Mrs Sarah Storey

Harriotts Lane

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

Harriotts Lane provides accommodation, support and personal care for up to four people with learning disabilities. Some people may also have multiple and complex needs. For example a learning disability and a physical disability, no or limited speech, or autistic. Three people were living in the home at the time of our inspection. The manager described the level of need as "High".

This inspection took place on 9 March 2015 and was unannounced.

The service is not required to have 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. Overall responsibility and accountability for the service lies with the provider, who owns the service. The provider was the person responsible for maintaining contact with the people's placing authority care managers and ensuring their contracted care was provided. Care managers are the placing authority's representatives who are responsible for assessing the needs, reassessing and managing any care package and ensuring the continuing wellbeing of the people they place.

Summary of findings

The provider had systems in place to make sure people were protected from abuse and avoidable harm. Staff knew how to report suspected abuse and their responsibilities for doing so. Assessments were undertaken to identify people's health and support needs and any risks to people. Plans were in place to reduce the risks identified in assessments.

People were supported by enough suitably qualified, skilled and experienced staff. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. Medicines were administered appropriately and managed well. Medicines were stored securely.

People were provided with a choice of healthy food and drink to make sure their nutritional needs were met. At mealtimes people ate well and were offered choices.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. We found the home to be meeting the requirements of DoLS.

People were supported in a way that promoted their dignity by being spoken to kindly and were given choices about what they wanted to do and when. Staff were caring in their approach to people, giving them attention and not rushing them with support. Staff knew people well and clearly understood their individual needs and preferences.

Care plans were developed with people to identify how they wished to be supported. Plans were regularly reviewed and up to date.

Observations of interactions between the registered manager and staff showed they were inclusive and positive and promoted a transparent culture where the people came first. Staff told us they felt supported in their work and were supported to access training. Staff told us they felt comfortable raising concerns with them or to suggest ideas for improvement and any concerns raised were taken seriously.

There was a complaints process available. Relatives and care professionals we spoke with all said they never had any formal complaints. Relatives told us that the registered manager and staff communicated well with them and would take prompt action where needed so they never had the need to make a complaint.

The provider analysed and acted on information acquired from quality assurance questionnaires to monitor and improve the quality of care.

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?

Good

The service was safe. Staff were recruited appropriately to ensure their suitability to work with people and to ensure they had the skills and knowledge necessary.

There were enough staff to meet people's needs safely.

Staff had received training in safeguarding and knew their responsibilities for reporting any concerns regarding any possible abuse.

Risks to people had been identified or controlled to reduce the chance of people coming to harm.

People's medicines were managed in a safe way, and they had their medicines when they needed them.

Is the service effective?

Good

The service was effective. Staff were effectively trained to care and support people. Staff were supervised regularly to ensure they had up to date information and knowledge.

The registered manager and staff had a good understanding of the Mental Capacity Act had kept up to date with changes in legislation to protect people and ensure people's legal rights were protected.

People had access to healthcare services to ensure their day to day health needs were met.

Is the service caring?

Good

The service was caring. All the people we spoke with said staff were caring and kind. Staff spoke kindly to people, knew them well and understood what was important to them.

Staff knew peoples likes, dislikes and preferences well, one relative told us the staff took time speak with and to get to know their family member.

People were cared for by staff that supported their privacy and dignity.

Is the service responsive?

Good

The service was responsive.

Information and concerns about quality of care were investigated and recorded. Relatives told us that if they had a complaint they felt it would be listened to and action taken.

People's needs were assessed and individual preferences were discussed with people and their relatives. Care plans had been updated regularly. People, their relatives and the professionals involved were encouraged to provide feedback.

Staff were able to respond to people's needs immediately and had the time to do so sensitively and in a personalised way.

Is the service well-led?

Good

The service was well-led. People, relatives, staff and healthcare professional all told us the home was well led.

Summary of findings

The atmosphere at the home was calm and the home was managed well. The manager knew the staff well. People had the opportunity to raise quality issues.

