Hightown Housing Association Limited

4 Old Barn Close

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

This unannounced inspection took place on the 16 and 17 May 2016. 4 Old Barn Close is registered to provide accommodation for up to four adults with learning disabilities who may also live with autism.

There was a registered manager in place, who over saw the management of two homes including 4 Old Barn close. An assistant manager oversaw the running of 4 Old Barn Close on a daily basis with the support of the registered manager.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

One person and the relatives of the people living in the home told us they felt the home was safe. Staffing levels were organised to cover 24 hour care. The highest number of staff were found during the day, this enabled people to access the community with appropriate support.

We looked at the recruitment of staff to ensure appropriate checks were completed. Whilst most checks had been completed we found gaps in candidate's employment histories had not been checked. We were advised by a senior manager after the inspection that this had been addressed and additional checks were now being made to ensure full histories were investigated.

Medicines were stored securely and administered appropriately. Risks to the care being provided had been assessed and strategies had been put in place to manage the risks. Care plans detailed how care should be provided in line with people's preferences and wishes. Where people required additional support with maintaining their health, health professionals such as dietitians and GPs were referred to.

Staff knew how to identify and report concerns of abuse. Safety checks were carried out on the building and equipment to ensure the home was safe for people to live and work in.

Training was provided to staff so they had the skills and knowledge to meet people's needs. Staff were described as caring by relatives and we observed good positive interactions with people living in the home. Staff showed people respect by referring to them by their names and by appreciating and respecting when they wanted time alone or required attention. They were courteous to people when asking people's permission before carrying out a task and telling people what they were doing before carrying out care. Staff knew how to protect people's dignity and during our observations we saw them put this into practice, by knocking on people's doors and asking permission before entering.

People's care was reviewed regularly, and their relatives were invited to participate in the care review. Where people lacked the capacity to make decisions for themselves, a decision making process was followed to

ensure any decisions made were in their best interest by people who knew them well. Where appropriate Deprivation of Liberty (DoLS) had been authorised by the local authority.

Activities were provided both in the home and in the local community, this protected people from social isolation.

Staff and relatives spoke positively about the management of the home. Staff praised their supportive management style. Relatives told us how they felt supported by the management and the staff, and how they felt listened to. They were kept informed of any incidents or events that occurred in the home.

The atmosphere in the home was friendly and relaxed. The assistant manager was viewed by staff as a role model. We found all the staff and management in the home to be considerate, professional and sensitive to the needs of the people living there.

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.

Medicines were stored and administered in a safe way.

Risk assessments had been documented to ensure risks to people and staff were minimised where possible.

Staff knew how to identify and report abuse, because they had been trained. This minimised the risk of abuse going unreported.

Is the service effective?

Good

The service was effective.

Staff received training in how to care for people in a caring and respectful way.

Records indicated staff received support from the registered or assistant manager through regular supervision and appraisals. This helped to improve the way care was provided to people.

Is the service caring?

Good

The service was caring.

We received positive comments about the caring nature of the staff. We confirmed this through our own observations.

Staff knew how to protect people's dignity and privacy and demonstrated this throughout our visit.

Is the service responsive?

Good

The service was responsive.

Relatives of people living in the home told us they could speak to the staff at any time. Staff were honest and open with them about the welfare of the people living in the home.

People participated in activities both in the home and in the

wider community. This encouraged inclusion and protected people from social isolation.

Is the service well-led?

Good

The service was well led.

Both the registered manager and the assistant manager encouraged an honest and open approach. This reassured staff to feedback any ideas or comments they had about how the service could be improved.

Audits were completed to ensure the quality of the service met with expectations. This helped to drive forward improvements for people.

4 Old Barn Close

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 unannounced inspection took place on the 16 and 17 May 2016. The inspection was carried out by an inspector. Prior to the inspection we reviewed the information we held about the service, this included previous inspection reports and notifications we had received from the provider. Notifications are changes or events that occur at the service which the provider has a legal duty to inform us about. 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 used the information on the PIR to inform our inspection.

During the inspection we spoke with six staff including the registered manager, the assistant manager, support staff including one bank staff member and one agency staff member. We spoke with one person who lived in the home. We were not able to speak with the other the people who lived in the home due to communication difficulties. We spoke with three relatives. We carried out observations of care and reviewed documents associated to four people's care and their medicines. We reviewed records related the employment of three staff and audits connected to the running of the home.

Good

Is the service safe?

