Mrs P M Eales

Mrs P M Eales t/a Just Homes - 3 New Hill

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 inspection took place on the 14 February 2017 and was unannounced.

3 New Hill is a care home which is registered to provide care (without nursing) for up to three people with a learning disability. The home is a bungalow style building situated in the village of Purley in Berkshire. It is situated near to local amenities and public transport. At the time of the inspection there were two people living in the care home. Both people needed care and support from staff at all times.

The home is required to have a 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. The manager had applied to register and was some way through the process.

The recruitment and selection process ensured people were supported by staff of good character. There was a sufficient amount of experienced and trained staff to meet people's needs safely. Staff knew how to recognise and report any concerns they had about the care and welfare of people to protect them from abuse.

People were provided with effective care from a dedicated staff team who had received support through supervision, staff meetings and training. Their care plans detailed how they wanted their needs to be met. Risk assessments identified risks associated with personal and specific behavioural and/or health related issues. They helped to promote people's independence whilst minimising the risks. Staff treated people with kindness and respect and had regular contact with people's families to make sure they were fully informed about the care and support their relative received.

The service had taken the necessary action to ensure they were working in a way which recognised and maintained people's rights. They understood the relevance of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS) and consent issues which related to the people in their care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were supported to receive the training and development they needed to care for and support people's individual needs. People received good quality care. The provider had a system to regularly assess and monitor the quality of service that people received. This was generally undertaken by other care home managers within the group using internal audits, through care reviews and by requesting feedback from people and their representatives.

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.

People who use the service were safe living there.

Staff knew how to protect people from abuse.

The provider had emergency plans in place which staff understood and could put into practice.

Staff numbers were sufficient and staff had relevant skills and experience to keep people safe.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

People's individual needs and preferences were met by staff who had received the training they needed to support people.

Staff met regularly with their line manager for support to identify their learning and development needs and to discuss any concerns.

People had their freedom and rights respected. Staff acted within the law and knew how to protect people should they be unable to make a decision independently.

People were supported to eat a healthy diet and were helped to see G.Ps and other health professionals to make sure they kept as healthy as possible.

Is the service caring?

Good

The service was caring.

Staff treated people with respect and dignity at all times and promoted their independence as much as possible.

People responded to staff in a positive manner. Staff knew

people's individual needs and preferences well.

Is the service responsive?

Good

The service was responsive.

Staff responded quickly to people's individual needs.

People's assessed needs were recorded in their care plans that provided information for staff to support people in the way they wished.

Activities within the home and community were provided for each individual and tailored to their particular needs and preferences.

There was a system to manage complaints and people were given regular opportunities to raise concerns.

Is the service well-led?

Good

The service was well-led

Staff said they found the manager open and approachable.

People could have confidence that if they indicated they had a concern or were unhappy action would be taken.

The manager had carried out formal audits to identify where improvements may be needed and had acted on these.

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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 the 14 February 2017. It was conducted by one inspector and was unannounced.

Before the inspection we looked at all the information we had collected about the service. The service had sent us notifications about injuries and safeguarding investigations. A notification is information about important events which the service is required to tell us about by law.

During our inspection we observed care and support in communal areas. We spoke with the two people who lived in the home but they were unable to provide any feedback about the care they received. We spoke on the telephone with two relatives of people who used the services. We spoke with the manager of the home and three staff. We contacted a range of health and social care professionals and received information about the home from two local authority commissioners and a health care professional.

We looked at the two people's care records and other records that were used by staff to monitor their care. In addition we looked at three staff recruitment and training files. We also looked at duty rosters, menus and records used to measure the quality of the services that included health and safety audits.

Good

Is the service safe?

Our findings

People were protected from the risks of abuse. Staff had received safeguarding training and knew how to recognise the signs of abuse and what actions to take if they felt people were at risk. Details of who to contact with safeguarding concerns were readily available in the office. Staff were aware of the organisations whistle blowing procedure and were confident to use it if the need arose. Staff were certain they would be taken seriously if they raised concerns with the management. We saw from the service's safeguarding records that any allegations/concerns were taken seriously. One relative told us, "I am very happy with [name] care. This is by far the best placement she has ever had". Another said, "[Name] safety has never been a cause for concern for me".

We looked at the recruitment records for the two most recently employed members of care staff. Robust recruitment practices helped to ensure people were supported by staff who were of appropriate character. Disclosure and Barring Service (DBS) checks were completed to ensure that prospective employees did not have a criminal conviction that prevented them from working with vulnerable adults. References from previous employers were obtained to check on behaviour and past performance in other employment. The original application forms were not available in the home as the providers practice was for them to be kept at the head office.

