

Archangel Enterprises Limited

Heathfield House

Inspection report

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Date of inspection visit: 02 December 2015
Date of publication: 20/06/2016

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 this service on 2 December 2015. This was an unannounced inspection. Our last inspection took place in March 2014, we found the home was meeting the Regulations we looked at.

The service is registered to provide accommodation and personal care for up to six people with learning disabilities. At the time of our inspection four people were using the service.

The registered manager was present on the day of the inspection. 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 and associated Regulations about how the service is run.

People were cared for by staff who knew what safeguarding was, how to identify the different types of abuse and what actions to take if they suspected potential abuse. There was guidance on display for

Summary of findings

people who used the service and staff on how to raise safeguarding concerns. The provider took appropriate action when abuse was suspected. We observed that people were cared for safely and protected from harm.

People had risk assessments and management plans and these plans were reviewed regularly and updated when people's needs changed. There were adequate numbers of staff to meet people's needs. People's medicines were managed safely.

Staff knew the people they cared for well and delivered care in line with their specific needs. Staff knew them well and understood their needs. They had completed training to enable them to provide safe and effective care.

People were supported to eat and drink suitable amounts of food and drink of their choice. Advice given by professionals was followed in respect of special diets. People were supported to attend health appointments as required. People had access to other health care professionals when they needed them.

People were cared for and supported by staff who were kind, friendly and compassionate. Their dignity was respected at all times. Staff ensured that people were comfortable at all times and took appropriate action when people expressed signs of distress.

Care was provided to meet people's individual needs and preferences. Care plans detailed how people wished to be cared for and supported. People were involved in assessments and planning of their care. People were supported to be as independent as possible. The views of their families were obtained about their preferences and likes and dislikes.

Information was provided in easy-to-read formats to enable them raise concerns. Their relatives were given opportunities and supported if they wished to raise concerns and make complaints about the service. The provider had systems in place to deal with and monitor complaints made about the service.

There were systems in place to monitor and assess the quality of the service provided. The registered manager understood the requirements of their registration with us and they and the provider kept up to date with changes in health and social care regulation. There was a positive and open atmosphere within the service. Staff and relatives told us that the interim registered manager was approachable and supportive.

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 understood what abuse was and knew what actions to take if people were at risk of harm or abuse was suspected. The provider took appropriate action when people were at risk of abuse. People's risk assessments and management plans were reviewed when their care needs changed. There were adequate numbers of staff to meet people's needs. People's medicines were managed safely.

Good



Is the service effective?

The service was effective.

People were cared for by staff who were knowledgeable and who knew them well and knew how to provide them care and support. People were supported to eat and drink sufficient amounts to remain healthy. People had access to other health care professionals.

Good



Is the service caring?

The service was caring.

People were cared for by staff who were kind and compassionate. People were treated with dignity and respect. Their choices, preferences and wishes were respected.

Good



Is the service responsive?

The service was responsive.

People were supported to engage in activities they enjoyed. Staff knew people's likes and dislikes and delivered care in line with this. People were supported to engage in activities they enjoyed within the home. The provider had systems in place for dealing and responding to concerns about the service.

Good



Is the service well-led?

The service was well-led.

Information submitted to us by the provider about how people received care at the service was not always accurate. The provider had systems in place to monitor the quality of the service provided. The provider promoted an open culture within the service and supported staff to carry on their roles effectively.

Good



Heathfield House

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 was 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 2 December 2015 and was unannounced. Our inspection team consisted of one inspector.

The provider had completed 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. During the inspection, we checked if information provided in the PIR was accurate.

We reviewed the information we held about the service. Providers are required to notify us about events and incidents that occur at the service including deaths, injuries to people receiving care and safeguarding matters. We refer to these as notifications. The provider notified us of

incidents which had occurred at the service. We reviewed additional information we had requested from the local authority safeguarding team and local commissioners of the service.

We spoke briefly with two people who used the service as most of the people suffered with communication difficulties and could not always communicate verbally. We spent time observing how staff supported and interacted with them. We spoke with the relative of one person who used the services to obtain their views about care provision and services.

We spoke with two members of care staff to check that standards of care were being met and with the registered manager.

We looked at three people's care records to see if they were accurate and up to date. We also looked at records relating to the management of the service. These included audits, health and safety checks, staff training records, staff rotas, incident, accident and complaints records, minutes of meetings, quality checks, and satisfaction questionnaires. We looked at these to check that the service was managed safely and effectively.

Is the service safe?

Our findings

People were cared for by staff who had an understanding of safeguarding, knew the different types of abuse and what actions to take if they suspected abuse. A staff member said, “[Person’s name is very vulnerable. They are at risk of abuse from the public, so they need support especially with it come to withdrawing money from the bank. They wouldn’t understand the concept of spending money”. Staff told us they would report any safeguarding concerns immediately. A staff member said, “I’d take it as far as I need to do if I suspect any abuse. It’s just not a case of reporting it, but making sure that it’s been investigated”. Another staff member said, “I would speak to [Registered Manager’s name] and contact the safeguarding helpline and make a written report about everything”. The relative of we spoke with told us they did not have any concerns about the safety of their relative who used the service and told us they felt their relative was well looked after. We observed that people were well cared for and protected from harm either to themselves or by others due to their usually unpredictable behaviours.

