Havencare (South West) Limited

The Firs

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

Summary of findings

Overall summary

The inspection took place on 5 May 2016 and was unannounced. The Firs provides care and accommodation for up to four people with learning disabilities. On the day we visited four people were living in the service. Each person has separate accommodation with its own bedroom, lounge and en-suite bathroom facility. Havencare South West owns this service and has other services in the Devon area.

The area manager is the registered manager for this service and is directly overseeing the service. The area manager is registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC managed 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.

We met and spoke to all four people during our visit. People were not able to fully verbalise their views and used other methods of communication, for example pictures and symbols. We therefore spent time some time observing people.

People's medicines were managed safely. Medicines were stored, given to people as prescribed and disposed of safely. Staff received appropriate training and understood the importance of safe administration and management of medicines. People were supported to maintain good health through regular access to health and social care professionals, such as speech and language therapist.

People's care records were very detailed and personalised to meet individual needs. Staff understood people's needs and responded when needed. People were not able to be fully involved with their support plans, therefore family members or advocates supported staff to complete and review the support plans. People's preferences were sought and respected.

People's risks were documented, monitored and managed well to ensure they remained safe. People lived full and active lives and were supported to access local areas and activities. Activities reflected people's interests and individual hobbies. People were given the choice of meals, snacks and drinks they enjoyed whilst maintaining a healthy diet. People, when possible were encouraged to help prepare meals and drinks.

Staff understood their role with regards to ensuring people's human and legal rights were respected. For example, the Mental Capacity Act (2005) (MCA) and the associated Deprivation of Liberty Safeguards (DoLS) were understood by the area manager. They knew how to make sure people who did not have the mental capacity to make decisions for themselves, had their legal rights protected and worked with others in their best interest.

Staff had completed safeguarding training and had a good knowledge of what constituted abuse and how to report any concerns. Staff described what action they would take to protect people against harm and

were confident any incidents or allegations of abuse would be fully investigated.

Staff described the area manager as being very approachable and supportive. Staff talked positively about their roles.

People mainly had one to one staffing, with two staff when they accessed the community. Staff did not feel the service had sufficient staff. However new staff had recently been employed. Staff had completed appropriate training and had the right skills and knowledge to meet people's needs. However, some training was out of date. This meant staff may not be up to date with new practices. People were protected by safe recruitment procedures.

All significant events and incidents were documented and analysed. Evaluation of incidents was used to help make improvements and keep people safe. Improvements helped to ensure positive progress was made in the delivery of care and support provided by the staff. Feedback to assess the quality of the service provided was sought from people living in the home, professionals and staff.

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

This service was safe.

People were supported by skilled and experienced staff. However, staff felt the service was short of staff. Management confirmed new staff had recently been employed.

Staff had a good understanding of how to recognise and report signs of abuse.

Risk had been identified and managed appropriately. Risk assessments had been completed to protect people.

People received their medicines as prescribed. Medicines were managed safely and staff were aware of good practice.

Is the service effective?

Good

The service was effective.

People received individual one to one support from staff who had the knowledge and training to carry out their role.

Staff had received training in the Mental Capacity Act and the associated Deprivation of Liberty Safeguards. Staff understood the requirements of the act which had been put into practice.

People could access health, social and medical support as needed.

People were supported to maintain a healthy and balanced diet.

The service used a range of communication methods to make their needs known.

Is the service caring?

Good

The service was caring.

Staff were caring, kind and treated people with dignity and respect.

People were involved as much as possible in decisions about the support they received and their independence was respected and promoted. Staff were aware of people's preferences.

People had formed positive caring relationships with the staff.

Is the service responsive?

Good

The service was responsive.

People received personalised care.

Staff responded quickly and appropriately to people's individual needs.

People were supported to undertake activities and interests that were important to them. People made choices about their day to day lives.

There was a complaints procedure available for anybody to access.

Is the service well-led?

Good

The service was well led.