The staff rota had been developed to ensure there were enough staff throughout the day and night to meet people's assessed needs. During the day at least two care staff were on duty with more allocated when individual time tables required additional staff. There were currently no care staff vacancies. Any shortfalls were covered by the providers own bank staff. Staff told us that there were sufficient staff on duty to meet people's needs and to keep them safe.

Risk assessments were carried out and reviewed regularly for each person. Considerable work had been undertaken to ensure that the risk assessments were person centred and aimed to keep people safe whilst supporting them to maintain their independence as far as possible. Previously, risk assessments had been an inherent part of the care plan and not separately maintained documents. They had now been separated out from the care plans and cross referenced with relevant information contained within the individual plans of care. The guidance for staff indicated how to manage and reduce the risks associated with situations the person found difficult or distressing, whilst ensuring they participated in activities of their choice. Detailed risk assessments relating to the service and the premises including those related to fire, health and safety and use of equipment were in place.

Regular checks were carried out to test the safety of such things as water temperature, gas appliances and electrical appliances. Thermostatic control valves had been fitted to hot water outlets to reduce the risk of scalding, and radiator covers had been fitted. The fire detection system and the fire extinguishers had been tested in accordance with manufacturer's guidance and as recommended in health and safety policies. Fire drills were conducted mostly on a monthly basis. We saw that a contingency plan was in place in case of unforeseen emergencies. This document provided staff with contact details for services which might be required together with guidance on what procedures to follow if events such as adverse weather occurred.

There was a maintenance person employed by the provider who carried out routine repairs and remedial work in services across the organisation. However, where a specialist was required to monitor and maintain the safety of equipment such as electrical equipment or fire safety equipment, contractors with the required skills were employed.

People were given their medicines safely by staff who had received training and completed competency assessments in the safe management of medicines. We were told that the two staff on duty always carried out medicines administration together with one witnessing and one signing the medicines administration chart confirming that the medicine had been taken. The service used a monitored dosage system (MDS) to support people with their medicines safely. MDS meant that the pharmacy prepared each dose of medicine and sealed it into packs. The medication administration records (MARs) and stock was checked on a periodic basis by the manager. We noted that an external pharmacy audit had been undertaken in October 2016 which provided several recommendations. There was a clear action plan to address these recommendations which had been completed within the one month timescale. We also saw that the action plans contained directions for medicines administration practice which had been implemented.

Good

Is the service effective?

Our findings

People received effective care and support from staff who were well trained and supported by the manager and provider. Staff knew people well and understood their needs and preferences. They sought people's consent before they supported them and discussed activities with them in a way people could understand. One relative told us, "The home is just right for [name]. They bring her to see me in the summer and always keep me up to date with what is happening". One local authority commissioner told us, "I believe the clients are being treated exceptionally well. With regards to my client, the staffing team have had to retrain in additional skills ie; peg feeding and a very strict feeding and medication regime etc, as my client had very complex health needs." Peg feeding is way for people to receive adequate nutrition when they are unable to eat normally.

The manager and staff knew of the Care Certificate introduced in April 2015, which is a set of 15 standards that new health and social care workers need to complete during their induction period. All new staff received an induction when they began work at the service. This included time shadowing more experienced staff until individuals felt confident working without direct supervision. We were told that bank staff also received an induction into the home which included an overview of each person living there. They too spent time working alongside experienced members of staff if required to gain the knowledge needed to support people effectively.
Following induction, staff continued to receive further training in areas specific to the people they worked with, for example, gastronomy care and challenging behaviours. Training was refreshed for staff regularly and further training was available to help them progress and develop. We saw the staff training record which provided an overview of all training undertaken and when training was either booked or was overdue. We saw evidence that physical intervention training was being obtained on the advice of a psychologist which demonstrates that the service listens and acts on guidance in the best interests of the people living in the service.

Individual meetings were held between staff and their line manager on a regular basis approximately every two months. These meetings were used to discuss progress in the work of staff members; training and development opportunities and other matters relating to the provision of care for people using the service. During these meetings guidance was provided by the line manager in regard to work practices and opportunity was given to discuss any difficulties or concerns staff had. Annual appraisals were carried out to review and reflect on the previous year and discuss the future development of staff. These were scheduled to commence shortly. Staff told us that the manager was approachable and that they could always speak with her or the deputy manager to seek advice and guidance.

Staff meetings were held regularly and included a range of topics relevant to the running of the home. Staff told us they found these useful and they were provided with an opportunity to discuss peoples changing needs and suggest ideas for more effective interventions and support. The manager said that she liked to encourage discussion between staff so that they felt more involved and to avoid the meetings becoming a vehicle for information giving only. The minutes of staff meetings confirmed discussions took place regarding individuals using the service, policies and procedures and maintenance of the property. We noted

from external audit reports that staff meetings were now held monthly and were well attended.

