

Mrs Josefa McLeod

Highbray Residential Care Home

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?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 18 and 19 April 2016 and was unannounced.

The last inspection of the home was carried out on 21 July 2014. No concerns were identified with the care provided to people at that inspection.

The service is registered to provide accommodation for three people with learning disabilities and/or mental health needs, requiring personal care. At the time of the inspection there were two people living at the home.

The home was managed and staffed by the provider's immediate family. The service had a registered manager who lived on site, and was the main member of care staff. 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.

Although the registered manager had detailed knowledge of the systems used in the home, a comprehensive audit of the service was not in place at the time of the inspection. They were in the process of adapting audit tools from a nearby residential home to look at areas such as the quality of service provision, the management of records and procedures related to consent to care and treatment. This would allow the provider and registered manager to see whether the service was being effective, and where improvements were needed.

Both people living in the home had been there for several years. This meant the registered manager knew them very well. They had a good understanding of people's needs and how they wanted them to be met. The people living there told us they felt as if they were part of the registered manager's family. They were invited to participate in family outings and events.

Risks were assessed and managed effectively, which meant people were kept safe. People were involved in the development of their care plans, and care and support was provided in line with these. People's nutrition and health needs were met with the support of the registered manager, who offered healthy food choices and ensured all health appointments were attended.

People were encouraged to be independent and make decisions in relation to all aspects of their lives, with the registered manager providing assistance with communication or reassurance as required. They took part in a range of activities according to their interests, either independently or with support, and could be involved in the running of the home if they wished. This had impacted positively on their well-being and one person told us, "I'm more confident than I was before".

Confidentiality and privacy was respected and people were treated with dignity and kindness.

People were supported to maintain ongoing relationships with their friends and families, and could see them in private whenever they wished. Their families were invited to the home for "roast dinners and birthday cakes".

The registered manager was committed to maintaining their skills and knowledge through ongoing training and links with other residential care providers. New staff, including family members who provided occasional support, were required to develop and maintain the skills needed to work with people at the home. They had been referred to the DBS (Disclosure and Barring Service). The DBS checks people's criminal history and their suitability to work with vulnerable people.

An additional member of staff was being employed with a view to increasing the number of people living at the home. This would also give the registered manager more time to improve the quality of the service. For example, a programme of refurbishment was underway, with plans to review and update the homes policies and improve the existing quality assurance arrangements.

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.

Risks were identified and managed in ways that enabled people to lead fulfilling lives and remain safe.

The registered manager was the main member of care staff, this was sufficient to meet people's needs and keep them safe. Other staff were available when and if needed.

Systems were in place to ensure people received their medicines safely.

Is the service effective?

Good ●

The service was effective.

People's communication needs were understood and met.

The registered manager provided effective support with nutrition which met people's dietary needs.

People were supported to maintain good health and had access to healthcare services.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness, dignity and respect.

The registered manager had a very good understanding of each person and their individual needs.

People were supported to maintain ongoing relationships with their friends and families, and could see them in private whenever they wished.

Is the service responsive?

Good ●

The service was responsive.

Personalised care plans and risk assessments were written with people's involvement. People gave written consent regarding how care was provided and information shared.

People were involved in a wide range of activities according to their interests.

People were encouraged and enabled to give feedback.

Is the service well-led?

One aspect of the service was not well led.

Quality assurance processes were not satisfactory, although improvements were being made.

The registered manager worked to develop honest and open relationships with people at the service.

The registered manager was proactive in maintaining their skills and knowledge and supporting other staff to do the same.

Requires Improvement ●

Highbray Residential Care Home

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 and 19 April 2016 and was unannounced. It was carried out by one inspector. Before the inspection we reviewed the information we held about the service. This included previous inspection reports, statutory notifications (issues providers are legally required to notify us about) other data and enquiries. At the last inspection on 21 July 2014 the service was meeting essential standards of quality and safety and no concerns were identified.

We spoke with both people who lived at the home and with three relatives by telephone following the inspection. We spoke with the registered manager, who was also the main care support worker, and a member of the registered manager's immediate family, who was due to start working at the home. We spoke with two health and social care professionals by telephone after the inspection. We reviewed two care plans and other records relevant to the running of the home. This included medication records, financial records and quality assurance documentation.

Is the service safe?

Our findings

People living at the home told us they felt safe there. One person told us, "I feel safe. I feel at home". This view was shared by relatives, who commented, "Are they safe? Absolutely, in every sense of the word". People said they valued the open and honest relationship they had with the manager, and told us they would say if they had any concerns. They looked relaxed and comfortable with them and another member of the provider's family who also lived there.

