

A J Residential Care Limited

Highfield Cottage

Inspection report

54 Highfield Road,
Middlesbrough,
Cleveland
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Website: N/A

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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

We inspected Highfield Cottage on 31 March 2015. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

Highfield Cottage is a terraced domestic bungalow with its own garden. Highfield Cottage provides support for one person who has a learning disability.

The home had a registered manager in place who has been in post since the home opened. 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 person living at the home had no verbal communication and required staff to provide support to manage all aspects of their day-to-day care needs as well as to manage their behaviour. We found that the registered manager had taken appropriate steps to ensure staff provided consistent and effective responses. They had ensured that all the staff were able to

Summary of findings

understand the way the person communicated and used the same objects of reference to support the person and understand what they needed to do. For instance all the staff showed the person their coat when it was time to go out; and their sponge when it was time for a bath.

We observed that staff had developed very positive relationships with the person and appeared to understand fully what was being communicated. Interactions between the staff and person were warm and supportive. The person was involved in activities and outings that they enjoyed. Staff were kind and respectful.

Staff had received Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards training and understood the requirements of the Act. We saw that staff routinely and appropriately used the 'Best Interests' framework to ensure the support they provided was appropriate. This meant staff worked within the law when supporting the person.

Staff told us about the person's diet and how they ensured that individual's nutritional needs were met. We saw that person's preference was catered for and they were supported to manage their weight and they were encouraged to eat an ever widening range of healthy foods.

The person's needs were assessed and care and support was planned and delivered in line with their care needs. The care plans contained comprehensive and detailed information about how the person should be supported. We found that risk assessments were very detailed. They contained person specific actions to reduce or prevent the highlighted risk.

We reviewed the systems for the management of medicines and found that the person received their medicines safely.

The person was supported to maintain good health and had access to healthcare professionals and services. We found that staff worked well with the person's healthcare professionals such as their consultants and community nurses.

There were enough staff on duty to meet the person's needs. The registered manager was available during the weekday. A senior support worker and a support worker were on duty during the day and overnight one waking night and one sleep-in care staff member were on duty overnight. We found staffing levels were determined by the person's needs.

Effective recruitment and selection procedures were in place and we saw that appropriate checks had been undertaken before staff began work. The checks included obtaining references from previous employers to show staff employed were safe to work with vulnerable people. We saw that the provider had a system in place for dealing with people's concerns and complaints.

Staff had received a wide range of training, which covered mandatory courses such as basic food hygiene as well as condition specific training such as working with people who had learning disabilities. We found that the provider ensured staff received refresher training on an annual basis and offered staff regular access to a wide range of other courses.

We found that the building was very clean and well-maintained. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety.

We found that the registered manager constantly critically reviewed the service and looked at what more could be done to make sure the person lived a fulfilling life. The systems being used were extremely effective and the service was well-led.

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.

Staff were knowledgeable in recognising signs of potential abuse and reported any concerns regarding the safety of people to the registered manager.

There were sufficient skilled and experienced staff on duty. Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

Effective systems were in place for the management and administration of medicines.

Appropriate checks of the building and maintenance systems were undertaken, which ensured people's health and safety was protected.

Good



Is the service effective?

The service was effective.

Staff had the knowledge and skills to support the person who used the service. Staff were able to update their skills through regular training.

Staff understood the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards

The person was provided with a choice of nutritious food.

The person was supported to maintain good health and had access to healthcare professionals and services.

Good



Is the service caring?

This service was caring.

We saw that the staff were very caring and discreetly supported the person to deal with all aspects of their daily lives.

We saw that staff were extremely attentive to the person and all their interactions were tailored to the individual's communication needs.

The person was treated with respect and their independence, privacy and dignity were promoted.

Good



Is the service responsive?

The service was responsive.

The person's needs were continuously assessed and care plans were produced, which met their needs. These plans were regularly checked to make sure they were still effective.

The person was involved in activities and outings that they enjoyed. The person was encouraged and supported to take part in activities both in the home and the local community.

Staff understood the complaint process and were strong advocates for the person who used the service.

Good



Summary of findings

Is the service well-led?

The service was well led.

The service was well-led and the registered manager was extremely effective at ensuring staff delivered a good service. We found that the manager was very conscientious and critically reviewed all aspects of the service then took timely action to make any necessary changes.

Staff told us they found the manager to be very supportive and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us that the home had an open, inclusive and positive culture.

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 checked 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.

An adult social care inspector completed this unannounced inspection of Highfield Cottage on 31 March 2015.

The provider was not asked to complete 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.

Before the inspection we reviewed all the information we held about the home. The information included reports from local authority contract monitoring visits.

During the inspection we met the person who used the service. The person could not verbally communicate with us and had limited means for expressing their views. We also spoke with the registered manager, a senior support worker and support workers.

We spent time with the person in the communal areas and observed how staff interacted and supported them. We looked at the person's care records, two recruitment records and the staff training records, as well as records relating to the management of the service. We looked around the service and went into the person's bedroom, the bathrooms and the communal areas.

Is the service safe?

Our findings

The person who used the service could not verbally communicate their view or show us what they thought. Therefore we spent time observing how the staff interacted and worked with the person.