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 the least restrictive option. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberties Safeguards (DoLS). Staff had received training in the MCA and understood the need to assess people's capacity to make decisions. Discussions with the manager and records showed that appropriate referral's for DoLS applications had been made in respect of individual's capacity to make particular decisions.

People received regular health and well-being check-ups and any necessary actions were taken to ensure people were kept as healthy as possible. People's health needs were identified and effectively assessed. Care plans included the history of people's health and current health needs. Detailed records of health and well-being appointments, health referrals and the outcomes were kept. We noted that some health and wellbeing assessments undertaken by external health and social professionals were historical. The manager explained that as part of the review of care plans historical information of importance and potentially relevant to the current time had been retained to facilitate easy access. One local authority commissioner told us, "The manager has advised of Doctor's visits and they seem to be very conscientious of residents health needs."

People were supported to make healthy living choices regarding food and drink. Their meals were freshly prepared and well-presented and snacks were available for them such as fresh fruit. Each person's preferences, likes and dislikes were recorded in their care plan. There was a weekly menu plan which provided flexibility and people were supported to be involved with choosing meals. Activities sometimes included eating out where individuals continued to make their own choices. People's weights were recorded regularly and dietician and/or speech and language input and support was requested where necessary. Staff had received safe food handling and nutritional awareness training to support people to maintain a balanced diet.

There was a refurbishment programme in place for the unoccupied bedroom. The work would not be fully completed until a new occupant had been identified who could be involved with choosing décor etc.

Good

Is the service caring?

Our findings

People living in the home were unable to provide a view about their experience of living there. We spoke with two relatives of people who expressed satisfaction with the care provided and the approach of the staff. One local authority commissioner told us, "I have noticed that the staff have gone above and beyond their duty of care to ensure that my client had a very good quality of life. There has been a lot of compassion displayed towards my client." One health care professional told us, "I am confident that the residents are always well cared for". Staff were proud of the standard of care provided and comments included, "I believe we provide a good standard of care and look after the people well". "To the best of my knowledge we all work to a high standard and work well as a team".

There was a comfortable and relaxed atmosphere as staff responded to people in a respectful manner and interpreted what people were trying to communicate. People were able to come and go as they pleased dependant on risk and with staff support. People were encouraged by staff to make decisions about everyday activities such as choosing what to eat and how to spend their time.

Policies and procedures were in place to promote people's privacy and dignity and to make sure people were at the centre of care. Staff made reference to promoting people's privacy and clearly demonstrated an in-depth knowledge of the people using the service. They knew what people's preferences were and how they liked to spend their time. Staff described the communication in the home as good. They told us they were kept fully informed and up to date with any changes in people's support requirements. This was achieved through daily handover meetings, reading the communication book and general updates through daily discussion.

People using the service had particular individual communication difficulties and specific needs, however staff ensured that they were involved in making decisions about their care as far as possible. Staff provided examples of how individuals communicated their needs and feelings. Information was provided in different formats such as pictures to help people understand such things as activities and meals. Each person had an identified member of staff who acted as their keyworker. A keyworker is a member of staff who works closely with a person, their families and other professionals involved in their care and support in order to get to know them and their needs well.

Care plans provided detailed descriptions of the people supported. There had been input from families, historical information, and contributions of the staff team who knew them well, together with the involvement of people themselves. This was a work in progress which had been pioneered by the new manager. Care plans were written and updated by members of the management team. Key workers were involved in preparing information for formal reviews and multi-disciplinary meetings. Accessing the most relevant and current information was supported by a comprehensive indexing system which was in place for each care file. People were provided with activities, food and a lifestyle that respected their choices and preferences. There had been a concerted effort since the manager's appointment to facilitate outside activities as much as possible. It was reported that one person in particular went out of the home every day, even just for a walk unless the weather prevented this from happening.

People were supported to maintain their independence wherever possible. Staff encouraged and supported people to make choices and take part in everyday activities such as shopping and cooking. Individual care and support plans provided staff with guidance on how to promote people's independence. All documentation about people who lived in the home was kept secure to ensure their confidentiality.

Good

Is the service responsive?

Our findings

Staff were aware of peoples' needs at all times. Staff were able to quickly identify if people needed help or attention and responded immediately. Staff accurately interpreted people's body language or communication sounds and acted appropriately. One relative told us, "Staff have always responded well to all of my (family member) needs and requirements".