The provider and the manager carried out audits to assess whether the home was running as it should be. There were systems in place to make sure the staff learnt from events such as accidents and incidents.

Harriotts Lane

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.

This inspection took place on 9 March 2015 and was unannounced. This inspection was conducted by one inspector. This was because of potential disruption in a small home with only three people.

Before the inspection, the provider 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. We reviewed this and our other records to gather information. We reviewed the last inspection report, notifications that the provider is required to send us (A notification is information about important events which the provider is required to tell us about by law) and information received from the public and healthcare professionals.

People communicated in different ways. For example, sign language, using only a few words, sounds, actions, or a mixture of these. As well as using observation and interaction and communicating in other ways to people we also contacted relatives to help inform our judgements. We spoke with two relatives, the registered manager, and three members of staff. We had feedback about the quality of the service from a local authority care manager and a dietician.

We looked at documents and records that related to peoples care and the management of the home. We looked at all three people's support plans and also checked that this was being followed and their needs met. We also looked at staff training and supervision records, three recruitment records, accident and incident records, visitor's comments, complaints records and maintenance records. We looked at all Deprivation of Liberty Safeguards applications (DoLS) to ensure people's rights were protected.

Harriots Lane had not been previously inspected.

Is the service safe?

Our findings

Relatives told us they felt their family member was safe at Harriots Lane. One relative told us they thought their family member was safe because they were well cared for and looked after. Another relative told us "I feel my family member is kept safe because they have one to one staff support and the staff treat them like their own relatives". They also told us that the staff were always careful with the positioning their family member when using hoist to ensure they were safe. They said this was to ensure they were safely supported to get on the bed for example. A visiting health care professional told us that when they visited there were always enough staff.

There were systems in place that ensured safeguarding concerns were reported appropriately. People had their rights explained to them verbally or through sign and their responses or body language was used to identify any possible concerns. Staff received training in safeguarding adults and this was refreshed as necessary. Staff demonstrated a good understanding of their own responsibilities in reporting any abuse they suspected and knew how to do so. Staff told us that if they did suspect abuse was taking place they would report to the manager, the local authority and by notifying the CQC which was in line with the homes safeguarding policy.

Assessments were undertaken to identify any risks to people and these provided clear information and guidance to staff to help keep people safe. For example, there were risk assessments to identify risks outside the home, activities, safety in the kitchen and risks they may present to themselves and others through behaviour that challenges others. Staff had a detailed knowledge of the risk assessments for people and what steps they should take to help keep people safe from harm. These were reviewed regularly to ensure they were up to date and current. There were also risk assessments for the building and environment to ensure any of those risks were managed. . A care professional told us one person had a condition called dysphasia (which can cause swallowing difficulties) which required staff to administer their medicines in a special way they particularly needed to prevent choking. The registered manager confirmed this has been approved by the Dysphasia team and incorporated in the persons care plan.

Staff took appropriate action following incidents to ensure people's safety. The manager told us that following an accident or incident, they and staff would look at the possible causes and how to avoid them in the future. A management plan was then produced to reduce the risk of incidents reoccurring in the future. There were arrangements to evacuate people in the event of a fire or similar emergency and the people had been told or shown what to do in those events. The provider had sufficient arrangements in place to provide safe and appropriate care through all reasonable foreseeable emergencies which included a place of safety should the home become unusable for care. Staff had a clear understanding about these plans and were able to tell us about them and what actions they would take in the event of an emergency to keep people safe.

There were adequate staffing levels in place that helped keep people safe. There was always a minimum of two staff on shift for the three people who lived at the home and these staffing levels had been determined based on peoples assessed needs. Additional staff came in to support where needed, for example, for regular planned activities outside the home. This ensured people had the staff support time allocated by the responsible local authority care managers.

