Community Homes of Intensive Care and Education Limited

Heronsmede

Inspection report

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Date of inspection visit:
06 January 2016
07 January 2016

Date of publication:
23 February 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 6 and 7 January 2016 and was unannounced on the first day.

We previously inspected the service on 24 October 2013. The service was meeting the requirements of the regulations at that time.

Heronsmede provides a service for up to eight people with learning disabilities or autistic spectrum disorder.

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.

People who were most closely involved with those who lived in Heronsmede were overall positive about the quality of care they received. Some had more negative views and experiences than others however they all thought the staff were caring and capable.

We found staffing levels met those which had been assessed as appropriate by the provider. On most occasions set staffing levels had been maintained and where not this was due to short-term unforeseen staff absence. However, we were told by both staff and relatives that staffing had recently been maintained by individual staff members working long hours. This could pose some risk to people through tiredness of staff who cared for and supported them. We found Community Homes of Intensive Care and Education Limited (CHOICE) had actively tried to recruit staff in a very difficult and competitive market. We also found people were protected by effective recruitment policies which prevented the recruitment of people who were not suitable to work with often vulnerable people.

We have made a recommendation about staffing. Full details can be found under the safe section of this report.

The service had detailed and up to date risk assessments in place which formed part of an effective care planning system. People's changing needs and the associated risk assessments and care plans were reviewed regularly to ensure they were appropriate and up to date.

We found medicines were administered safely and the overall standard of record keeping we found was good.

Staff told us they felt supported and were offered significant amounts of training. This equipped them with the skills and knowledge they required to provide a high standard of appropriate care and also training to assist in their personal and professional development.

Although people had some differing views of the overall service they all agreed they had opportunities to raise any concerns. They told us they had been asked for their views regularly and that they could contact the service without any unreasonable restrictions.

The newly appointed and registered manager was said to be providing effective support to staff and to people who lived at Heronsmede. There was a significant level of good will expressed towards the registered manager, recognising the challenges they faced.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was usually safe.

There were times when staff on duty had worked long hours which could affect the safety of some care provision.

People were safe because identifiable risks to them had been assessed and plans put in place to eliminate or manage them.

People's health and safety were protected because they were given their medicines at the right time and in the right quantities.

Is the service effective?

Good

The service was effective.

Staff received the training they required to be able to meet people's needs effectively and safely.

People were listened to and received care from staff who recognised people's rights to make decisions wherever possible and to receive the support they required to help them do so.

People were able to access the health care and support they required from outside of the service.

Is the service caring?

Good

The service was caring.

People were treated respectfully and kindly. Their preferences in respect of their care and support had been identified, were understood and were met wherever it was possible to do so.

People were treated with respect and their dignity was protected.

People had access to people outside of the service who could support and help them to make their wishes known.

Is the service responsive?

Good

The service was responsive.

People were at the centre of care decisions made about them.

People were supported to take part in activities of their choice within and outside the service in the community.

People views were sought. Where necessary this was done with support and with the use of accessible formats to help them express themselves.

Where people's needs developed or changed this was identified and appropriate action taken to enable those needs to be met.

Is the service well-led?

Good

The service was well led.

The registered manager and the provider carried out regular audits of key activities within the service to ensure the quality of these was maintained and improved where it was possible or necessary to do so.

Care staff told us the service was well-led and that the registered manager was accessible and took their views into account.

Staff understood the stated values of the service provider and reflected these in the way they provided care, even when they were stretched and under pressure.

Heronsmede

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 6 and 7 January 2016 was unannounced on the first day and was undertaken by one inspector.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about a service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service and notifications we had received. A notification is information about events which the service is required to send us by law.

At the time of our inspection there were seven people being supported by the service. As they could not communicate with us verbally, we observed their experience throughout the inspection, including over two lunch times and during the morning before they left for their daytime activities in the community. This helped us assess how safe, caring, effective, responsive and well-led the support people received was.

We spoke with six care staff or senior care staff, the registered manager and a senior manager for Community Homes of Intensive Care and Education Limited (CHOICE) at the end of the inspection.

We reviewed key records including four care plans, all medicines records, three staff recruitment files and staff supervision and training records. We also looked at records relating to the safe operation of the service for example, health and safety files and risk assessments.

Following the inspection visits we spoke with or received e-mail responses from four relatives who were in a position to give us an informed view of the support provided by Heronsmede.

We contacted one advocate (Advocates are people independent of the service who help people make

decisions about their care and promote their rights). We also contacted four commissioners of care and two health or social care professionals who were involved with Heronsmede.

Requires Improvement

Is the service safe?

