

Miss Y Wakefield

High Lea House

Inspection report

High Lea House
Lanforda Rise
Oswestry
Shropshire
SY11 1SY
Tel: 01691 654090
Website:

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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

The inspection was carried out on 18 August 2015 and was unannounced.

High Lea House, Oswestry is registered to provide accommodation with personal care for up to 29 older people. There were 21 people living at the home on the day of the inspection.

There was a registered manager in post who was present during our 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 2008 and associated Regulations about how the service is run.

The home was last inspected on the 14 October 2013 and was found to meet the regulations. At this inspection we found that they continued to meet the requirements of the regulations.

People felt safe and there were enough staff to meet their needs. Staff had received training on how to keep people

Summary of findings

safe, they knew how to identify signs of abuse and who to report any concerns to. Staff had access to detailed care plans and risk assessments and were aware of how to protect people from harm. Risks were managed appropriately promoting people's choice and independence.

Staff knew how to deal with accidents or incidents and these were overseen by the registered manager who took appropriate action to reduce the risk of reoccurrence. Checks had been made to ensure new staff were suitable to work with people living at the home before they started work there.

People received their medicines safely and when they needed them. The provider had systems in place to ensure ongoing safe management of medication. People had access to health care professional as and when they required.

People's nutritional health needs had been assessed and they were given a choice of what they would like to eat and drink. People told us they enjoyed the food and we observed they were given support where required.

People told us that staff were kind and caring and there was always someone around to help them. People were treated people with dignity and respect and their independence was promoted. Relatives found staff friendly and approachable and felt that was nice atmosphere at the home

Staff sought people's consent before they supported them and encouraged people to make decisions for themselves. Staff knew people well and were aware of their needs, preferences, likes and dislikes. People were able to choose how they spent their time and staff respected their choice. People told us they got the chance to go out on occasional trips and that they enjoyed these events.

People and their relatives had not found reason to complain but were confident to speak with staff and management if they had any concerns or complaints.

The register manager had systems in place to gather feedback and monitor the quality of care provided.

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

People felt safe because they knew there was always enough staff around to help them. Staff were aware how to protect people from harm and abuse. People's received their medicine when they needed to promote their health and wellbeing

Good



Is the service effective?

The service was effective

People were supported by staff who had received training to enable them to meet their needs. People enjoyed the food and had a choice of what they would like to eat and drink. People had access to health care professionals when they needed and were supported to make their own decisions about their care and treatment.

Good



Is the service caring?

The service was caring

People were treated with dignity and respect and that staff promoted their independence. People were involved in making decisions and planning their own care. Staff offered people choice and respected their decisions

Good



Is the service responsive?

The service was responsive

People received care and support as they needed and were able to spend their time as they wished. People and their relatives felt confident to speak to staff or management if they had any concerns or complaints. The provider had systems in place for managing and responding to complaints

Good



Is the service well-led?

The service was well-led

People and their relatives felt that the registered manager was approachable and that there was a really nice atmosphere at the home.

Staff felt that they had good support and were listened to by the registered manager. There were clear systems in place to monitor and develop the quality of the service.

Good



High Lea 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 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 18 August 2015 and was unannounced.

The inspection was carried out by two inspectors.

As part of the inspection we reviewed the information we held about the service, such as statutory notifications we

had received from the provider. Statutory notifications are about important events which the provider is required to send us by law. We asked the local authority and Healthwatch if they had information to share about the service provided. We used this information to plan the inspection.

We spoke with six people who lived at the home. We spoke with five staff including the registered manager, senior care workers, care workers and the cook. We spoke with four relatives and one visiting health care professional. We viewed the care records of six people in regard to assessment of needs, risks, their medicine and daily records. We also viewed records relating to the management of the home and observed interactions between people and staff.

Is the service safe?

Our findings

People told us they felt safe living at the home. One person said “I feel safe because there is always someone around to help us”. Another person told us about a time they were anxious during the night and that they had rang their call bell to get the attention of staff who came to them straight away. People told us they would tell staff if they had any worries and concerns. We observed that the registered manager had discussed abuse at a resident meeting and had encouraged people to tell staff if they had any concerns. Staff told us they had received training and were able to tell us what they would do if they witnessed or became aware of any abuse.

There were clear systems in place to report accident and incidents. The registered manager told us they viewed all forms and took necessary action to prevent reoccurrence. We saw that one person who had suffered frequent falls had been referred to the falls clinic and physiotherapy to help reduce the risks of further falls and harm.