Our findings

One person and three relatives told us they felt the home was a safe place for people to live. A person told us this was because staff were always there to help them. One relative told us this was because the staff always demonstrated genuine concern for the welfare of the people living in the home. If staff had any concerns they telephoned people's relatives to discuss with them what action they planned to or had taken to ensure the safety and welfare of the person. A further relative told us "The staff are vigilant." They described how a mattress sensory alerted staff if a person had an epileptic seizure during the night, so they received immediate care from staff.

We looked at the records related to the recruitment of staff. We found most of the necessary checks had been completed prior to staff's employment. For example, references from previous employers and Disclosure and Barring Service (DBS) checks had been obtained. However, we found gaps in the previous employment histories of candidates had not always been accounted for or documented. This placed people at risk of harm. Following the inspection we spoke on the telephone to the Care and Supported Housing Contracts Manager. They informed us this issue had already been addressed by the provider. They sent us copies of a new form that had been introduced to record investigations into gaps in candidate's previous employment histories which had already started to be used by the provider.

Staffing was organised over four shifts, an early, middle, late and night shift. Each shift was made up of two staff, with one staff awake during the night. The hours staff worked overlapped to enable an increased number of staff during the day. During our visit we observed there were sufficient numbers of staff to meet people's needs. Staff told us they felt there were enough staff. One staff member commented if there were more staff between 9am and 3pm they would be able to support people with more activities. One relative told us they had visited and had found on some occasions people weren't able to attend activities outside of the home because of staff shortages. The provider used bank staff and agency staff to fill staff absences or vacancies. During our visit and from records, we could see people did get the opportunity to participate in activities outside of the home.

We reviewed the storage and administration of medicines in the home. People's medicines were stored in locked cupboards. Up to date medication administration records, showed staff had signed when medicines had been given to people.

Protocols for the administration of 'as required' medicines were available. These protocols provided guidance as to when it was appropriate to administer an 'as required' medicine and ensured that people received their medicines in a consistent manner. The protocols described how a person may demonstrate their requirement for the medicine, so that staff knew when it was appropriate to administer it. As the medicines were being administered to people who may not be able to verbally request the medicine this was important information. Audits of medicines were completed regularly to ensure the correct amount of medicines were being administered to people. Staff received training in how to administer medicines and carry out safe recording practices.

Documents showed risks to people's health and welfare had been assessed and risk assessments had been completed. Care plans informed staff how to reduce the risk of injury to themselves and to people, for example, how to support people when out in the community. These were reviewed frequently and kept up to date. Staff told us care plans reflected people's changing needs and included information on any special requirements people needed. Staff adhered to speech and language therapy guidance and a dietitian's advice when preparing food and drinks. For one person food was prepared in such a way as to ensure their weight was maintained.

Staff told us they were kept informed of any changes to people's immediate care needs during the shift handover where a verbal handover was received. Other information was documented in the communication book, which staff read when they came on shift. This was to ensure care was appropriate and safe. Daily records were also completed, these described how the person had been during the day and night, and how they had spent their time. Any concerns were also recorded. Staff told us they could read the records at any time to ensure they were kept up to date with any changes in people's needs.

Staff knew how to identify and report concerns related to possible abuse. The home had a safeguarding adult's policy and procedure. This guided staff on how to respond to concerns of abuse. All staff had received training in how to protect people from abuse. Written guidance was also available to staff in the office on how and who to report concerns to in the local authority. All staff had received up to date training in how to respond to concerns about abuse.

Safety checks were undertaken to ensure the safety of the building and the equipment, this included maintenance and checks of the water supply to prevent legionella and the fire equipment and alarm systems. Documents demonstrated regular fire drills were carried out at the premises.

Good

Is the service effective?

Our findings

Relatives told us they thought the staff were knowledgeable about their roles. We were told by the registered manager when new staff began work for the service they received induction training in the areas deemed mandatory by the provider. These included first aid, medication, and manual handling amongst others. Documents showed most staff had completed the necessary training, although some staff needed to attend refresher training in some areas. The registered manager told us some dates had been arranged for staff to complete this. New staff were expected to complete the Care Certificate. This provided staff with the necessary knowledge and skills to work in the care sector. Additional training in areas such as diabetes, epilepsy and working with people whose behaviour may be challenging were offered to staff. This ensured the staff had the necessary skills to ensure people's needs were met.