Risks to people were minimised through appropriate policies and procedures, for example, relating to safeguarding, and health and safety. The registered manager, who was the main member of staff, had completed safeguarding training and knew how to ensure people were protected. They had good, trusting relationships with the people at the home which enabled them to recognise if they were at risk and take action to keep them safe. For example, one person, with communication difficulties, chose to spend most of their time out and about in the community. The registered manager provided them with a card to keep in their wallet, which contained information about who the person was, what their needs were and a contact number to call in case of emergency.

Care plans contained individual risk assessments which promoted people's independence while ensuring their safety. They included recommendations about how to minimise risks, for example, "Keep all communal areas and room free from clutter and obstruction", to reduce the risk of falls. The assessments had been signed as agreed by the person and regularly reviewed to ensure they remained current. The registered manager had a good understanding of the policy and procedures related to accident and incident reporting. Records were clear and showed appropriate actions had been taken.

Risks to people living at the home were reduced because the registered manager had been checked by the DBS (Disclosure and Barring Service). They had requested checks for a family member who was due to start work, and for others who provided occasional support on a voluntary basis. The DBS checks people's criminal history and their suitability to work with vulnerable people.

Although the registered manager was the main member of staff, this was sufficient to meet people's needs and keep them safe. People had access to call bells and a mobile phone which enabled them to summon assistance when they required it. Additional cover was provided by other family members who knew the people well, and who could respond in an emergency or when the manager had a holiday. This ensured continuity of care and minimal disruption for the people living at the home.

The registered manager looked after people's medicines for them, and they were happy with this arrangement. Medicines were kept in a locked cupboard and medicine administration records (MAR), were signed when medicines were administered. There were no drugs requiring additional security on the premises. Training in medicines management had been completed by the registered manager and family members who provided occasional support. Annual medicines audits were carried out by a pharmacist.

There were systems in place to make sure the premises and equipment were safe for people. The registered

manager had completed training and knew how to minimise risks related to legionella, for example the taps in all the rooms were temperature controlled to avoid the conditions that favour the growth of legionella and other micro-organisms. They were planning to request a formal review of the risks. Guidance had been sought from the fire service and fire checks and drills were carried out in accordance with fire regulations. A fire safety self-assessment was completed every three months. One person told us how they would respond if there was fire, and which exit they would use to leave the building. There was an individual fire risk assessment and personal emergency evacuation plan for a person who would not be able to hear the fire alarm due to sensory loss.

There were effective systems in place to reduce the risk and spread of infection. Personal protective equipment (PPE) such as gloves and aprons was available for staff to use when supporting people with personal care. The registered manager had a comprehensive cleaning and laundry programme, which maintained the tidiness and hygiene of the home. A relative told us the home was "always immaculately clean".

People were supported to look after their own money where possible and taken to the bank as required. If they requested additional support from the registered manager there were safe systems in place for handling and storing cash. Records were kept of all transactions.

Is the service effective?

Our findings

The registered manager had known both people living in the home for a long time, and was very knowledgeable about their individual support needs. A health professional commented on the "good, solid, bond" they had developed. Care and support was provided in line with people's care plans, which were detailed and person centred. For example, one person's care plan stated; "Does not wish to wear a hearing aid". This was understood and respected by the registered manager who found other ways of supporting the person to communicate effectively, using short sentences and speaking clearly so the person could lip read.

The people who lived in the home were able to express their views and make decisions about the care they received. For example one person asked the registered manager, "Please can I have a salad?" They were then asked, "What kind of salad would you like? Tuna? Corned beef? Chicken?" Both people were able to participate fully in the inspection process, with the registered manager providing assistance with communication or reassurance as required.

The registered manager had been creative in keeping their training up to date to ensure they maintained the necessary skills and knowledge to meet people's needs. For example, they had made arrangements with a nearby residential home to attend training sessions there, and used on-line training providers. The training was updated annually and included safeguarding, infection control, first aid, health and safety, and food hygiene. Family members who provided occasional support were required encouraged to participate in order to develop and maintain the skills needed to work with people at the home. They had completed training in first aid and medicines management. In addition the registered manager and their family members were undertaking vocational qualifications in health and social care, and management.

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. In addition, 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 the Deprivation of Liberty Safeguards (DoLS). At the time of the inspection this legislation was not relevant to the people living at the home because they had the mental capacity to make their own decisions. However the registered manager planned to undertake training to improve their understanding of their legal responsibilities, should people lack the mental capacity to consent to aspects of their care or treatment in the future.