Our findings

People were not able to tell us themselves that they felt safe. However, those people responsible for them and who had frequent contact with them said they were confident their relatives were safe. "The safety aspect is excellent and there are copious notes on everything connected with exercises" and "Is safe and secure" were two views expressed.

Our analysis of notifications received from the service or from any other source did not give rise to any concerns and were not untypical when compared with other, similar services.

We observed staff interaction with each of the seven people at some point over the two days of our visit. Staff were able to predict and therefore avoid wherever possible, situations where individuals were likely to become agitated or distressed. Before we were admitted to the service on the first day of the inspection, we were given information about some of the challenges we might face and how to deal with them. People's care plans included information about potential triggers for specific behaviour and how these situations could be safely diffused or avoided altogether.

Risks to people were identified and assessed. There were clear instructions to staff about how identified risks could be avoided or managed. For example, where people became agitated and potentially a risk to others when meeting new people, there were strategies identified to avoid or minimise the risk. Where people might be at risk from eating inappropriate matter, there were instructions in place to try and minimise the times the person was on their own in a situation where they might have access to it. One person had recently started to use a wheelchair and any risks associated with that had been assessed and staff had been given appropriate guidance. Where specific activities, for example horse-riding, were undertaken, appropriate and detailed risk assessments were in place.

Staff had a very clear and informed understanding of safeguarding. They could tell us what kind of abuse there could be, how they would recognise it and what they would do about it if seen or suspected. CQC had been appropriately informed of any safeguarding incidents and the service had followed the provider's safeguarding policy and procedure. The service made the local authority's safeguarding procedures available to staff. This included a flow chart which showed what should be done, how, when and by whom. The material provided by CHOICE during our inspection included details of service user training available, which included;"Keeping me safe from abuse".

People's medicines were managed and administered safely. Administration of medicines was carried out by two staff. All staff who administered medicines had received training to enable them to do so safely. Competence was tested periodically by senior staff. There was a medicines fridge and suitable storage for any medicines which were subject to additional administration or storage requirements. We checked a sample of four medicines records which were accurate and up to date.

The service had a protocol and procedure for those medicines which were only administered 'as and when required' for example, pain relief medicines. Each administration was recorded, we discussed with the

registered manager how this could be further improved by ensuring the amount given was always clearly recorded when the prescribed amount was variable.

Some of the relatives we spoke with had concerns about staffing levels, others did not; "They sometimes seem pushed" and "understaffed" were two comments and "I have not noticed them being particularly short staffed, although they are very busy and hard-working" was another. However, overall, relatives were supportive of the staff team and the care they provided.

The staff rotas we saw indicated that with management support, set staffing levels were being maintained. Staffing, on both days of our inspection, met the planned number of staff assessed by CHOICE as adequate to provide people with safe and effective support including enabling them to access the community. Staff told us, because of staff absence or staff leaving, this was often achieved through existing staff working additional shifts. "Long days can be very tiring" was one comment. Long days, we were told, were from 7am to 9.30pm and in some cases we were told these were worked two or three times in a week. One member of staff thought the consequence of an increase in the proportion of people who required one to one or two to one care at times was that activities had to be re-arranged when staffing was under pressure. Another member of staff did not think activities were restricted by the number of staff but told us "Staffing levels too low".

An applicant was due to attend for an interview during the inspection although in the end they failed to turn up. A senior manager from CHOICE told us of some of the incentives, apart from wages, which were available to staff in an attempt to attract more. This included a scheme to encourage existing staff to introduce applicants. Staff told us they thought the existing rates of pay were insufficient to attract or retain new recruits. However, a significant number of the staff we spoke with had been with CHOICE at Heronsmead for over three years. Whilst staff had concerns about staffing levels and pay rates; "Pay scales do not offer motivation" they told us there was; "Good team working and staff worked well together to make sure people were safe".

People were protected from the employment of people who were not suitable to provide them with care and support. We looked at three staff files. These confirmed the service had safe recruitment policies and procedures in place and being followed.

Regular checks and tests were carried out to promote safety in the services. This included, for example, tests of fire alarms and firefighting equipment. The PIR included details of various contingency plans which were in place. This included what would happen in the event the service required to be evacuated. This information was available in accessible formats to help people understand them. We were told people who currently live at Heronsmede would be transferred to another CHOICE service, in the event a total evacuation was required.

People were protected from the risks associated with financial abuse or mismanagement of their money. The registered manager went through the process for accounting for any monies received and spent on behalf of people who required assistance with this aspect of their care. Records were accurate in the case of the three we checked. We were told there was a regular external audit process carried out by a senior manager from CHOICE.

