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Heyhead House

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

We carried out an announced inspection of Heyhead House on 20 and 21 March 2018.

Heyhead House is registered to provide accommodation and personal care for eight adults who have a Learning Disability. The service does not provide nursing care. The care service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion to ensure people with learning disabilities and autism can live as ordinary a life as any citizen. At the time of the inspection, there were eight people using the service.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

We observed people were treated with kindness, care and respect. Staff understood their responsibilities to safeguard people from abuse. There were appropriate arrangements in place in relation to the safe storage, receipt, administration and disposal of medicines. New staff were recruited safely.

Risks to people's health, welfare and safety were managed well. However, we made a recommendation about assessing and monitoring the risks in relation to older people's needs. The service was safe, clean and well maintained and suited to the needs of the people living there. People enjoyed a varied and healthy diet and changes in their health were monitored and acted on.

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.

People were supported to live active lives and use local services and facilities. Activities were provided both inside and outside the home. People were supported to keep in contact with friends and family.

Each person had a support plan, which provided clear guidance on how their needs and preferences would be met. People were supported to be as independent as possible in all aspects of their lives. People's rights to privacy, dignity, independence and choice were respected; communication between people using the service, relatives and staff was good.

There were sufficient numbers of staff to ensure people's care and support was provided flexibly. The staff team received appropriate support and training and felt valued and respected by the registered manager.

Systems were in place to monitor the quality of the service provided. People's views and opinions were sought and acted on.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Heyhead 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 20 and 21 March 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because the service is a small care home for younger adults who are often out during the day. We needed to be sure that they would be in. The inspection was carried out by one adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR within the agreed timeframe and we took the information provided into account when we made the judgements in this report.

Prior to the inspection we reviewed the information we held about the service such as notifications, complaints and safeguarding information. A notification is information about important events which the service is required to send us by law. We also obtained the local authority commissioning team's views about the service.

During the inspection we spoke with the registered manager, one support staff and with four people who used the service. On the second day of the inspection, we spoke with a further member of staff and with two relatives on the telephone.

We looked at three people's care records and other associated documentation, two staff recruitment and induction records, staff rotas, training and supervision records, minutes from meetings, complaints and compliments records, medication records, maintenance certificates and development plans, policies and procedures and quality assurance audits.

Good

Is the service safe?

Our findings

People told us they were happy living in the home and felt safe. They said, "I'm safe" and "They [the staff] make sure I'm safe." Relatives told us they were confident people were treated well. They said, "I feel [family member] is safe", "They all get on very well and keep each other safe" and "[Family member] is safe and well looked after."

During the inspection we observed people were comfortable in the company of staff and were happy when staff approached them. We observed staff interaction with people was kind, friendly and patient.

Staff had safeguarding vulnerable adults procedures and 'whistle blowing' (reporting poor practice) procedures to refer to. Safeguarding procedures are designed to protect vulnerable people from abuse and the risk of abuse. Staff had received safeguarding adults training and were clear about what action they would take if they witnessed or suspected any abusive practice.

We found safe systems were in place to support people with managing their finances. We noted clear records were maintained of any transactions and receipts were obtained where necessary.

Accidents or incidents occurring in the service were recorded and body mapping records were used to record any injuries or bruising. However, there were no records to support incidents had been analysed in order to identify any patterns or trends and to determine whether there was any action that could be taken to prevent further occurrences. The registered manager agreed to take action to rectify these matters.

We looked at how the service managed risk. Environmental risk assessments were in place and there were procedures to be followed in the event of emergencies. Equipment was safe and had been serviced. Individual risks had been identified in people's care plans and kept under review to ensure their independence, rights and choices were respected. However, we found assessments of risks associated with skin integrity, nutrition and mobility needed further development to assist with monitoring and responding to age related risks. We discussed this with the registered manager who assured us action was being taken to rectify these matters.

We recommend that the service finds out more about risk based assessments, based on current best practice, in relation to the needs of older people.

Action to be taken and lessons learned from incidents had been discussed with staff and with the senior management team. Arrangements were in place to respond to external safety alerts.

Training had been given to staff to deal with health emergencies and to support them with fire safety and the safe movement of people. We noted additional training had been booked.