People told us they felt there was always enough staff to help them. One person said “I don’t have to wait for them to come to see to me”. A relative told us that staff were busy at times, but they had never seen staff rush anyone or leave anyone waiting for help. Staff we spoke with told us they felt that there was sufficient staff to meet the needs of the people living at the home. The registered manager told us they did not use agency staff as current staff worked part time and covered for each other. We saw that checks with

the Disclosure and Barring Service (DBS) and previous employers were completed on new staff prior to them starting work at the home to ensure they were suitable to work with the people.

We found that risk assessments were tailored to people’s individual needs and promoted people’s independence. One person told us they went out for walks independently in the local area several times a day which evidenced positive risk taking. Staff told us they had read people’s risk assessments and were able to tell us how they promoted people’s independence and safety. We observed that risks to people’s safety and wellbeing were actively monitored and accurately recorded by staff. We saw staff walking with people who had mobility needs providing reassurance and guidance in order to promote independence and reduce the risk of falls and injury. The registered manager was responsible for the completing and reviewing risk assessments and told us they obtained information from people and staff to enable them to reflect the person needs and risks.

People received their medicines safely and accurate records of medicines were maintained. We observed staff clearly explaining to one person how to take their medication. We observed that medicines were stored appropriately and that the registered manager completed regular audits. Staff told us they had received medication training from the pharmacists and some had also undertaken college courses on the safe administration of medication. Staff were able to tell us what they would do if there had been a medication error.

Is the service effective?

Our findings

People told us that staff knew them well and had the skills and knowledge to meet their needs. Staff were able to tell us people's individual needs and the support that they required. Staff told us that they had received training which enabled them to meet the needs of people living at the home. Staff said they felt well supported by management, they had access to supervision and the registered manager was accessible on a daily basis if they needed support. The registered manager confirmed that they worked alongside staff on various shifts and were readily available to all staff.

People told us that they were given choice and that staff always asked for their permission before they supported them. Staff we spoke with had a clear understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. They referred to people's human rights and their freedom of choice. One staff said "I would not dream of stopping someone doing something if they understood the risks involved". Staff told us they always sought people's consent before they helped them and asked them what support they wanted. They were also able to tell us what they would do if people were unable to give their consent and told us they would not force anyone to do something they did not want to. We observed that staff offered people choices about how they wished to spend their time and gained their consent before supporting them.

People told us they enjoyed the food, one person said it was "Smashing". Another person said "If you ever get the chance to have food here take it, it is lovely food". One relative told us the food was lovely. At mealtimes people were offered a choice, staff checked to see if they were happy with their meals and if they wanted more. One person told us they did not like to eat much and we saw that staff served them a smaller portion. Meals were served at a relaxed pace and in a sociable manner, people talked and laughed with each other and with staff. Staff provided support where needed in a discreet and dignified way. We observed people's care records and found that their nutritional needs and weight had been assessed and regularly reviewed to reduce the risk of further deterioration.

People told us they could see health care professionals when they needed to. We observed that staff continually monitored and reviewed people's health and liaised with people's doctors where required. We found that staff had contacted the doctor about medicines two people were taking as they were having a negative impact on their wellbeing. The doctor reviewed the medication and provided alternatives which improved their abilities. The registered manager told us that a doctor had been in to visit people recently and had completed medication reviews. We spoke with a visiting health care professional who told us that they found staff helpful and they kept them informed of any changes in people's health needs.

Is the service caring?

Our findings

People and their relatives told us that staff were kind and caring. One person said “They [staff] are all lovely, all of them”. Another person said “If I get stuck there is always someone there to help me out”. One relative told us they found the home was “Very good, very comfortable and caring”. We spoke with a visiting health care professional who told us that they found staff caring and friendly. We saw that staff spoke to people with kindness and compassion. We observed friendly chats and laughter between people and staff throughout the day.

People told us that staff were polite and showed them respect. We observed that staff spoke to people in a respectful manner and addressed them by their preferred name. People’s privacy and dignity was respected by staff. Visitors told us they were able to meet with their relatives in private if they wished. Staff told us they respected people’s dignity by knocking on people’s bedroom doors before entering, by giving people choice and promoting their independence. They told us most people were fairly independent and therefore they gave them prompts rather than doing things for them in order to maintain their independence. Staff noticed that one person had stopped eating their lunch, we observed that staff discreetly offered them support to cut up their food. The person was able to continue to eat their meal independently.

People told us they were involved in decisions about their care. They told us that staff were always about if they

wanted anything and would ask them if they wanted or needed any help. Staff told us that it was important to give people choice about what they wanted to do and what help they needed. People cared about their appearance and staff helped them to dress as they wished. We saw that staff supported people with patience and understanding. We observed staff supporting a person to get up from their wheelchair to sit in their chair. The person struggled a little, the staff remained calm and reassured the person, they told them to take a rest before they tried again and then encouraged and guided them to their chair step by step. We saw that staff had access to individualised care plans and ‘life about me’ documents that captured what was important to people, their preferences, likes and dislikes. People had been supported to express their wishes in relation to end of life care and recorded their wishes in respect of Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR). One doctor had been and completed DNACPR orders with people registered with them and the registered manager was in the process of arranging visits by the other doctors that supported the home.