Staff were supported by the area manager, who was available and approachable. There was open communication within the staff team and staff felt comfortable raising and discussing any concerns.

There were systems in place to monitor the safety and quality of the service.

People's views on the service were sought and quality assurance systems ensured improvements were identified and addressed.

The Firs

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.

The inspection was undertaken by one inspector on 5 May 2016 and was unannounced.

Prior to the inspection we reviewed information we held about the service, and notifications we had received. A notification is information about important events, which the service is required to send us by law.

During the inspection we met or spoke with four people who used the service, the area manager, and five members of staff and a relative.

We looked around the premises and observed how staff interacted with people. We looked at four records which related to people's individual care needs, four records which related to the administration of medicines, three staff recruitment files and records associated with the management of the service including, quality audits.

Good

Is the service safe?

Our findings

People who lived at The Firs were not able to fully verbalise their views and used other methods of communication, for example pictures or symbols. People had complex individual needs including autism and could display behaviour that could challenge others. We therefore spent time observing some people for very short periods and spoke with staff and relatives to ascertain if people were safe.

A relative told us; "Yes, he is safe" when asked if they felt their relative was safe. One staff member said; "Yes people are safe because the house is secure, and staff are very caring and very person centred". Other staff said they kept people safe, but staffing levels could place people at risk. However the area manager confirmed extra staff had been made available to cover any vacant hours to help keep people safe.

Support plans detailed the staffing levels required for each person to keep them safe inside and outside the service. For example, staffing arrangements were in place to help ensure each person had one to one staffing available and two to one staffing when people participated in activities in the community to help keep them safe. There was a contingency plan in place to cover staff sickness and any unforeseen circumstances. A relative confirmed their relative did not go out with agency staff only permanent staff to help keep them safe, as these staff knew their relative very well. However, all staff spoken with agreed that the service was short of staff and told us they were covering extra shifts to help keep people safe. Comments included, "Staff shortages at present", "Not enough staff employed. Staff covering extra shifts", staffing levels could be better" and "High turnover of staff…we are getting there as new staff are being employed but it's slow." The area manager told us they covered any sickness to ensure there was always enough staff on duty. This they felt, helped to keep people safe. The area manager confirmed the service had been short of staff and new staff, including the recruitment of two team leaders was in progress.

People were provided with a safe and secure environment. Staff checked the identity of visitors before letting them in. Smoke alarms were tested and evacuation drills were carried out to help ensure staff and people knew what to do in the event of a fire. People had up to date personal evacuation plans and risk assessments which detailed how staff needed to support individuals in the event of a fire to help keep people safe.

The provider had safeguarding policies and procedures in place. Information displayed provided staff with contact details for reporting any issues of concern. Staff said they received updated safeguarding training and were fully aware of what steps they would take if they suspected abuse. Staff were confident that any reported concerns would be taken seriously and investigated.

People's finances were kept safe. People had appointees to manage their money where needed, including family members and financial advocates.

The home had safe recruitment processes in place. Required checks had been conducted prior to staff starting work at the home. For example, disclosure and barring service checks had been made to help ensure staff were safe to work with vulnerable adults.

Accidents and incidents were recorded and analysed to identify what had happened and actions the staff could take in the future to reduce the risk of reoccurrences. This showed us that learning from such incidents took place and appropriate changes were made. The area manager discussed concerns with other agencies, for example the local authority safeguarding team, of incidents and significant events as they occurred. Staff received training and information on how to ensure people were safe and protected.

Risks were identified and steps taken to mitigate their impact on people. For example, the service liaised with specialists to support people who displayed behaviour that could challenge others. Staff told us they managed each person's behaviour differently and this was recorded into individual support plans and included clear guidelines on managing people's behaviour. The area manager kept relevant agencies informed of incidents and significant events as they occurred. For example, if people had an episode of behaviour that challenged the staff, this was discussed with the appropriate service to help keep people safe. A relative confirmed that the service managed their loved ones care very well and fully understood their behavioural needs.