Records indicated staff received support from the registered or assistant manager through regular supervision and appraisals. Documents showed this allowed both parties the opportunity to reflect on the performance of the staff member and where appropriate to develop plans for improvement. Staff told us they felt supported and any feedback they received was constructive. It also allowed staff to raise concerns or questions and to suggest improvements in how care could be delivered. A staff member commented "There is not just formal supervision but informal supervision." They told us how the assistant manager was "diplomatic" in how they approached staff and guided them to improve on their practice. They said they felt supported by the management and the provider. This assisted them to do carry out their role to the best of their ability.

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 are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Applications for DoLS had been made for each person living in the home. This was because their needs required staff to put restraints in place to keep them safe. We saw clear documentation in people's files recorded how staff had discussed with people's representatives and professionals involved in their care to reach a best interest decision. This ensured that any restriction that was imposed on a person was in their best interest. The conditions of the DoLS were being met at the time of our inspection. All staff had received or were booked on training in how the MCA and DoLS applied to the care they provided to people.

People were supported with their hydration and nutritional needs. Where people required support with eating or drinking this was provided by staff. We observed how people were supported with their lunch. Food was prepared in line with people's care plans. For example, where people required special aids such as

plate guards these were supplied. Where people had difficulties with food and drink, specialist advice was sought and their advice was being followed. People's weight was monitored to ensure they remained healthy. Menus were designed with people's likes and dislikes in mind.

People were assisted to access the healthcare support they needed when they required it. A range of professionals were involved in assessing, planning, implementing and evaluating people's care and treatment. Documents showed the home liaised with external professionals including the GP, dental practices and psychiatrists.

Good

Is the service caring?

Our findings

One person living in the home and relatives spoke positively about the caring nature of the staff. The person said "They are nice staff here." Relative's comments included "The staff are excellent." "They (staff) are 100% caring." "It is the next best thing to a happy home life, I can visit unannounced…It is in a lovely spot, it has nice big rooms, lovely staff and is the next best thing to being at home."

We understood that not all the people living in the home could communicate with us verbally. Care plans addressed how staff could interpret people's communication through reading their body language and facial expressions. They also gave guidance to staff on how they should communicate with each person. For example, one care plan advised staff to use familiar words when communicating with the person. Some of the staff had worked in the home for many years and knew the people living there very well. They were able to share this insight with newer staff. This along with the care plans helped provide a consistent approach to care.

From our observations we saw staff interacted with people in a positive and sensitive way. Staff clearly knew about the needs of people and treated people with compassion. When a person's behaviour became slightly challenging, staff responded quickly and kindly. They distracted the person and gave the person what they wanted. There was a good rapport between staff and people, who appeared relaxed in the company of staff. Staff knew the importance of encouraging people to be as independent as possible. A staff member told us how they involved people in the different aspects of their care, for example, carrying their laundry or helping to set the table. We observed staff involved people in the running of the home in simple ways, for example going shopping for food. Staff were also aware of how the house was a home to the people who lived there. One staff member told us how one person liked to lie on one of the couches. Staff avoided sitting on this couch where possible so that the person could lie down if they chose to.

We observed staff being courteous to people and asking permission or telling a person what they were going to do before doing it. People were treated with respect by staff, this was evident in the way staff addressed people by their name and their interactions were friendly and respectful.

Staff knew how to protect people's dignity and privacy. They told us they knocked on people's doors before entering, which we observed. They also said they closed curtains and doors when supporting people with their personal care. One staff member told us how they allowed people time and space to be on their own. We observed one person laying on the floor, which we were told is what they liked to do. When doing so their shirt was raised exposing part of their skin. A staff member walked into the room and discreetly rearranged their clothing for them.

Relatives were kept up to date with events in the home through regular telephone conversations with staff. Relatives also told us they visited the home regularly. During their visits they were able to observe and discuss with staff about the care provided. One relative told us, "The staff give us all the information of what goes on , they don't hold back…They are very open and tell us immediately if anything happens.." Another told us "We are kept up to date with everything, if anything goes wrong, any bruise or scratch they let me

know." Relatives praised the staff and management for their caring attitudes and complimented them to us on how they engaged with the people living in the home. They told us it was because of the staff that the home felt homely, there was a relaxed atmosphere and this meant the people living in the home appeared to be comfortable living there.

Good

Is the service responsive?