Appropriate employment checks had been completed before staff began working for the service. We noted the reference request form was unclear regarding the details of the person providing the reference. The

registered manager agreed to review this.

People living in the home and their relatives told us they did not have any concerns about the staffing levels or the availability of staff. We looked at the staff rotas and found there was one carer on duty at all times. Other staff were provided flexibly to meet people's needs in relation to social activities and appointments. The registered manager told us staffing arrangements would be reviewed when people's needs changed.

Appropriate arrangements were in place in relation to the safe management of people's medicines. Staff who were responsible for the safe management of people's medicines had received appropriate training and checks on their practice had been undertaken. Policies and procedures were available for them to refer to. Records were accurate, clear and up to date. However, we noted carried forward amounts and the date of receipt of medicines were not always recorded. The registered manager assured us this would be addressed. Regular audits of medicine management were being carried out which helped reduce the risk of any errors going unnoticed and enabled staff to take the necessary action.

We looked at the arrangements for keeping the service clean and hygienic. We found the home was clean although extractor fans needed attention. Infection control policies and procedures were available and staff had received training in this area. We noted paper towels and soap dispensers were not provided in the bathroom to enable staff to wash their hands before and after delivering care. The registered manager gave assurances this would be addressed. Protective clothing, such as gloves and aprons, were available to help prevent the spread of infection. We found cleaning schedules were brief but completed in full. People told us they had responsibility for some cleaning tasks and they were supported by staff with this. Laundry facilities were sufficient for the size of the home.

Visitors were asked to sign in and out which would help keep people secure and safe. The environmental health officer had awarded the service a good rating for food safety and hygiene.

People's records were stored securely and were reviewed in line with their changing needs. However, we noted white correction fluid had been used to make alterations on a number of records; this meant it was not clear why the amendments had been made. We discussed this with the registered manager who advised this would be discussed at individual staff supervision.

Good

Is the service effective?

Our findings

People living in the home were happy with the service they received at Heyhead House. They told us, "The staff are very nice; I like them" and "I am very happy." A relative said, "It's a home for life and people are getting older. I think they [people in the home] could do with more exercise."

We looked at how the service trained and supported their staff. Records showed staff received a wide range of training to give them the necessary skills and knowledge to support people properly. Staff confirmed they received the training, supervision and support they needed. However, the training matrix did not clearly show when training had taken place. We discussed this with the registered manager who assured us the matrix would be updated to reflect the current training status of staff.

Records showed new staff received an induction into the routines and practices of the home which included a period of time looking at the provider's policies, undertaking training and working with more experienced staff until they had the confidence and skills to work independently. The Care Certificate had been introduced. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

Records showed staff were provided with regular supervision and assessments were undertaken to check their competence. An appraisal of their work performance was undertaken each year which would help identify any shortfalls in their practice and any additional training needs. Staff told us they felt supported by each other and by the registered manager. Regular staff meetings allowed staff to express their views and opinions and to be supported and kept up to date.

Regular handover meetings, handover records and communication diaries helped keep staff up to date about people's changing needs and the support they needed. Staff spoken with had a good understanding of people's needs.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals 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. We found appropriate DoLS applications had been submitted and the registered manager was aware they needed to check on the progress on the applications. There were policies and procedures to support staff with the MCA and DoLS and staff had received training in this subject. People's care plans did not always reflect the support they needed with making safe day to day decisions although the registered manager was aware this could be

improved. Where people had some difficulty expressing their wishes they were supported by their relatives. We found people's consent and wishes in relation to care had been recorded in some areas although not in the sharing of information. The registered manager agreed to review this. We observed people were encouraged to make their own choices and decisions where possible, and were supported by staff to do so.

People told us they were involved in the menu planning and went shopping to local shops and supermarkets with staff; our observations and records supported this. Menus were displayed in the kitchen although were not available in pictures or easy read formats. People said they enjoyed the meals and were able to help with basic meal preparation. We noted people were supported and encouraged to eat healthy food and to drink sufficient amounts of fluids. Records included information about people's nutritional needs and preferences and their weight was monitored at regular intervals. However, there were no records of what people had eaten; this meant it was difficult to determine whether their nutritional needs had been met.