There was a safe recruitment process and the required checks were undertaken prior to staff starting work. Recruitment files included evidence that pre-employment checks had been made including checks with previous employers and satisfactory Disclosure and Barring Service (DBS) checks. Health screening and photographic evidence of staff identity had been obtained. Staff were appropriately qualified and had the necessary knowledge, skills and experience to meet the needs of people. There were procedures to report staff to the DBS where appropriate. New staff did not work alone with people until they had completed their induction training to ensure they knew how to support people safely.

Medicines were stored securely and administered safely by staff who had been trained to do so. Staff had received up to date training to ensure the safe management of medicines. We saw that medicines were stored safely. Staff were aware of what medicines people needed and when. We looked at the records of medicines administration and found they had been kept securely and recorded appropriately.

Is the service effective?

Our findings

Relatives told us they were happy with the care their family member received and thought they were well looked after. They also said, “the staff were well trained, had good skills and a high level of knowledge”. ”The staff are marvellous and always let know what going, everything is good, I can’t find fault”.’ A care professional told us ”the staff are effective and well-organised, the staff meet anything and everything immediately”. Another told us,’It is an excellent home for the residents and the staff had a comprehensive knowledge of the people’s needs”.

The registered manager told us they operate a key worker system with two members of staff allocated to each person. They said they did this so that these two members of staff could get to know the person more closely and therefore be able to understand their needs and preferences better. New staff received an induction which included training in different topics for example, health and safety, handling and lifting, safeguarding and whistleblowing. Existing staff then went on to complete the Skills for Care common induction standards programme. These are the standards staff working in adult social care need to meet before they can safely work unsupervised. The registered manager confirmed that as Skills for care has now been replaced with the care certificate which will be introduced to all existing staff and new staff will use it for their induction when they join. There was a staff training programme in place which was monitored by the registered manager to ensure staff were up to date with their training. Staff told us they felt they received the training they needed to meet peoples’ needs. Staff were up to date with training and refresher courses were booked to ensure they built upon their skills and knowledge. Staff received regular supervision and on-going appraisals regarding their performance, conduct and training needs. There were staff meetings where the running of the home was discussed and suggestions made to improve upon the care that was provided. Staff told us they felt involved and their ideas were listened to when they made suggestions, for example staff had suggested replacing a blind as it did not provide adequate protection for people.

Staff had been trained in the Mental Capacity Act (MCA) 2005.The provider and staff had a clear understanding of the MCA and knew how to make sure people who did not have the mental capacity to make decisions for themselves could have decisions made on their behalf and in their best interests legally. This helped ensure rights and interests were protected.

Where people lacked capacity to understand certain decisions, best interest meetings occurred to make decisions on people’s behalf to keep them safe. For example some people needed bed sides to stop them falling out of bed and hurting themselves These meetings included family members, independent mental capacity advocates where needed, and social workers.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards aim to protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm in the least restrictive way possible. We found the provider to be meeting those requirements. The registered manager had increased staffing so that unnecessary restrictions were not made to peoples day to day lives.

Where people required some restrictions to be in place to keep them safe, the provider must submit applications to a ‘Supervisory Body’ for authority to do so. The home had made an application to the supervisory body to deprive a person of their liberty in line with DoLS. This ensured people were only subjected to lawful restrictions that protected them and their rights.

A relative told us the food was “Good” and staff found out what their family member liked by asking them and also by trying different things and recording their body language to determine if they liked it or not. Staff were also aware of this and told us how one person would push the food away if they did not like it. Another relative told us the food was good and they had a lot of fresh food, fruit and vegetables. Menus showed a variety of food was on offer which included vegetables and fruit and we saw these were available to people in the home. Records of risk assessments regarding food and healthy eating were produced and management plans were in place regarding this. Staff showed clear knowledge of people’s dietary needs for example they told us about one person who was at risk of choking and another who needed one to one support during mealtimes. There were menus supported with photographs of the food so that people who were unable to verbally communicate could make choices about

Is the service effective?

what they wanted to eat. We observed staff offering people an alternative it they wanted supported people to the degree they needed. The dietician told us that they had seen the menus and there was plenty of variety for people to choose from. People were frequently offered drinks if needed between meals. Snacks were available. Staff showed knowledge of people's dietary needs for example they told us about one person's lack of tolerance for dairy products

People were supported to maintain good health. Care records showed that when needed, referrals had been made to appropriate health professionals. When a person had not been well, their doctor had been called or they had visited the doctor and treatment had been given. Relatives confirmed that people visited the doctor when they needed to, and had good access to health care and check-ups like the dentist and opticians.