Staff could clearly outline the person's needs and the risks such as what they needed to do if the person became distressed; how to de-escalate behaviours that challenge and what support the person needed when in the community.

The staff we spoke with all were aware of the different types of abuse, what would constitute poor practice and what actions needed to be taken to report any suspicions that may occur. Staff told us the registered manager would respond appropriately to any concerns.

Staff told us that they had received safeguarding training at induction and on an annual basis. We saw that all the staff had completed safeguarding training in 2014. The registered manager closely monitored access to training and had ensured refresher training sessions for all the staff were in place for 2015. The home had a safeguarding policy that had been regularly reviewed and we saw this remained accurate. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries.

We saw that staff had received a range of training designed to equip them with the skills to deal with all types of incidents, including medical emergencies. Staff could clearly articulate what they needed to do in the event of a fire or medical emergency. We found that there were sufficient staff who were qualified first aiders to cover the home throughout each and every shift. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with these scenarios. We found that staff had the knowledge and skills to deal with all foreseeable emergencies.

Individual risk assessment plans were included in the person's care plans, which were appropriate to their needs. Charts used to document change of position were clearly and accurately maintained and reflected the care that we observed being given. The person had an up to date Personal Emergency Evacuation Plans (PEEP). The purpose

of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency.

We observed all areas within the service were very clean and had a pleasant odour. We saw that personal protective equipment (PPE) was available around the home and staff explained to us about when they needed to use protective equipment. Staff told us they were able to get all the cleaning equipment they needed and we saw they had access to all the necessary control of hazardous substances to health (COSHH) information. COSHH details what is contained in cleaning products and how to use them safely.

We saw that the water temperature of the shower and bath were taken and recorded on a regular basis to make sure that they were within safe limits. We saw records to confirm that regular checks of the fire alarm were carried out to ensure that it was in safe working order. We confirmed that checks of the building and equipment were carried out to ensure people's health and safety was protected. This showed that the provider had taken appropriate steps to protect people who used the service against the risks of unsafe or unsuitable premises.

The two staff files we looked at showed us that the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview and previous employer reference. A Disclosure and Barring Service check (DBS), which checks if people have been convicted of an offence or barred from working with vulnerable adults, were carried out before staff started work at the home.

We found there were enough staff with the right experience and training to meet the needs of the person who used the service. The registered manager, a senior support worker and a support worker were on duty during the day and a staff member on sleep over and a support worker were on duty overnight. The records we reviewed such as the rotas and training files confirmed this was the case. We found information about the person's needs had been used to determine that this number could meet their needs.

All staff had been trained and were responsible for the administration of medicines to the person who used the service. We found that there were appropriate arrangements in place for obtaining medicines; checking these on receipt into the home; and storing them.

Is the service safe?

Adequate stocks of medicines were securely maintained to allow continuity of treatment. We checked the medicine administration records (MAR) together with receipt records and these showed us that people received their medicines correctly. We saw that there was written guidance to assist staff to make sure the medicines were given in a consistent way.

We saw that there was a system of regular audit checks of medication administration records and regular checks of stock. This meant that there was a system in place to promptly identify medication errors and ensure that people received their medicines as prescribed.

Is the service effective?

Our findings

We saw that the person appeared at ease with the staff and staff picked up on very subtle clues the person communicated. For instance they noticed that the person wanted to watch the television rather than listen to the conversation going on.

We confirmed from our review of staff records and discussions that the staff were suitably qualified and experienced to fulfil the requirements of their posts. We found that all the staff had completed mandatory training and condition specific training such as working with people who had epilepsy. We found that the provider completed regular refresher training for a wide range of courses such as health and safety, safeguarding vulnerable adults, infection control, and various conditions such as Autism Spectrum Disorders. We found that the registered manager closely monitored uptake of training and ensured all of the staff completed courses.

We found that staff had completed an in-depth induction when they were recruited. This had included completing all mandatory training, reviewing the service's policies and procedures and shadowing more experienced staff.

Staff we spoke with during the inspection told us the registered manager was extremely supportive and they regularly received supervision sessions and had an annual appraisal. The registered manager told us that they carried out supervision with all staff at least four times a year and completed competency checks. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We confirmed that all of the staff had completed annual appraisals.

The registered manager and staff we spoke with told us that they had attended training in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower

people who may not be able to make their own decisions, particularly about their health care, welfare or finances. The registered manager had a good understanding of the MCA and how to apply the legislation. Staff that we spoke with understood the principles of the MCA, 'best interest' decisions and ensured these were used where needed. We saw that, where appropriate, capacity assessments had been undertaken and 'best interest' decisions were recorded.

The registered manager had ensured that when appropriate Deprivation of Liberty Safeguard (DoLS) authorisations had been obtained. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests.

The staff we spoke with had an excellent knowledge and understanding of the person's care and support needs.

We looked at the menu and saw the person was provided a wide range of healthy foods of a consistency that met their needs. The person had been supported to learn how to enjoy a meal outside of the home and now did this on a regular basis. Staff understood how to make the person feel at ease so would set up the dining environment to meet their needs.