People who used the service had risk assessments and management plans in place to ensure that they received safe care. Most of the people who used the service had complex needs and need support with almost all aspects of their care. For example, one person with a condition which made them prone to falling had risk management and monitoring plans in place to prevent them from falling and to monitor their falls. The provider ensured that the environment within the home was safe and free of obstructions to minimise the risk of accidents. We observed that the person had the freedom to move within the building but there was a member of staff with them at all times to ensure their safety in the event of a fall. Records showed that control measure were in place to ensure the person did not sustain serious injuries in the event of a fall.

Another person who had complex physical and mental health had risk assessments in place and clear guidance for staff to follow when they presented with the identified physical health problem.

The relative we spoke with told us staff were always available to provide care and support. All the staff we spoke with told us that they were happy with the numbers of staff they had on duty on most days. A staff member we spoke with said, “Staff levels are fine. Agency staff are not used. We’re very lucky that we have a good staff team and we help each other. The registered manager said, “Agency staff are not used. We all cover for each other. It’s very rare I have any problems with the staff team”. We checked staff rotas and noted that there were adequate numbers of staff on. We observed that people did not have to wait to receive support when they needed it and staff were always available to support the people who used the service. We observed that care was not rushed and staff took their time and gave full attention to people when they provided them with care.

The provider had effective systems in place for the safe recruitment of staff. The manager told us that provider had recruited new staff. Records showed that recruitment checks were in place to ensure staff were suitable to work at the service. Disclosure and Barring Service (DBS) checks were carried out for all the staff. The DBS is a national agency that keeps records of criminal convictions. The provider also requested and checked references of the staffs’ characters and their suitability to work with the people who used the service.

People’s medicines were managed safely. We observed and medicine records showed that people received their medicines as prescribed. The registered manager showed us the systems they had in place to minimise the risk of medicine errors. We carried out a medicine audit and found no concerns. The registered manager said, “All staff must receive medicines administration training before they are able to administer medication”. We saw that medicines were ordered, stored and disposed of safely and securely.

Is the service effective?

Our findings

The registered manager told us that Deprivation of Liberty Safeguards (DoLS) applications had been made for all the people who used the service. They said, “DoLS applications have been made for all four [people who used the service] as that’s what we were told to do. They [The head office] sent us a form and we filled it”.

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. 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).

People were cared for by staff who knew them well and understood their care needs. We asked the staff we spoke with specific questions relating to the care of people who used the service and they were all able to give us information which matched what we read in people’s records. We also observed that people received care in line with their identified needs. People’s needs were assessed regularly and amended as their needs changed. For example, one person had recently been diagnosed with dementia and a condition which meant that they experienced severe body jerks. Staff told us their needs had changed rapidly as the person was no longer capable of doing things for themselves. We saw that staff adapted how they provided care to this person depending on how they presented on the day. A staff member who was spending time with the person said, “[Person’s name] is not very coherent today and is struggling to walk so we’ll just spend time with them. They like to be pampered, going through their memory box and talking about their family”. This showed that the staff member knew the person well and understood their needs.

People’s needs were assessed regularly to identify the decisions and choices they were capable of making for themselves. For example, one person had been assessed as capable of managing their finances and staff supported

them to do this. They were supported by staff to go to the bank and to manage their finances safely online. This showed that the provider empowered people to make choices on how they wanted to manage various aspects of their lives.

People who presented with behaviours that challenged had plans in place to ensure that they received the appropriate support to minimise behaviours that challenge and to manage these behaviours effectively. For example, as staff member said, “we make sure we deal with [person’s name] challenging behaviour in a dignified manner. If we notice that they are touching someone inappropriately, we go up to them and offer them a hand shake or a ‘hi five’ so that they stop the touching the person inappropriately and then sit next to the person whom they are touching so they don’t continue to do this”.

The relative we spoke with told us that their relative looked healthy and they did not have any concerns about their eating and drinking needs. We saw that staff supported people to eat and drinking sufficient amounts. Staff presented a variety of food to people to enable them to choose what they wished to eat or drink. We saw that food, drinks and snacks were available and people were supported to have these. People were supported to have their meals at times they wished. We observed that those who required support with their eating and drinking were not rushed during the meals.

Some people were on special diets because they were at risk of choking. We saw that they had been assessed by Speech and Language Therapist (SALT) and recommendations were made on the type of food they should eat and drink. We observed staff supported people to have their food and drinks as recommended. We saw that people’s food and drink intake was being monitored to ensure that they had adequate amounts to keep them healthy.

Staff told us about one person who had been losing weight. A staff member said, “A nutritionist came and watched the person eat and made suggestions for the person to have soft food and nothing hard”. Another staff member said, “[Person’s name] is on a fluid balance chart. They are becoming a bit incontinent so we’ve had an incontinence nurse come out to her”. This showed that people had access to other health care professionals when they needed it.