Is the service caring?

Our findings

Relatives told us the staff kept them informed about people and they could visit their family member at any time. One relative told us the staff had supported visits by providing a lift from the station for them. Relatives also told us the staff were kind and treated their family member with dignity and respect. They also said that staff had enough time to be caring. One relative told us the staff were "Really caring" and cared for people like it was their own family. One person told us that staff supported them to send pictures and cards for significant events such as Mother's Day cards to their family members. One person said that this was "Kind" of staff.

People had the opportunity to make their views known about their care, treatment and support through regular key worker meetings. Relatives also confirmed they were invited to reviews and group meetings to contribute their views to their family member's plan of care.

People had their own detailed and descriptive plan of care. The care plans were written in an individual way, from the person's own perspective and explained how they preferred their care to be carried out. The information covered all aspects of people's needs and gave clear guidance for staff about people's likes and dislikes and how to meet people's needs. For example, one person sometimes took their clothes off when other people were in the home. Staff had taken steps to prevent this happening in inappropriate places. When they showed signs that were about to remove their clothes they were supported by staff to do so in the privacy of their room.

Healthcare professionals who visited told us the staff treated people with dignity and respect and interacted with them in a caring way. One healthcare professional told us that the only female staff supported the person they represented to protect their dignity. They also told us the person's cultural needs were anticipated and staff provided support to take them to church every Sunday.

Staff had training on dignity, respect and privacy towards the people they support. Staff supported dignity and privacy by asking before moving someone's wheelchair, ensuring people's room doors were closed while providing care and ensuring people could choose what to wear but were still appropriately dressed in public. Staff sat with people when supporting them to eat and talked with them about day to day things as well as encouraging them to eat. Staff were gentle, kind and gave the time the person needed without rushing them and also talk to people in a natural way while providing support.

The registered manager told us they would not leave anyone alone in hospital or somewhere that was strange or unusual to them because they may not understand and become very lonely. They also gave us an example of where staff had stayed at hospital with a person.

Is the service responsive?

Our findings

Relatives told us the staff met their family members care and health needs well. They also told us that staff supported their family member to go out a lot and have holidays. One relative told us they do absolutely everything they can't do. Another told us they offer meals options, by talking and seeing what they liked by how they reacted.

Assessments were undertaken to identify people's care and support needs. Care plans were developed detailing how these should be met and were written with the involvement of the person and their relative where appropriate. Relatives told us their views about their family members care were listened to and acted on. For example one relative was concerned that their family member was at risk of injuring themselves by undertaking a repeated behaviour. Staff responded to this by identifying a solution which meant that the person did not injure themselves.

Care plans were person centred and reflected people's individual wishes. For example, one person did not like the temperature to drop at night and there was specific individual guidance in place to ensure staff knew this preference and how to meet it. The information covered all aspects of people's needs, included a profile of the person and clear guidance for staff on how to meet their needs. A care professional told us they thought the planning was "very person centred" and individualised for the person that was being supported. Wherever possible staff spoke to people about the care they received and used sign language, pictures, or talked and looked at their responses or body language.

A care professional said "The staff are very good at including the person with making choices". "My client has difficulties expressing their needs. Their basic needs are normally anticipated, however on occasions they might not like things they normally like, however staff are able to identify their likes and dislikes through her body language and try to offer her alternative options using process of elimination method".

