to. In a recent survey all relatives said they knew how to raise a concerns or complaint.

# Is the service well-led?

## Our findings

People told us the manager and staff were very good and that they could speak with them at any time. One relative said “The manager is great, really approachable and always does the best for people who live here; I wouldn’t want [my family member] to live anywhere else.” We saw that people were relaxed around the manager and staff were at ease in interactions they had with them.

Communication between people, families and staff was encouraged in an open way. Relative’s feedback told us that the staff worked well with people and there was good open communication with staff and management. The manager told us they had an open management style and wanted to involve people, relatives and staff in the day to day running of the home as much as possible. Staff said the management team was very approachable and really supportive.

People using the service were able to feedback on the quality of the service they received and the manager gave us examples of the different formats they had used to gain this feedback. Relatives had regularly received questionnaires asking them to comment on the quality of the service they received; feedback was positive and relatives were happy with the care provided and the information they received.

The manager spoke about her vision for the service which was to ‘support people to live in a homely environment, with a lifestyle they choose with a safe and supportive network around them’. It was clear from our observations and talking to people that this vision had been achieved and it was an on going objective; responding to people’s needs and reflecting on best practice.

During the inspection we observed that the staff team worked well together and had the resident’s needs as their focus. All the staff said that they worked as a team and they enjoyed supporting people. Staff confirmed they received regular support from the manager. One staff member said “The manager is very approachable; she knows the service users really well and she wouldn’t stand for any poor practice.” The home had a small staff team and most people had been working at the home for many years, information sharing sessions took place on a regular basis to ensure staff were up to date on any changes and they also used this time to plan for future events. The registered manager regularly worked alongside staff so were able to observe their practice and monitor their attitudes, values and behaviour.

Quality assurance audits were completed by the registered manager to help ensure quality standards were maintained and legislation complied with. We saw that any issues that required action was dealt with in a timely way. The home had a maintenance person and they told us about the general upkeep of the home and that they are ‘on call’ for the manager if there are any home emergencies.

Records relating to the day-to-day management of the home were up-to-date and accurate. Care records accurately reflected the level of care received by people. Records relating to staff recruitment and training were up to date and regularly audited. Training records showed that new staff had completed their induction and staff that had been employed for twelve months or more were scheduled to attend ‘refresher’ training or were taking a qualification in care work. Where care staff had received training prior to working at the home they were required to provide certificated evidence of this.