Staff, including those responsible for food preparation or cleaning, had received appropriate training to protect people against the risks of infection.

We recommend that the provider considers undertaking a review of staffing levels to confirm and assure

staff and themselves they are in line with current best practice and appropriate to the number and dependency of people who receive care and support in Heronsmede.

Good

Is the service effective?

Our findings

People received care from staff who had the specific skills, knowledge and understanding they needed to carry out their roles. Training was appropriate to the specific needs of people who received care. For example, Autism, learning disability, epilepsy, intensive interaction and positive behavioural support. We spoke with staff at all levels and looked at staff training records of training already given or planned for the coming year. These confirmed training was provided, planned and monitored effectively.

Staff told us they felt they had the training and skills they needed to meet people's needs. They were very positive about the training available to them and told us they were encouraged to develop as individuals, for example being offered foundation management training. In their PIR we were informed about The Choice Care Group Academy and Competency Framework, both of which focussed on the development and appraisal of staff and encouraged their personal development and skills building.

Relatives had different experiences of communication between themselves and the service. "Communication is very good, I have no problems finding out how things are going" was one comments whilst another person thought; "Communication is not as good as it could be, not quick to tell me and only find out later on".

The rights of people who received care and support were protected. Staff understood, through training, the implications for the way they provided care of the Mental Capacity Act 2005 and the associated DoLS regulations. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The material provided by CHOICE during our inspection gave details of service user training available, which included; "Mental Capacity Act".

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made appropriate DoLS applications to the local authority.

People received care and support from staff who were effectively supervised and supported. Formal staff supervision varied in frequency, from one to three monthly on average, with an annual appraisal. Staff told us they could speak with senior care staff or the manager at any time. "We are a good team, and help each other."

We sat in on two handover meetings between shifts. These were opportunities for staff to update the next staff team coming on duty about any events or concerns arising from the previous shift. These demonstrated staff had a good understanding of people's individual needs and preferred ways of having them met. The way staff were allocated to specific roles demonstrated excellent team work and matched

individual staff to people whose support needs were familiar to them.

People were encouraged to eat healthily and were provided with a choice of suitable nutritious food and drink. We spoke with the chef and found they were aware of people's individual dietary needs which were noted in care plans and available for the chef to take account of. We were told alternatives could be provided where people asked for something different and meal times were planned so people were encouraged to eat together, making meals a sociable occasion. We observed two lunch sessions and found staff supported people where necessary and tried to make the activity enjoyable and social as far as they were able to do so. The meals prepared were freshly cooked, included fresh vegetables and appeared to be popular with people. We observed any support required was provided by staff sensitively in most cases.

In their PIR the provider confirmed menus were devised involving people who received care and support using appropriate formats, for example pictorial. Referrals had been made to Speech and Language Therapy teams where appropriate. People at risk of choking had relevant support plans and guidance in place to assist staff to meet their dietary needs safely.

People had access to appropriate health and social care professionals when required. People were provided with support to attend GP, community nursing, dental and optician services where necessary. People had Health Action Plans to ensure their well-being and for staff to follow.
There were also 'Hospital Passports' in place for all people to provide important information if they were admitted to hospital.

The registered manager told us they booked annual health checks for everyone and periodic medicines reviews as appropriate. One relative told us how staff worked effectively with a physiotherapist they had arranged to help their relative improve their posture and comfort. The staff team carried on the exercises set by the physiotherapist during the week to maximise the benefit to the person concerned. Where people had to undertake routine health procedures; for example, blood test, samples, dentist or cervical smears, there were pictorial/easy read guides to help them understand what was being done and why.

Some areas of the service were showing signs of wear and tear. We were informed by a senior CHOICE manager that refurbishment was planned on a rolling basis, including a potential extension of the building at some point in the future. Where one room was currently vacant, we saw it had been decorated and personalised for the late resident. We were assured it would be re-decorated appropriately to meet the needs and preferences of any new admission.

Where the admission of a person with particular patterns of behaviour had led to increased noise levels, sound deadening additions to the communal areas had been introduced in an attempt to minimise the disruption to other people who lived in the service.

There were appropriate assistive systems and aids in place to help non-verbal communication. Staff were trained to communicate appropriately and effectively with people in order to understand what they wanted. They were able to give the people they cared for information in a way/format they could understand.

Good

Is the service caring?

Our findings

Overall relatives we spoke with thought staff were caring. "Seems well-settled, happy and cared for" was one assessment and another relative told us; "Nothing seems to be too much trouble for the current staff team with whom we have an excellent working relationship." However, other relatives had more variable assessments; "Staff are too busy sometimes to be able to call us about things as promptly as we would like, they are very caring however and I have no complaint about them as individuals". In the quality assurance report completed in August 2015 all of the five service users or relatives who responded agreed 100% that staff were respectful and caring.