Care plans were detailed and daily records, which were electronically recorded, were accurate and up-to-date. Staff told us that they felt there was enough detailed information within people's care plans to support people in the way they wanted to be assisted. Where people were unable to express their own views fully, family and professionals had been involved in helping to develop the support plans. Care and support plans centred on people's individual needs. They detailed what was important to the person, such as contact with family and friends and attending community events. Daily records described how people had responded to activities, choices given and communications. Staff looked at people's reactions and responded accordingly. Staff were very knowledgeable about the care they were offering and why. They were able to offer people individualised care that met their current needs. The skills and training staff needed to offer the required support was noted and provided, as necessary. Care plans were reviewed annually or more frequently if a change in a person's support was required. Invitations to attend reviews were sent to people's families and to professionals.

A range of activities was available to people using the service and each person had an individualised activity timetable. People were supported to engage in activities outside the service to help ensure they were part of the community. During the inspection visit the two people living in the home were assisted to visit another home within the group to attend a Valentine's day lunch. This also involved a range of activities and staff were enthusiastic about the enjoyment experienced by the two people during the course of the outing. The manager told us activities were an essential part of people's support and helped to avoid people becoming anxious or bored. Individuals undertook activities appropriate to their level of independence. People were able to pursue a range of leisure interests including walking, social events, arts, crafts and table top games. People's reaction to activities was captured so as to ensure that future planning made full use of their preferences. People were supported to stay in touch with families and one person was supported to visit their relative on a periodic basis.

The provider had a complaints policy and a complaints log to record any complaints made. At the time of the inspection there had been no complaints over the previous 12 months. The manager told us that any comments or concerns raised/indicated by any individuals whether people themselves or their relatives were addressed without delay. This prevented issues becoming complaints. Staff described body language, expressions and behaviours which people would use to let staff know when they were unhappy. Information about how to complain was provided for individuals in a way that they may be able to understand such as in pictorial and symbol formats. The complaints procedure was displayed in the office so that visitors could access information which would help them make a complaint. Positive feedback from relatives and health and social care professionals were captured and recorded from reviews, visits or surveys.

Good

Is the service well-led?

Our findings

There was a manager at 3 New Hill who was progressing through the registration process. The manager was present throughout the majority of the inspection process. They consistently notified the Care Quality Commission of any significant events that affected people or the service. A local authority representative told us, "The service manager has been very thorough and forth coming with information to ensure that I have been kept up to date with any changes." Another said, "I have personally found [the manager] accessible and I feel staff trust her." The manager was well regarded by the relatives of people living in the service and they said that communication was very effective. Comments included, "The manager is very good. She manages the staff team well".

Staff described the manager as approachable and very supportive. There was an honest and open culture in the service. All of the staff we spoke with told us that they felt valued working in the service, and felt motivated to maintain high standards of care. A local authority representative told us, "[The manager] has done a lot of work to up the standards of the home and has kept me informed of incidents and new action plans." Staff were aware of their responsibilities and understood how they related to the wider team. Staff told us they were listened to by the manager and felt they could approach her and the deputy manager with issues and concerns. They confirmed there was a good team spirit that encouraged staff to work well together for the benefit of people using the service.

It was clear throughout the inspection process that the manager had worked hard since being appointed, to address a range of issues which required improvement. This included complete reorganisation and updating of the paper files for people using the service, health and safety records and other documentation relating to the running of the home. The manager had engaged with and used the guidance of the quality manager employed by the provider and the local authority (LA) quality team. This had involved visits to the service by both parties in order to undertake audits and observations and had resulted in the formulation of separate action plans completed and monitored by the quality manager and the LA quality team respectively.

It was evident from these action plans that considerable work had been undertaken across all aspects of the running of the home including support for staff, driving improvements in practice, staff training and internal audits. However, it was acknowledged by the manager that this was a work in progress and she needed to be vigilant in maintaining improvements whilst continuing to drive up standards across the board. A programme of internal audits was also completed by the manager to monitor that progress was being maintained.

Monitoring of significant events such as accidents and incidents was undertaken by the manager. We were told about plans to change this system in order to identify any trends or patterns more easily. This was so that action to prevent reoccurrence could be taken without delay. In addition to the audits carried out by the manager, the provider completed additional checks on the service including health and safety and reviews of financial records.

The service worked closely with health and social care professionals to achieve the best care for the people they supported. One health care professional told us, "I am confident that people's needs are addressed by the staff team under the leadership of the new manager". People's health and social care needs were accurately reflected in care plans and risk assessments.

The views of people, staff and other interested parties were listened to and actions were taken in response, if necessary. The service had a number of ways of listening to people, staff and other interested parties. People had regular reviews during which staff discussed what was working and what was not working for them. People's families and friends were sent questionnaires periodically. Staff views and ideas were collected by means of regular team meetings and 1:1 supervisions.

The manager told us links to the community were maintained by ensuring people engaged in activities outside the service. People used a large vehicle available on the site and individual cars to access facilities in the community and for day trips. They used the community centre, coffee shops and attended social activities of their choice wherever possible. The service promoted and supported people's contact with their families.