From our review of the care records we saw that nutritional screening had been completed for the person who used the service. This was used to identify if they were malnourished, at risk of malnutrition or obesity. We found that the person was within healthy ranges for their weight but when their weight had dipped prompt action was taken by staff to ensure they were seen by the GP and referred to a dietician. We saw records to confirm that people had regular health checks and were accompanied by staff to hospital appointments.

Is the service caring?

Our findings

Every member of staff that we observed showed a very caring and compassionate approach to the person who used the service. This caring manner underpinned every interaction with the person and every aspect of care given. Staff spoke with great passion about their desire to deliver high quality support for the individual. We found the staff were warm, friendly and dedicated to delivering good, supportive care.

It was evident from discussion that all staff knew the person very well, including their personal history preferences, likes and dislikes and had used this knowledge to form very strong therapeutic relationships. We found that staff worked in a variety of ways to ensure the person received care and support that suited their needs.

We saw that staff were attentive, showed compassion and interacted well with the person who used the service. We saw that staff treated the person with dignity and respect.

Staff discussed how they encouraged people to be as independent as possible. We found the staff team was committed to delivering a service that had compassion and respect for the person.

We confirmed that the staff knew how to raise concerns and we saw that they also acted as advocate for the person. We found that the registered manager was a strong advocate of people's rights and also took action to make sure people had independent advocates.

We found that the registered manager reviewed current guidance around supporting people with learning disabilities and took action to ensure staff used this where appropriate. The registered manager critically evaluated the success of any changes and could show us how they had taken action to ensure the needs of the person were met. For instance, from their review of the person's needs they identified an approach that supported the person to deal with their emotions and reduce their distress. The registered manager had evaluated the success of the team and found that the person displayed considerably less adverse behaviour.

The environment was well-designed and met the person's needs.

Is the service responsive?

Our findings

We saw that the staff were very effective at supporting the person to manage their emotions and day-to-day needs.

We saw that the person was given opportunities to make decisions and choices during the day, for example, staff checked that the person was enjoying a film. Staff we spoke with told us that the registered manager had encouraged them to support the person to engage in meaningful occupation. We heard that everyday the person went out to activities such as for meals and walks. We saw that the registered manager and staff closely monitored the person's responses; recorded them and then reviewed these to check that the individual was deriving benefit from the activity. When it became apparent that the person was not enjoying a particular activity this was stopped and replaced with another one.

We found that as the person's needs changed their assessments were updated as were their support plans and risk assessments. The registered manager discussed the

action the team took when the person's needs changed to make sure they did everything they could to make the home a supportive environment and ensure the placement still met people's needs.

We reviewed the person's care records and found these were very detailed. The assessment had led to a range of support plans being developed, which we found from our discussions with staff met the individual's needs. We found that the staff made sure the home worked to meet the individual needs and goals of each person.

We saw that the complaints procedure was written in both plain English and easy read versions. We looked at the complaints procedure and saw it informed people how and who to make a complaint to and gave people timescales for action. Over the last year no complaints had been made. The registered manager discussed with us the process they were to use for investigating complaints and who in the senior management team they needed to alert. They had a solid understanding of the procedure.

Is the service well-led?

Our findings

We saw that the views of the person's relatives were regularly sought and to date they had found the home was delivering high standard of care. They had not expressed a formal view that improvements needed to be made but we found staff acted in collaboration with the relatives. Thus care was delivered in line with what relatives had found worked.

We found that the registered manager was very reflective and critically looked at how staff could tailor their practice to ensure the care delivered was completely person centred. The registered manager had a detailed knowledge of the person's needs and explained how they continually aimed to provide good quality care.

We found that the registered manager clearly understood the principles of good quality assurance and actively monitored the service. We saw that they used the information they gathered to make improvements. We saw that the registered manager had supported staff to review their practices and constantly looked for improvements that they could make to the service.

For instance they had reviewed the day-to-day life of the person and identified that they liked having a meal but only if the setting appeared familiar. In light of this they had instructed staff to go out for meals but for one staff member to set the table up the way the person liked it before they were taken into the café or pub.

The staff we spoke with described how the registered manager's vision was aimed at giving people the best

quality of care. Staff discussed how the registered manager worked with them to review the service to see if they could do anything better. They discussed how they as a team reflected on what went well and what did not and used this to make positive changes.

Staff told us, "The manager is fantastic." And, "I think they help us to think about how to make a real difference for the person."

Staff told us that the registered manager was very supportive and accessible. They found they were a great support and very fair. Staff told us they felt comfortable raising concerns with the manager and found them to be responsive in dealing with any concerns raised. Staff told us there was good communication within the team and they worked well together.

We found that the manager was the driving force ensuring the home was safe, responsive, caring and effective. We found that under their leadership the home had developed and been able to support people with complex needs lead ordinary lives.

We found that the provider had very comprehensive systems in place for monitoring the service, which the registered manager fully implemented. They completed weekly and monthly audits of all aspects of the service, such as medication and took these audits seriously thus routinely identified areas they could improve. Twice a year the provider commissioned an independent assessor to review practices at the home. Strong governance arrangements were in place.