During our visits we observed staff were usually very patient and respectful when assisting people. Over lunch they supported people in a way that maintained their dignity and when they were taking people to community activities they encouraged people to get ready without 'rushing' them.

People's relatives were involved with their relative's care reviews and other meetings and also contacted the registered manager and staff when they wanted to get an update and to keep informed of their relatives'progress. Key workers told us one of their roles was to act as liaison between the service and relatives of people who received care and support.

People were provided with relevant information in differing formats to assist them to understand it as best as they were able. This included pictures, photographs and recognised symbols. Staff took account of people's communication care plans and made use of sign and other specialised communication methods wherever possible. We observed staff interacting in various ways throughout our visits.

We saw care plans included detailed information about how staff should identify and react to signs of unease or distress. We found staff could tell us how to provide comfort and reassurance to different people in different ways where they were unable to communicate how they felt verbally.

People were involved with their care. The service used different aids to communicate with people and discuss matters that involved them in meetings on a regular basis. This enabled staff to identify new things the person would like to try and to carry out risk and feasibility assessments to establish if they were possible. People's diversity was respected and reflected in individualised care plans. These included detailed descriptions of the people who received care and support. "My Story" sections were completed to give staff the information they required to 'know' the individual they were supporting.

People's rooms were secure so others could not access them. Confidential information about people was stored securely and only available to those who need to use it for the purpose of supporting the person.

Staff maintained people's dignity by treating them with respect. For example by knocking on their doors before entering their room. Staff told us they did not discuss people's personal matters with other people they were supporting. We observed throughout the two days of our inspection that staff ensured people were well presented and appropriately dressed at all times. Where one person's dignity was at risk when

they began to undress in a communal area, staff reacted promptly and gently to maintain the person's dignity.

Staff had a training guide on; "Bereavement and Loss". This affirmed the CHOICE approach to death that; "People with learning disabilities have a right to participate fully in the bereavement process, in respect of any significant loss." We discussed the support given to both staff and people who received care following the recent, unexpected death of one person who lived in Heronsmede. We were told how a psychologist came to the service and spoke with each supported person individually. They were all given the opportunity to attend the funeral, with support. All but one person did so. This was also the expressed wish of the deceased person's family.

The majority of people who currently lived in Heronsmede had family advocates. There were also details of a number of advocacy organisations listed in the service and available to people if they required. Advocates are people independent of the service who help people make decisions about their care and promote their rights.

Good

Is the service responsive?

Our findings

When we spoke with staff with different roles within the service, including management, they all had a very thorough knowledge of the people they supported. There were some people within the service who, at times, required one to one or two to one care. This was achieved through responsive and effective team working although staff told us this put them under pressure at times.

People's needs were usually thoroughly assessed before they moved into the service. One person who currently received support had been admitted as an 'emergency placement'. They were however known previously to CHOICE and their previous provider also worked with CHOICE to facilitate the move. In other cases, the person being assessed, their family and professionals who were familiar with them were all involved.

The manager told us they had on occasions turned down applications. This had been when their pre-admission assessment indicated the person's needs could not be met satisfactorily or it was assessed they would unacceptably challenge the service and the people who already received support there. These decisions had been supported by senior managers at CHOICE which demonstrated a commitment on their part to protect the well-being of people already using the service and resist pressures on them to offer places without a thorough impact assessment.

Once assessed, the information was used to draw up detailed care plans and risk assessments. These reflected the person's known wishes and used appropriately assisted communication. The process also involved people who knew the person well. The manager confirmed in their PIR that they had discussed people's care plans with them and sought their input when offering support. People's care plans covered, for example, their known likes, dislikes, cultural needs and sense of humour and was written in a way that respected the views of the person concerned.

Families were involved in people's care planning through regular discussions and during periodic reviews. Some of the people we spoke with had different experience of the frequency and effectiveness of reviews. They all confirmed however, that they took place. They also indicated they were able to raise any issues or concerns between reviews at any time. The manager and staff confirmed reviews of care provision were carried out monthly or more frequently if required. This meant care could be responsive to any short-term changes or significant health events. For example one person had become wheelchair dependent and another had been assessed as requiring additional aids whilst bathing.

We were given details of the; "Living the Life" framework. This individual document for each person set goals for people in five key areas; Learning and Development; Good Relationships; Busy and Having Fun; Caring, Contributing and Content and Being Well and Happy. This also ensured appropriate and up to date records were in place to ensure support reflected an approach focussed strongly on them as individual people.