People identified as being at risk inside the service or when they went out outside had clear risk assessments in place. For example, where people may place themselves and others at risk, there were clear guidelines in place for managing these.

People's medicines were managed safely and people had risk assessments and clear protocols in place for the administration of medicines. Medicines administration records (MARS) had been fully signed and updated. Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff were appropriately trained and confirmed they understood the importance of the safe administration and management of medicines. Each person had a medicine profile in place, this documented current prescribed medicines. However these were out of date and held incorrect information which could lead to confusion. Immediate action was taken to update the records during our inspection The details on one person's MARS did not make it clear what time they should have received their medicine. Staff were also not aware of the correct routine and process. The area manager said they would talk to staff to ensure all staff were aware.

Good

Is the service effective?

Our findings

People received care from staff that had the knowledge and skills to carry out their roles and responsibilities effectively. A relative said they were impressed with the training provided to the staff. Staff completed an induction programme that included shadowing experienced staff until both parties felt confident they could carry out their role competently. The area manager confirmed new staff complete the Care Certificate (a nationally recognised training course for staff new to care) as part of their training. The area manager informed us staff received appropriate ongoing training, for example autism. This helped ensure staff had the right skills and knowledge to effectively meet people's needs. Ongoing training was planned to support staffs continued learning and was updated regularly. However, some staff said some of their training was out of date. They felt this was due to staffing shortages. The area manager agreed this was the case with staff training and would speak to the training department to resolve the issue.

Staff received supervision with the area manager. Team meetings were held to provide the staff the opportunity to highlight areas where support was needed and encourage ideas on how the service could improve. Staff confirmed they had opportunities to discuss any issues during their one to one supervision, appraisals and at staff meetings.

People lived in a home that was regularly updated and maintained. The area manager talked through planned upgrades in the home to ensure people lived in a suitable environment, for example new doors and windows. Staff confirmed the upgrades to the service were suitable for the people who lived there and any adaptations needed would be carried out. A relative confirmed their relative's room had been recently redecorated and upgraded.

Staff sought people's consent before providing care. Staff knew when to involve others who had the legal responsibility to make decisions on people's behalf. Staff said they gave people time and encouraged them to make simple day to day decisions. For example, what activities they wished to partake in. People spent time with staff in shared areas such as the lounge and were encouraged to make choices. We observed staff offering a person a choice of drink and their preferences were respected.

The area manager and staff understood the principles of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS) and how to apply these in practice. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty and there is no other way to help ensure that people are safe.

The area manager confirmed they continually reviewed individuals to determine if a DoLS application was required. The area manager informed us two people were subject to a DoLS authorisation and two people's application was waiting approval. Staff were aware of people's legal status and when to involve others who had the legal responsibility to make decisions on people's behalf. The area manager said when it came to

more complex decisions such as people leaving the premises without staff supporting them; they understood other professionals and appointees needed to be consulted. This ensured they were acting in people's best interest and ensuring their safe care. This helped to ensure actions were carried out in line with legislation.

Care records showed if people had restraint guidelines in place, records showed these had been reviewed regularly by a qualified manager and managers had received input from the local safeguarding team, to ensure correct process where followed. This included best interest discussions.

Staff received a handover when coming on shift and said they had time to read people's individual records to keep them up to date. Care records recorded updated information to help ensure staff provided effective support to people. Staff confirmed discussions were held about the changes in people's health needs as well as any important information in relation to medicines or appointments.

People had access to healthcare services when required. People's well-being in relation to their health care needs was clearly documented. People had guidelines in place to help ensure their specific health and care needs were met in a way they wanted and needed. People had health action plans and hospital passports detailing their past and current health needs, as well as details of health services currently being provided. Health action plans helped to ensure people did not miss appointments and recorded outcomes of regular health check-ups. Hospital passports ensured people received continuity of care and helped other hospital staff to understand the person and meet their needs.