Staff told us they enjoyed working at the home as they found it warm and friendly. Staff spoke about people in a caring manner one staff said “They are all lovely”. Staff told us how much people enjoyed trips out from the home and how people would talk about the trips for days afterwards. One staff said “It’s the little things that make people feel happy”.

Is the service responsive?

Our findings

People told us staff knew them well and were always around to help them if they needed. One person said the staff were “marvellous”. Another person told us how they were involved in their care. One relative said “They are well looked after here”, they proceeded to tell us that staff kept them informed if there were any changes in the person’s health. We saw that staff knew people well and had a good understanding of their needs, wishes and preferences. Staff were able to tell us about people’s individual needs, how they liked things done and what their interests were. They told us they were involved in monitoring and reviewing people’s care and reported any change in people’s needs and abilities to the registered manager. The registered manager and staff told us people’s needs were discussed during shift handover meetings in order to share information about any changes.

People told us they were free to choose how they wished to spend their time. One person said “We all mix together and find it better than sitting and watching each other”. People told us they sometimes went out on trips, such as a barge rides and visits to local attractions. They expressed their enjoyment of these events and reminisced as they showed us some pictures of their trips. People chatted with each other, took part in various activities such as playing dominoes, listening to music and sitting out in the garden. We saw that there were raised flower beds which people had helped to plant. Staff told us they always asked people

what they would like to do and we saw that they offered people choices. They acknowledged that everyone was different and had different levels of ability. We observed staff asking one person where they would like to sit and if they would like some music on. They proceeded to check whether the music was loud enough and ensured that the person was happy.

Staff told us that people had access to many activities arranged by the home. For example the ‘Pat a dog’ service and children from the local schools visited each week. There were also entertainers that visited each month who played the keyboard and accordion. People were able to follow their faith and were visited by people from their place of worship on a monthly basis. We saw an activities book which showed what activities had been arranged and who took part. We saw that activities were regularly discussed at meetings held with people living at the home and that the registered manager had taken responsive action.

People and their relatives told us they were happy with the service and had no cause to complain. They were happy to speak to staff or management if they had any concerns. Staff we spoke with had a good understanding of the complaints process and who they should refer a complaint to. The provider had systems in place for handling and learning from complaints. We saw that the registered manager had recently investigated a complaint and had taken steps to prevent the situation arising again.

Is the service well-led?

Our findings

People told us that they could talk to the registered manager anytime. One person said “You would never get a nicer person”. Another person told us that they found them very helpful. This was a view shared by people’s relatives who we spoke with. They found that the registered manager and staff were very approachable. One relative said “There is a nice atmosphere here everyone is very friendly”. Another relative told us that they could not fault staff and they were all very approachable. We spoke with staff who told us that they found the registered manager supportive and approachable, they had access to supervision and could talk to them on a daily basis. The registered manager held various staff group and team meetings, minutes of discussions and actions were recorded. One staff told us they would speak to the registered manager if they had any concerns or worries and had found they would listen and would sort things out.

People were positive about the home and the quality of support they received. One person said “You won’t get a better place than this”. One relative told us that the home had a very sensible admission policy in that they did not admit anyone who would not fit in with the needs of people already living at the home. This was confirmed by the registered manager who told us that their focus was maintaining good quality care for people already living at the home. They said that they would rather have beds empty than accept admissions that would compromise their care and support. One staff told us they believed that everything they did was based around the wellbeing of the

people who lived at the home. The registered manager told us they worked various shifts including evening and weekend and were able to monitor staff practice and competence on an ongoing basis.

We observed that the registered manager had systems in place to gain people’s views on the service provided. People had completed quality questionnaires and in the main had given positive feedback. Where people had expressed reservations about parts of the service, the registered manager had investigated their concerns and found resolutions. Regular meetings were held with people living at the home to gain their view on the running of the service. The minutes recorded discussion on topics such as activities and menu planning. People had recently enjoyed a trip out to a local attraction following a suggestion made by a person at one of the meetings.

The registered manager told us they completed a range of checks and audits to ensure the safe running of the home. These included medicine audits and ongoing staff competency audits in relation to administration of medicines. We observed that care records were regularly reviewed and that equipment was regularly serviced and maintained. The staff completed weekly fire safety checks and external fire safety checks had been also been completed.

The registered manager was aware of their responsibility to report important events to us and had submitted statutory notifications as required. They had clear lines of accountability and staff were aware of their roles and responsibilities.