The registered manager had a good understanding of the nutritional support people needed. All meals were prepared from scratch on the premises and people participated in food shopping and preparation. The home had a food hygiene rating of five. The manager took pride in the quality of the food provided and the fact it met people's individual nutritional needs. For example people with diabetes found their condition was now well managed and stable. There was a weekly menu displayed in the kitchen, however people

could choose what they wanted to eat, and drinks and snacks were available. One person who spent their day out and about, took drinks and snacks with them, and returned for the main meal of the day at tea time. People told us they liked the food, and one person was enjoying a healthy breakfast smoothie when we arrived.

People were encouraged and supported to attend health appointments and maintain good health. This was confirmed by a health professional who told us people at the home were, "looked after very well". The registered manager told us, "If appointments are needed I always explain why it's for their benefit. I explain at length why it's needed to the best of my knowledge and ability". Care plans contained records of contacts with health professionals, including who the person had seen, the symptoms they had, and the outcome, and details of any prescribed medication. If an appointment was missed because the person didn't get back in time, the registered manager rescheduled it and supported them to attend. When someone was admitted to hospital, the registered manager ensured the hospital had information about their physical and mental health care needs, so there was consistency in the support the person received. One person told us how much they had improved physically and mentally while they had been living at the home.

A visiting professional told us the home was, "...good with people who are able to come and go", but unable to effectively meet the needs of people with mobility issues or more complex health needs. This was confirmed by the registered manager who told us they had recognised when they were no longer able to meet the needs of someone whose physical health had deteriorated. They had requested an assessment by the local authority who then arranged a more appropriate placement for the person.

Is the service caring?

Our findings

People told us they were supported by kind and caring staff. One person told us they were happy at the home. "I like the food, the people and the dogs. They are kind to me... They do the washing, cook the food, look after me". This view was shared by relatives. Comments included; "I consider ourselves incredibly lucky. It is a loving family. Very loving and very kind". And, "It was a very happy home. [Person's name] became part of the family. They were exceedingly happy there. The manager was always really, really lovely to them".

During the inspection we observed the registered manager was respectful, understanding and patient when assisting people, and the interaction between them was warm and relaxed. The registered manager told us, "We know how people like things done and work hard to make them more comfortable in their home. Trust is important. It's very important to me that people trust us". They had a good understanding of people's individual emotional needs and provided reassurance and support so they could fully express their views. They emphasised the importance of good communication and actively encouraged people to speak out about any concerns or difficulties. One person said, "You can speak your mind for a start. [Manager's name] understands you. I just feel very natural here."

The manager was aware of issues of confidentiality and ensured the people living at the home understood their confidentiality was respected and information only shared when appropriate. The care plans contained a confidentiality policy signed by the people at the home to show they consented to it.

The registered manager was committed to promoting people's independence and supporting them to make choices. For example, their mugs were kept on a particular shelf in the kitchen so they knew where they were and could make themselves a drink. We saw they chose where they wanted to spend their time, which might be out and about in the community, relaxing in their room, or chatting with the manager in the kitchen. One person enjoyed contributing to the running of the home, participating in food shopping, meal preparation, and tending the roses in the garden. The manager said these were, "huge achievements" for the person, who told us, "I'm more confident than I was before".

People were supported to maintain ongoing relationships with their friends and families, and could see them in private whenever they wished. Families were invited to the home for "roast dinners and birthday cakes". One person had a mobile phone to connect with family and friends. They told us, "I see my family often. [Manager's name] has taken me to see them. They feel welcome here". Relatives confirmed the manager kept them informed and involved, and they felt welcome at the home. People at the home told us they "'got on well'" with each other. They were supported to maintain these friendships, for example going with the manager to visit people in hospital, or when they had moved to a different home.

The registered manager told us about people who had previously stayed at the home, who had received compassionate and supportive care at the end of their lives. They had tried to care for them at the home for as long as possible. If they had gone into hospital, they had visited them every day and made funeral arrangements on behalf of those who had no family, respecting their wishes.

The care plans of people at the service recorded that discussions had been had about their preferences for end of life care. This was a difficult subject for some people and the manager was sensitive to this, supporting them to explore their wishes at their own pace, over time.

Is the service responsive?

Our findings

The people at the home had lived there for several years, so the registered manager knew them very well. They were able to tell us what support people needed to maintain their physical and mental health, as well as their background, likes and dislikes. The people living at the home were involved in this discussion and confirmed what the registered manager told us. The information was recorded in personalised care plans and risk assessments which had been written with people, and signed to give their consent in relation to how their care was provided and information shared.