People were supported to choose from a variety of meaningful activities. We saw seven day activity plans in place for each person. Activities planned and which had also been undertaken within the recent past

included; community activities, swimming, music, exercises, foot spa, horse riding, films, cooking and theatre. On both days of our inspection we found people were assisted to access several different community activities including swimming and a 'work orientated' session in the outdoors 'gardening' under supervision. On the second day there was a regular; "Social Club" meeting with other CHOICE services organised by staff from Heronsmede. One relative told us they thought shortage of staff or pressures on staff meant that planned activities did not always take place. Other relatives commented positively about the activities available and undertaken.

People had regular group meetings and keyworker meetings to discuss matter important to them. These gave them the opportunity to tell the provider and staff the things they would like to try or do. The registered manager told us these comments were then used to inform the developing programme of individual and group activities available. CHOICE facilitated a service user committee with representatives from their services. These were then fed back to individual services, through quarterly minutes and were discussed in group meetings.

The service had an appropriate complaints procedure readily accessible to people who received support, families and others. In their PIR the service reported that in the previous 12 months they had received 4 official complaints, all of which had been resolved within 28 days. The major cause of complaints had been the laundry and care of a service user's clothes. From the conversations we had with relatives and representatives of people who could not articulate complaints very easily themselves, the majority of concerns were raised 'informally' and in most, though not all cases, had been resolved.

In their PIR the service outlined how they ensured important information about people's needs and risks to their health and safety were easily identifiable. They also worked closely with other health and social care services to ensure they were supported in understanding the person they are caring for.

If and when a person left Heronsmede permanently, the registered manager and staff worked closely through the referrals and transitions process with other providers to ensure all relevant information relating to people's support and care needs was transferred and available to them, to ensure consistency through the transition.

Good

Is the service well-led?

Our findings

We received different assessments from relatives about the way the service was led locally and at provider level. Overall more were satisfied than not and the difference could be explained in part by recent changes in the local management of the service and whether this was viewed positively or not. "Management are fine" and "New manager is trying hard" were positive and "Was better before" less so, for example.

Staff we spoke with were very supportive of the newly registered manager and the assistant manager. They told us they were able to speak with them about any concerns or raise them in supervision or team meetings. Staff were aware of the CHOICE whistle-blowing policy which allowed them to raise concerns outside of the service if they felt unable to do it at local or provider level.

CHOICE completed an annual whole service quality assurance process involving people who received support, staff, families and care managers to help improve and develop its services. Each service also had its own quality assurance survey and a development plan in place, developed from the previous quality assurance review. This was then regularly worked on throughout the year to drive improvements in the service.

We looked at the quality assurance audit report for Heronsmede completed in August 2015. As only two people who used the service and three relatives responded, it was statistically rather limited. However, in all outcome areas concerning leadership, the total response was either excellent or good. For the 15 staff who responded, the manager was rated positively as were training and career progression and support. Pay and hours worked were rated much less positively along with some degree of concern about team working. As all who responded under any section agreed people were always well-supported and cared for, the quality assessment in respect of people who received care was positive.

The company had a clear set of values which were used in training and publicity material. The registered manager ensured the culture in the home was monitored and staff were following the company values by addressing any concerns with staff practice. The Core Values formed a key part of appraisals, where staff were given feedback in a positive and constructive way, which encouraged them to develop and improve.

The registered manager met regularly with people who used and provided the service to maintain good levels of communication. The registered manager had a clear understanding of their responsibility as registered manager to inform CQC via notifications of significant changes and/or events that affected the service or the people using it. The registered manager set a clear example of the expected standard of care within the home, often working alongside staff. Staff told us they were encouraged to develop their careers and had the opportunity to join the Management Development Programme to help with this where appropriate.

There were effective and clear guidelines in place and being followed in respect of the provision of people's care, responsibilities and accountability of staff, confidentiality of information and reporting of

concerns. All staff had to read and sign to confirm they understood.

The service worked closely with Care Managers, the Local Authority and Safeguarding/DOLS teams to ensure good provision of care to the people they supported. We met with a senior CHOICE manager and looked at external CHOICE management audits and reports. These ensured people were protected because key documents were of good quality and were being kept up to date. The manager reviewed these audits to identify and action any short falls or action points. For example, in their PIR the registered manager indicated staff would be encouraged and supported to complete the Care Certificate training appropriate to their role and for their development. Additionally, senior management carried out internal inspections of the service which followed CQC procedures and requirements. This ensured the service was working in line with them. The audit process had, for example, identified areas of the property which required refurbishment. This was being taken into account in forward plans for the development and potential enlargement of the service.