People's individual nutritional and hydration needs were met. Staff demonstrated they knew how people communicated and encouraged food choice when possible, including using pictures of foods. One relative said how their relative had been encouraged to help make their own drinks. Care records recorded what food people disliked or enjoyed and listed what the staff could do to help each person maintain a healthy balanced diet.

People who required it had the malnutrition universal screening tool (MUST) in place to help identify if a person was at risk of malnutrition. People identified at risk of malnutrition had their weight monitored, and food and fluid charts were completed. Care records listed what the staff could do to help each person maintain a healthy balanced diet. People had access to drinks and snacks 24 hours a day. This helped to ensure people remained hydrated and received adequate nutrition.

Good

Is the service caring?

Our findings

People were supported by staff who were kind and caring and we observed staff treated people with patience and compassion. The interactions we observed between people and staff were very positive. Staff informed people prior to supporting them, and ensured the person concerned understood and felt cared for. A relative said the staff were very caring.

Staff interacted with people in a caring way, for example, if people became distressed, staff were observed to respond quickly to reassure people.

People's needs in relation to their behaviour were clearly understood by the staff team and met in a positive way. For example, one person became anxious during our visit. Staff distracted them by involving them in a task they enjoyed. This provided reassurance to this person and reduced their anxiety.

People were supported by staff who had the skills and knowledgeable to care for them. Staff understood how to meet people's individual needs. Staff knew people's particular ways of communicating and supported us when meeting and talking with people. This showed us the staff knew people well. Staff understood how to meet people's needs and knew about people's lifestyle choices to promote independence. Staff involved people and knew what people liked, disliked and what activities they enjoyed. People were allocated a key staff member to help develop positive relationships. This worker was responsible for ensuring the person's support plan was kept up to date and reflective of their individual needs.

People were supported to express their views and be actively involved in making decisions about their care and support when possible. People were provided with one to one support and two to one support when accessing the community to enable them to receive quality time from any activities undertaken. People had specific routines and care was personalised and reflected people's wishes. For example, each person had a routine in place to help reassure them. This enabled staff to assist the person and care for them how they wished to be cared for. Staff were also aware due to people's changing needs these routines needed to be reviewed regularly.
People were not all able to express their views verbally. However staff encouraged people to be as independent as possible. People had access to individual support and advocacy services, for example Independent Mental Capacity Assessors (IMCA). This helped ensure the views and needs of the person concerned were documented and taken into account when care was planned.

People had their privacy and dignity maintained while staff supported them with their personal care needs. Each person had separate accommodation with their own bedroom, lounge and en-suite bathroom facilities, all of which helped to maximised people's privacy. We observed people closing flat doors to carry out any tasks.

Respecting people's dignity, choice and privacy was part of the home's philosophy of care. People were dressed to their liking and the staff told us they always made sure people were smartly dressed if they were

going out. Staff spoke to people respectfully and in ways they would like to be spoken to. We observed staff knocking on people's individual accommodation to gain entry and people were always involved and asked if they were happy we visited them and met them.

Good

Is the service responsive?

Our findings

People were not fully able to be involved with planning and reviewing their own care and making decisions about how they liked their needs met. Guidelines were in place to help staff ensure any behavioural needs were responded to. Guidelines included information on triggers to behaviour, behaviours displayed and response. This helped staff respond to people's behavioural needs in situations where they may require additional support by showing staff the approach and response required to assist people. Staff knew when people were upset or becoming anxious and staff followed written guidance to support people. This response helped people to avoid becoming anxious.

A relative told us how the service had responded to their relative needs. This included arranging suitable activities, and supporting them by providing staff to enable them to go on holiday with their relative. They expressed, how their relative is doing things they'd never thought they'd do, for example going to the pub for a drink.