People were supported to attend routine screening and healthcare appointments. Each person had a hospital passport which was designed to inform healthcare staff about the person's needs, likes, communication methods, behaviours and interests. In the event of an admission to hospital we were told staff or their relatives would accompany people to hospital and stay with them to provide them with support from a familiar face.

The design, decoration and layout of the home was suited to the needs of people living there. The home was located on a quiet street with local facilities within easy reach. Each person had a single bedroom and they were encouraged to choose the décor of their bedroom; we noted each bedroom reflected people's tastes and choices. One bedroom had en-suite facilities and there was a shared bathroom and shower room. There was a comfortable lounge and dining/activity room, a kitchen diner, a bathroom and a staff 'sleep in' room. We found appropriate arrangements were in place to ensure the home was maintained.

Good

Is the service caring?

Our findings

During our visit we observed kind, caring and friendly relationships between people and staff. We saw that people were respected and treated with kindness. Staff were caring in their approach and told us how they enjoyed their work. Staff spoke about people in a warm and compassionate way and spoke to people in a respectful, confidential and friendly manner. One person commented, "I make the choices." Relatives told us, "The standard of care is very high and people get on famously with each other" and "Staff are always happy and caring. They go over the odds."

We reviewed how the service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People told us how they were supported to develop independence skills, by completing tasks for themselves and others; examples included assisting with chores, cooking, shopping and cleaning and choosing the menu and the activities they wanted to participate in.

During the inspection, we observed people doing things independently and making their own decisions and choices about how they spent their day. Staff explained how they supported people with independence skills, in response to people's individual abilities, needs and choices. One person told us how they helped with the shopping and putting it away in the right cupboards. They also told us how they helped keep the pathways clear of debris.

There were policies and procedures for staff about caring for people in a dignified way, which helped staff to understand how they should respect people's privacy and dignity in a care setting. Staff did not wear uniforms, so that people could be provided with support in the community in a discreet and dignified way. Each person had a single room which was fitted with appropriate locks. People told us they could spend time alone if they wished. We observed staff knocking on doors and waiting to enter during the inspection.

We saw people were dressed appropriately in suitable clothing of their choice. From our discussions it was clear staff understood the importance of acknowledging people's diversity, treating people equally and ensuring that they promoted people's right to be free from discrimination.

We observed that people were able to express their views and opinions during daily conversations, during reviews and in meetings. This provided people with the opportunity to be consulted and make decisions.

People and their relatives were provided with information about the service in the form of a service user guide. The registered manager was aware the information needed further development to provide people with an easy read version.

We found positive and meaningful relationships were encouraged. People had a key worker. A key worker was a member of staff who would have a special relationship with a person and would take special responsibilities for their care and support. Most staff had been employed at Heyhead House for many years which meant people were supported by staff who knew them well.

Compliments received by the home highlighted the caring approach taken by staff. Relatives had written, "I am very impressed with how [family member] is cared for by Heyhead House, "[Family member] has been at their happiest during the time at Heyhead House" and "Staff are excellent; a team to be proud of."

Good

Is the service responsive?

Our findings

We observed people were happy and content living in Heyhead House. Relatives told us, "[Family member] gets out and about doing things they like" and "I am very happy. [Family member] is looked after very well. I have no concerns." Staff said, "We know everything about them. I like to know I've done my best and made people happy."

We looked at how the service managed complaints. The service had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales and the contact details for Care Quality Commission (CQC) and external organisations. We noted there was an easy read picture complaints procedure displayed in the entrance of the home and in the information guide. There had been no complaints made about this service in the last 12 months.

Before a person moved into the home detailed assessments of their needs were undertaken by the registered manager. People were encouraged to visit the home for meals and short stays which would provide them with opportunity to experience the service before moving in. People's compatibility with people already using the service would be considered.

We looked at the arrangements in place to plan and deliver people's care. People had an individual care plan. We found good information recorded about people's likes, dislikes, preferences and routines to help ensure they received personalised care and support in a way they both wanted and needed. People's goals, aspirations and dreams were also recorded. Support plans clearly reflected human rights and values such as people's right to privacy, dignity, independence, choice and we saw people were enabled to do as much as they could for themselves. However, we found some of the information was repetitive and not reflective of the support people were receiving in areas such as activities. We discussed this with the registered manager who assured us this would be reviewed. Staff told us the care plans were useful and informative.