Before a person moved into the home the registered manager gathered information about their support needs and history from them, their relatives and health and social care professionals. This preliminary assessment was then shared with the person so they could check its accuracy. If the registered manager felt the home could meet the person's needs, they were invited to come for a visit. This was an opportunity for them to decide if the home was right for them and to meet the other people there. As a small community, the registered manager felt it was important any new people 'fitted in'. They were aware that moving to a new home could be challenging for people, and wanted to ensure they had control over the process. For example, they could move in over a two week period and bring somebody to support them initially if they wanted to. They were invited to retain their own GP, even if they were some distance away, which would provide some continuity.

People were able to take part in a range of activities according to their interests, either independently or with support. A visiting professional told us the registered manager was, "Good at enabling and supporting them in the community. They're very strong with that". The registered manager told us about the importance of "knowing about people's past lives and interests", so they could access activities relevant to them. They felt social interaction was essential "to keep people interested and alert". They told us how one person enjoyed talking about the training the registered manager did, so they photocopied the course materials for them and had a discussion about it. One person said, ""The beauty therapist comes. It's nice to have a bit of pampering. And I go out shopping and for coffee". They also went to church occasionally. Another person had a bus pass and was out every day travelling on the buses. The registered manager also invited the people living in the home to join in with their own families activities if they wanted to, for example attending classic car rallies and family events. A relative told us how much their loved one had enjoyed a picnic with the registered manager's family.

People told us they liked their room, which was furnished and decorated to their needs, tastes and preferences. They were invited to express their views about the decoration in the communal areas of the house, which was being refurbished. The garden had recently been adapted to make it more accessible for people. They had enjoyed sitting out if the weather was good and attending to the plants.

People told us they would feel able to complain if necessary. The home had a complaints procedure which was displayed in the kitchen for people to see, however one person was unable to read it. The registered manager told us they addressed this by asking every day if the person was OK, and encouraging them to raise any concerns on a daily basis. The person confirmed they would tell the registered manager if they

were unhappy. There had been no complaints since the last inspection.

Is the service well-led?

Our findings

The home was managed by a person who was registered with the Care Quality Commission as the registered manager for the service. This person was also the main member of staff at the home. People and their relatives were complimentary about them. Comments included, "[Manager's name] is so open. They always talk openly and say what they think", and "[Manager's name] is very, very good and kind". The culture of the home was open and friendly. The registered manager worked to develop honest and open relationships with people at the service, telling us, "I'm fair and open and transparent. I show them I value them as well".

As the main care support worker the registered manager had detailed knowledge of the systems in the home, and ensured annual medicines audits and environmental safety assessments were carried out. However, a comprehensive audit of the service was not in place at the time of the inspection. The registered manager was in the process of adapting audit tools from a nearby residential home to look at areas such as the quality of service provision, the management of records and procedures related to consent to care and treatment. This would allow the provider and registered manager to see whether the service was being effective, and where improvements were needed.

Relatives and health professionals were invited to complete Quality Assurance questionnaires once a year, although there was no formal mechanism for gathering the views of people who use the service. The registered manager told us people had let them know informally if they were unhappy. This was confirmed by a person who told us, "You can make suggestions if you want things done differently". Despite this the registered manager planned to develop a questionnaire that people living at the home could use to provide formal feedback.

The registered manager told us their aim was to, "...treat people as I would like to be treated. If it was my relative I would like to think they were in a home like this... I put people first. My main priorities are the residents. This is their home and their life. I enable them to continue to lead as fulfilled a life as possible, to be happy".

Since taking over two years earlier, the registered manager's focus had been on "improving the facilities and utilities". The refurbishment programme was ongoing, with plans for further redecoration and a possible reconfiguration of the homes layout, to improve the quality of life for the people living there. Plans were now in place for a member of their family to be employed to work additional hours, with a view to increasing the number of people living there. This would also give the registered manager more time to review and update the homes policies and improve the existing quality assurance arrangements.

The registered manager was proactive in keeping their skills and knowledge up to date by making links with other residential care providers, to participate in training events and learn about different ways of providing and monitoring care. At the time of the inspection, they were considering what support the newly recruited family member would need to ensure they had the skills and knowledge to care effectively for people at the home. They knew them well and were confident they had the right experience and attitude to work with vulnerable people. They were now in the process of arranging training which would enable them to better

understand and meet people's individual needs.

Although the provider was not involved in the day to day running of the home, they visited weekly and were kept informed of any developments.

The registered manager was aware of their legal responsibility to notify the Care Quality Commission of all significant events which had occurred, although this had not been necessary since the last inspection.