Guidelines were in place for people in their daily lives. People had information that told a brief story about the person's life, their interests and how they chose and preferred to be supported. This information helped staff in understanding and responding to people in the way they liked to be supported. Staff confirmed plans had been drawn up with staff who worked with the person who knew them well. Regular reviews were carried out on support plans and behavioural guidance to help ensure staff had the most recent updated information to support people.

People were supported to develop and maintain relationships with people that mattered to them. For example, people went out with family members regularly. One relative confirmed they visited several times a week.

People's social history was recorded. This provided staff with guidance as to what people liked and what interested them. People led active social lives and participated in activities that were individual to their needs. We heard people planning to go to the shops during our visit and another person had been kayaking the previous day. Guidelines were in place to assist staff in responding to people's needs in different situations for example when travelling and people's involvement in different activities.

People were encouraged and supported to maintain links within the local area to ensure they were not socially isolated or restricted due to their individual needs. For example, people visited local shops. Staff were knowledgeable about how they supported people to access a wide range of activities. Staff confirmed they researched new activities to ensure they were suitable.

The complaints procedure was available in a picture format so people could understand it. A relative confirmed any issues raised were always dealt with. The area manager understood the actions they would need to take to resolve any issues raised. Staff told us that due to people's limited communication the staff worked closely with people and monitored any changes in behaviour. Staff confirmed any concerns they had were communicated to the area manager and were dealt with and actioned without delay. One relative

said that if they raised any issues they were dealt with straight away.

Good

Is the service well-led?

Our findings

The Firs and Havencare, the company that own the service, was well led and managed effectively. The service and company had clear values including, "Transparency, Engagement and Quality." Their mission included; "Supporting individual journeys through an outcomes focused pathway that empowers the person to realise their potential, make choices and direct their own life." This demonstrated the service had clear values in place on how people's needs should be met and respected.

People were provided with information and were involved in the running of the home as much as possible. The area manager said they encouraged the staff to talk to, listen and observe if people had concerns. A range of communication aids were used to support people to be able to provide feedback about the service.

The area manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The area manager, who is overseeing the service, took an active role within the running of the home and had good knowledge of the people and the staff. There were clear lines of responsibility and accountability within the management structure of the company. The area manager demonstrated they knew the details of the care provided to the people which showed they had regular contact with the people who used the service and the staff.

Staff spoke well of the support they received from the area manager. Staff said the area manager was available and was approachable. Staff confirmed they were able to raise concerns and told us any concerns raised were dealt with immediately. Staff had a good understanding of their roles and responsibilities and explained how the area manager worked alongside them. Staff said there was good communication within the staff team and they all worked well together.

Staff were motivated and hardworking. They shared the philosophy of the management team. Shift handovers, supervision, appraisals and meetings were seen as an opportunity to look at current practice. This also provided an opportunity for staff to make comments on how the service was run. Staff were also updated on any new issues and gave them the opportunity to discuss current practice. Staff confirmed they were encouraged and supported to participate in looking at ways to improve the service. Information was used to support learning and improve the quality of the service. The home had a whistle-blowers policy to support staff. Staff felt comfortable in using the whistle-blowers policy if required.

There was a quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures, for example audits on care plans. A senior manager of the company carried out monthly site visits on behalf of the provider to audit the premises, records and observe if people were well. The area manager sought verbal feedback regularly from visitors to the service. Annual audits and maintenance checks were completed which related to health and safety, the equipment and the home's maintenance such as the fire alarms and electrical tests.

Systems were in place to help ensure reports of incidents, safeguarding concerns and complaints were overseen by the area manager or the company's senior management. This helped to ensure appropriate action had been taken and learning considered for future practice. We saw incident forms were detailed and encouraged staff to reflect on their practice.

The area manager knew how to notify the Care Quality Commission (CQC) of any significant events which occurred in line with their legal obligations. The area manager kept relevant agencies informed of incidents and significant events as they occurred. This demonstrated openness and transparency and they sought additional support if needed to help reduce the likelihood of recurrence.