Our findings

People's care was reviewed regularly. Relatives told us they were involved in discussions about the person's care and they were consulted with where changes were required. Care plans included people's needs and how they should be met by staff, for example their nutritional needs. People's preferences, likes and dislikes were included, this enabled staff to ensure people were happy with the care being provided. Through our observations and discussions with staff they demonstrated an awareness of people's preferences, what people were able to do and what they needed support with. Risk assessments were in place to guide staff on how to minimise the risk of harm to people, these included areas such as medicines and the risk associated with epilepsy amongst others.

Because the home was small and there was frequent contact with most of the relatives of people, feedback from them was readily available. Relatives were invited to participate in the care review meeting which was held each year. They told us they felt their opinions were listened to by staff.

Each person had a link worker, it was part of their role to regularly review with the person the care they were receiving. For the person who was able to communicate verbally this had been taken a step further. The person met with their link worker and discussed items which were important to them. Both the link worker and the person made notes of the meeting. We were given permission to see the notes of the last meeting. During the meeting the person was able to discuss any problems they were having and also to set goals for themselves to achieve. A long term goal was to go on holiday abroad. Their relative told us in order to establish if the person was comfortably to fly in an aeroplane, the home had offered them the experience of going in a hot air balloon. They had done this and had thoroughly enjoyed it. The person told us they now knew they were not scared of heights. The next step was to establish if they would enjoy a flight in an aeroplane. They were discussing and planning this with their link worker. As an additional benefit it was reported that the person's literacy skills had improved. This demonstrated the person was involved in planning their care and their preferences were listened to and acted upon.

The provider had a complaints procedure, which enabled people to raise complaints or concerns. Staff knew how to respond to complaints. People and their relatives told us they had not had to make a complaint, but felt confident that if they did it would be dealt with satisfactorily. This was because they had faith in the staff and communication with both staff and the management was open and transparent.

Activities were provided to people, to keep them stimulated and occupied and to avoid social isolation. During our inspection people went for a walk in the countryside, attended a coffee morning and one person attended a day service. Staff told us about other community activities people participated in. These included meeting up with old friends at a service in a neighbouring town, during this time they could participate in aromatherapy. They also attended themed music sessions which were held every few months. Other activities included day trips to the seaside, foot spa's, listening to the radio and parties.

Good

Is the service well-led?

Our findings

Relatives told us they had been impressed by the management of the home. A relative told us since the assistant manager has been in place "He has done a great job. He has the respect of the staff, they are all great." Another one told us they believed the home was well managed because all the staff appeared to know what to do to provide good care.

Both the registered manager and the assistant manager encouraged an honest and open approach; staff confirmed this was the case. They were both accessible to staff and staff felt confident to approach them to discuss any concerns or ideas for improvement. One staff member told us "You can talk to them at any time." Staff told us they felt supported by the managers. One staff member told us there was a consistent management approach between the registered manager and the assistant manager. This helped staff to be clear about the expectations and their responsibilities. Staff told us the assistant manager worked directly with people in the home, they felt this was valuable as they (the assistant manager) experienced first-hand how care was provided. It gave them an insight into the experiences of the staff team. The assistant manager was described by one staff member as having "A real kind heart." They also felt they could learn a lot from observing how the assistant manager worked with people.

Staff told us they found the supervision and staff meetings useful. Staff were given the opportunity to discuss any concerns, to be kept up to date with any changes and they had an opportunity to discuss their training needs. Another important area for discussion was the welfare of the staff member. Staff told us how the management of the home were very supportive, how they listened to staff and acted when staff needed additional support to assist in them with their work/life balance. Minutes of staff meetings demonstrated many areas of the management of the home were discussed. This included the health and welfare of the people who lived there, maintenance of the home and staff training, amongst others. This enabled staff to contribute to how the service functioned and assisted in driving forward improvements.

Staff and relatives told us when they raised issues or had suggestions to make about how the care provided could be improved, they felt listened to by the management in the home.

A number of audits took place at the home, these included, accidents and incidents, health and safety and care plan audits amongst others. We saw further action plans were in place for areas that needed improvements as a result of the information gained during the audit.

The assistant manager drew our attention to documentation in the care plans. This was used to record behaviours people presented with which could be challenging. These were used as a reflective tool to discuss with staff on how the care being provided could be adapted or changed to support people more effectively. As a result people's behaviour had improved and with that their quality of life. They were also used to monitor people's health, and documents showed persistence on the part of the staff to ensure all medical interventions were explored to ensure people's health and wellbeing was maintained.

The provider has a legal duty to inform the CQC about changes or events that occur at the home. They do

this by sending us notifications. We had received notifications from the provider regarding changes and events at the home.