One care professional told us that staff contacted them when needed, listened to advice and any guide lines given. They would then try what had been suggested eagerly. They gave us an example, "The registered manager was very responsive when identified physiotherapy input may have been beneficial to a person. The staff complete this action and I received the report from the physiotherapist within a week.''

There was a formal complaints procedure with response times that detailed what action would be taken in the event of a complaint. Where people were not satisfied with the initial response from the registered manager it also included a system to escalate the complaint to the provider for them to act upon. Relatives told us they had no complaints and if there was anything they were worried about or not happy with they would be listened to. One relative told us that they were kept informed and little things they identified were always responded to well and before they noticed or needed to mention it. For example one relative had noticed that their family members clothing had deteriorated but staff acted on this before the relative mentioned it. Another relative told us they were always happy to suggest things and had no qualms' about speaking up if needed.

Staff were able to tell us detailed information about how people liked to be supported and what was important to them. Activities were provided to combat the risk of people becoming socially isolated. People were supported to attend activities in the community, have birthday parties and events were celebrated with friend and relatives' invited. People's friends from homes they had lived in the past were also supported to maintain contact and visit them.

Is the service well-led?

Our findings

Relatives told us they felt the home was well led and had a "Relaxed atmosphere." One relative told us, "the manager has been doing marvellously up to now" and they were "very pleased with the home". Relatives also told us they had one to one meetings with the registered manager where they could raise and issues they had about the quality of the care that was provided. The registered manager also sent out questionnaires about the quality of care. Care professionals we spoke to said they thought the home was well run. They told us they thought the registered manager had created a homely environment and an environment that maintained staff consistency for people.

The registered manager had developed positive links in the community, for example local links with local schools and the local church. The registered manager had planned to buy a dog that people could take for walks which would give them greater access to the community they were living in.

The home had policies and guidance for staff regarding safeguarding, whistle blowing, health and safety, prevention and control of infection, involvement, compassion, dignity, independence, respect, diversity and safety. These were regularly reviewed and staff showed an understanding of what these meant in practice. For example, they knew the importance of listening to people and supporting people's choices. There was a grievance and disciplinary procedure and sickness policy. This ensured there were clear processes for staff to account for their decisions, actions, behaviours and performance and demonstrated they understood their responsibilities.

There were processes in place for reporting incidents and accidents. Incidents were reviewed by the manager to identify any patterns that needed to be addressed. We saw that these were being followed up. When there was an incident outside the home there was a review of the incident and any recommendations to avoid a repeat were recorded and followed. All incident reports included details and any follow up action taken. For example, one person had a behaviour that affected their health and actions were taken to reduce the risk of this re-occurring.

Records were kept in the office and were easily and promptly located by staff when requested. Records were in good order and easy to read and navigate so as to find the required information efficiently. Records were kept securely and confidentially within the office.

The registered manager was in line with their CQC registration requirements, including the submission of notifications to us so that the home could be monitored effectively. There were records of audits undertaken but he registered manager to assess whether the home was running as it should be. There were unannounced health and safety audits provided monthly and a report was produced with any identified issues listed so that appropriate action could be taken. There was an annual audit by a senior manager that covered the whole home including people's care records, reviews, complaints and the homes running, recording, and maintenance records.

The registered manager did an audit called a 'manager's monthly checklist' which included medicines, emergency lists, care plans, risk assessments, testing of equipment like hoists, meetings records and staff supervision. The registered manager also did weekly checks of the environment which included things like water temperature testing to ensure it was not too hot. Where audits identified action was required to improve quality, action plans were produced and implemented. For example it was identified that a set of blinds were not blocking the sun properly so a new more suitable blind was bought for the area.

The registered manager sent annual quality assurance questionnaires to people who use the service, their relatives and advocates, and health care professionals. Records of the actions required to improve quality from the analysis of questionnaires were kept and action was taken, One example of this was where quality assurance questionnaires feedback showed a trend that people felt the kitchen was looking 'tired'. The kitchen has since been repainted and new blinds put up.