Where possible, people or their relatives were actively involved in decisions about care. Relatives told us they were kept up to date and involved in decisions about care and support. Records reflected most people's involvement in their care. Daily records were maintained of how each person had spent their day and these were written in a respectful way.

Staff supported people to maintain relationships with their friends and families. Staff said, "We welcome them, make them a brew and we all sit and have a chat." Staff worked flexibly to ensure people were able to participate in a range of meaningful activities, in line with their abilities, interests and preferences. Holidays away from the home were provided. People told us about their previous holidays and plans for a holiday this year. On the day of the visit people went out shopping and helped to put the shopping away. We were told people enjoyed pub lunches and takeaways. One person had enjoyed building a snowman during the recent wintry weather. Where appropriate, people were involved in some household tasks and would help with basic cleaning and washing tasks.

People attended local day centres where they could meet their friends and access various entertainments

and activities in a safe and supportive environment. One person enjoyed working in a local charity shop. Other activities included shopping, attendance at various clubs and day centres, crafts, film nights and dining out.

We found people's choices and wishes for end of life care had not been fully discussed or recorded in the care plan. The registered manager told us this would be discussed with people or their relatives as part of the planned care plan reviews. The service had access to specialist palliative care professionals and staff were supported to develop their knowledge, skills and confidence to deliver quality end of life care. Staff described how they and people living in the service, celebrated people's lives and paid their respects at funerals. People using the service and staff were offered emotional support during and after a bereavement. A member of staff said, "It impacts on every one of us. We are a family and when you lose someone we all need time to say goodbye."

We checked if the provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. We looked at how the service shared information with people to support their rights and help them with decisions and choices. We noted that a communication book, in pictures and symbols, was available for one person who had communication difficulties. The registered manager confirmed the complaints procedure and information about the MCA was available in easy read, pictures and different font size. We were told information could be developed in other languages as needed. The registered manager was aware of improvements that could be made to ensure records such as care plans, the service user guide, menus and contracts were more accessible to people living in the home.

Good

Is the service well-led?

Our findings

People made positive comments about how the service was managed. They said, "The place is well managed and organised", "The home is run in a professional manner" and "The manager is very fair and supportive which makes you want to do your very best for everyone."

The registered manager was also the owner/provider. 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 registered manager was very knowledgeable about people's individual needs and preferences. She understood her responsibilities and followed procedures for reporting any adverse events to CQC and to other organisations such as the local authority safeguarding team. Planned improvements for the service were set out in the PIR (Provider Information Return) which demonstrated she had a very good understanding of the service and was focused on improvements.

There were systems in place to monitor all aspects of the quality of the service. The registered manager, at times, worked as part of the staff team; this meant she was able to monitor staff practice. External monitoring systems included the 'Investors In People' award which is an external accreditation scheme that focuses on the provider's commitment to good business and excellence in people management. The 'Driving Up Quality Alliance Code' also provided a thorough self-assessment tool aimed at the improvement and development of learning disability services.

People, or their representatives, were able to express their views and opinions about the service. Satisfaction surveys were carried out annually for staff, people using the service and their relatives; the results from the last survey had been positive. Regular meetings were held for people in the home. Records showed that a wide range of subjects such as new staff, new people, healthy eating, activities and holidays were discussed.

We observed a good working relationship between the registered manager and staff. Staff retention was very good. Staff told us they felt valued, listened to, enjoyed working at the service and were part of a good team. They said, "I love working here; it's not really work as it is a home from home" and "It's the best place I've ever worked." Staff received regular feedback on their performance and had the opportunity to attend regular meetings to discuss issues relating to the people they were supporting, exchange ideas and develop good practice.

We noted the service's CQC rating and a copy of the previous inspection report was on display to inform people of the outcome of the last inspection.

Staff expressed a good knowledge of their role and responsibilities and had been provided with job descriptions and contracts of employment which outlined their roles, responsibilities and duty of care. We

noted the service's policies and procedures were readily available for staff to refer to. They were currently being reviewed and updated to include information in line with current legislation and guidance.