Is the service caring?

Our findings

The relative we spoke with told us that staff were kind, caring, pleasant and approachable. They told us their relative looked healthy and well cared for. They said, “When I go to visit [Person’s name] they seem happy. I’ve got no worries at all”.

We observed kind and caring interactions between the staff and people who used the service. Most of the people who used the service had disabilities which meant that they could not always communicate verbally; staff took time to communicate with them verbally and used signs and gestures to help them understand what was being communicated to them. For example, we observed that staff took time to explain to people what activity they were about to engage in and ensured that the people understood what staff were about to do before staff provided care. We observed that people who used the service encouraged to express their views and to express how they felt about the care they received. We saw that staff regularly checked with people to ensure that they were happy with the care they were receiving.

The relative we spoke with told us the provider always involved them in the care of their relative and in decision making. Records which we saw showed that people and their relatives were involved in planning their care and we saw that the views of the relatives were respected.

We saw that people who used the service were treated with dignity. We saw that staff knocked on bedroom doors and called out to people before they went into their bedroom. Staff respected people’s dignity by standing outside the toilet when people were using the toilet. People who were able to attend to their personal hygiene were encouraged to do so, thus ensuring that their independence was promoted as much as possible. A staff member said, “We put toothpaste on [Person’s name] tooth brush and shower gel onto their body sponge and ask them to shout out to us when they require assistance or when they are done. We always wait outside the bathroom until they call us in”.

We saw that people’s wishes about how they wished to be cared for and their last wishes were documented and staff were aware of this. One person had specified the type of music they would like to be played during their funeral and staff we spoke with were aware of this.

Is the service responsive?

Our findings

People were supported to engage in activities they enjoyed. A staff member said, “[Persons’ name] goes to the gym and going out in the community. They love their one-to-one time but prefers areas that are not crowded or going to the pub for a meal. They choose what they would like to do each day”. Another member of staff said, “[Person’s name] loves shopping, going out for meals, water Zumba. They like to do their own thing. They go to the gym often. They’re never in. They’re out every day”. We saw that staff supported people to accompanied people out in the community and be involved in activities that they enjoyed.

We observed people who used the service who had not gone out for the day were kept occupied by staff in the form of engaging them in activities in the home. There were magazines which staff read with people and people were supported to enjoy a variety of sensory stimulating activities in the home. The home had a sensory room which we saw staff support people to use.

The registered manager told us that discussions were held regularly with people who used the service to obtain their

views about service provision. The registered manager said, “We all sit around the table at night and have discussions about what the residents want”. We saw records which showed that discussions had taken place with people who used the service about where they wished to go to on holidays.

The provider had systems in place for obtaining the views of people who used the service and their relatives. We reviewed some of the feedback provided by relatives and noted that they were all positive. One relative commented, “Well done to all the staff at Heathfield House. [Person’s name] has made so much progress. It’s such a lively and happy place to live in. What a peaceful house; lovely atmosphere”.

The relative we spoke with told us they would not hesitate to raise concerns with the provider. The manager told us they had not received any complaints about the service and relatives were encouraged to raise concerns if they had any. The provider had a complaints procedure in place and maintained a system for recording complaints and actions taken. The records we reviewed showed that no complaints had been made about the service.

Is the service well-led?

Our findings

Staff told us and we observed that the manager was approachable and people who used the service as well as staff felt comfortable coming to them to raise any concerns. Staff told us that the manager always listened to them and supported them if they had any concerns. A staff member said, “[Registered manager] is fantastic as a manager. They are really supportive and hands-on. There aren’t many managers who would come up and provide personal care but [Registered manager’s name] does”. Another staff member said, “I will definitely go to [Registered manager] for anything. Even when they are busy, they would take time to answer anything. When we shout for help from downstairs, they’re there within seconds to help us out.” This showed that the manager promoted a supportive and open culture within the service.

The manager notified us of significant events such as safeguarding incidents and maintained records of these for monitoring purposes. They maintained a record of incidents which had occurred in the service and ensured that actions were put in place to prevent reoccurrence.

They showed us examples of action and measures that had been put in place to ensure that consistent action was taken when an incident or accident occurred at the service. For example, the accident and incident records we reviewed showed that one appropriate action had been taken when one person who used the service fell and the provider had put strategies in place to prevent or minimise reoccurrence of a similar incident.

The provider had systems in place for monitoring the overall quality of services provided. The manager told us they were responsible for carrying out audits within the service and showed us the system they had in place to ensure that these audits were completed. They told us that they sent audit reports to the provider’s quality assurance department who were responsible for monitoring outcomes of audits and ensuring that actions were implemented. We reviewed some of the provider’s audits such as the health and safety Audits, first aid audit, cleaning audit, medicines management audit and so that actions were put in place when concerns were identified. This showed that the quality of the services provided was regularly assessed and monitored.