Hightown Housing Association Limited

Old Barn Close

Inspection report

5 Old Barn Close
Gawcott
Buckingham
Buckinghamshire
MK18 4JH

Tel: 01280824799
Website: www.hpcha.org.uk

Date of inspection visit:
12 September 2016
13 September 2016

Date of publication:
10 October 2016

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 12 and 13 September 2016. The home was last inspected in December 2013 and was found to be complaint with the regulations in place at that time.

The home is a bungalow accommodating five adults who have learning and physical disabilities. There is a registered manager at the home. 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.

Due to people's communication difficulties we were not able to receive verbal feedback from people, however our observations showed us that people were being well cared for at Old Barn Close.

Staff knew people well, they were aware of their likes and dislikes and what needs they required support with. People were kept safe because staff knew how to report concerns both to their provider and to the local authority.

Sufficient staffing was in place during the inspection. We had concerns about the lack of staffing for a couple of hours on Monday morning. This is when two staff take one person to do the food shopping. This leaves one staff with four people in the home. Since the inspection we have been informed extra staff are being provided in the home during this time to ensure people's safety and well-being.

The home appeared clean and tidy, and staff understood their role in the prevention of the spread of infection.

Medicines were stored and administered safely to people. The competency of staff was assessed by the registered manager to ensure safe practice.

Staff recruitment was carried out safely; this was to prevent unsuitable people from working with the people at Old Barn Close.

Staff were well supported by the management of the home. Supervision and appraisals took place regularly. Staff reported the registered manager was approachable and managed the home well. They felt their personal development was encouraged through constructive feedback from the registered manager.

Staff understood the Mental Capacity Act 2005 (MCA) and how the Deprivation of Liberty Safeguards (DoLS) protected people who may need restrictions in place to ensure their safety and well-being. Where restrictions were in place these had been authorised by the local authority.

People's health needs were assessed and where specialist treatment or advice was needed, this was sought.

Staff were observed to carry out any specialist advice given, to ensure people remained safe and well.

Staff appeared caring and genuinely interested in the people they were caring for. There was a clear rapport between people and staff. Staff knew the people well and managed to evoke positive and meaningful responses from them. Staff knew the importance of encouraging people to remain independent and how to support them to do so.

Care plans and risk assessments were up to date and reflected people's needs. Relatives told us they were kept informed by the staff and management in the home, of any changes in people's care needs. They were appreciative of the quality of care given to people in the home.

People enjoyed a range of activities outside and inside the home. Consideration was given to their needs and activities were selected that were appropriate to the person. Some activities included shopping, farm visits, visiting the Royal Society for Prevention of Cruelty to Animals (RSPCA) centre, aromatherapy, cooking and pet therapy.

The registered manager of the home was held in high regard by the friend, families and staff in the home. Although staff told us they were supported well by the registered manager, it was evident through talking to the staff; they were equally as supportive of the registered manager. The staff team and the registered manager had a clear vision and aim for the service, of supporting people's need in a homely environment. Our observations and through speaking to staff, we were able to confirm this was happening during our inspection.

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 were protected from the risks associated with medicines as medicines were safely managed.

People were protected from the risks of abuse as staff were suitably trained and policies were in place to safeguard people.

Is the service effective?

Good

The service was effective.

People were provided with food and drinks they liked and encouraged to stay healthy by having a nutritional diet.

People's health was monitored and when necessary external professionals were contacted to provide support to people on maintaining good health.

Staff understood the Mental Capacity Act 2005 and how this applied to their role.

Is the service caring?

Good

The service was caring.

People were supported by staff who demonstrated a caring nature and who were knowledgeable about people's needs and care required.

People reacted positively to staff and their interactions were positive and respectful.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed. Care plans and risk assessments described the care they needed and minimised hazards.

People had access to a range of activities and consideration was

given to people's histories, preference and needs.

Is the service well-led?

Good

The service was well led.

Staff told us the management were supportive and they worked well as a team. There was an open and honest culture which enabled good communication and a positive working environment.

The registered manager had systems in place to monitor the quality of the service and took appropriate action to improve the standards when necessary.

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 inspection took place on 12 and 13 September 2016 and was unannounced. This meant the manager and staff at the home did not know we were coming. It was carried out by one inspector. Prior to and after the inspection, we reviewed previous inspection reports and other information we held about the home including notifications. Notifications are changes or events that occur at the service which the provider has a legal duty to inform us about.

Before the inspection, we asked the provider to complete 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 reviewed the completed PIR and used this to inform our inspection.

We reviewed a range of records about people's care and how the home was managed. These included care records for three people, medicine administration record (MAR) sheets and other records relating to the management of the home. We examined nine staff training records and support and employment records for four staff. Other documents we viewed included quality assurance audits, minutes of meetings with people and staff, and incident reports amongst others.

We spoke with three staff, the registered manager, two relatives, a befriender and a district nurse. People living in the home were not able to communicate with us verbally therefore we observed how care was provided and the interaction between staff and the people living in the home.

Good

Is the service safe?

Our findings

People's relatives and a friend told us they felt the home was a safe place for people to live. A friend told us "I have been going to the home for 10 years…I have never seen or heard anything that gives me concern."

On the first day of the inspection we observed there were three staff and the registered manager working in the home in the morning. Two staff and one person left the home to carry out the weekly shopping. This left one staff member with four people to support. The registered manager was in the office. The staff member tried to support people with their needs. For example, two people appeared tired so they were supported to stay in the lounge, whilst two other people who could have disturbed their rest were in the dining room. The lounge, dining room and kitchen were open plan, however staff could not observe people in the lounge from the kitchen. Although the staff member occasionally walked past the people in the lounge there was little interaction. It appeared the staff member had a number of tasks to complete including food preparation. Staff told us they believed there were sufficient numbers of staff working in the home, but were aware of how difficult it was when the shopping had to be completed.

The registered manager told us the staffing levels were calculated in relation to the funds provided by the funding authority to meet the specific needs of the individual. This meant the funding authority carried out an assessment of each person's needs and allocated payments for staff to enable the person's needs to be met.

We discussed our concerns with the registered manager about the lack of available staff when the shopping task was carried out. They told us they were going to explore with the staff team and the senior management how they could accommodate the shopping trip and still maintain a safe environment in the home. Following the inspection the registered manager told us they had scheduled in an extra member of staff to work in the home, when the shopping occurred. This would ensure people would be safely observed and their needs met. Throughout the rest of the inspection we observed sufficient numbers of staff working in the home.

People's safety and well-being had been considered by the home and steps had been taken to ensure that any risk of harm had been assessed. Environmental risk assessments were in place alongside risk assessments related to the care provided for people. For example, whether it was safe for a person to have a bath or a shower. These were reviewed frequently and kept up to date. Risk assessments were in place to guide staff on how to minimise the risk of harm to people when providing care, these included areas such as choking, medicines and the risk associated with Diabetes amongst others. 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 when preparing food and drinks. For two people drinks were thickened and food was prepared in such a way as to ensure the risk of choking was minimised.

The home appeared clean and tidy. Bathrooms and sinks provided hand wash and disposable towels. Staff were well informed as to their role in the prevention of the spread of infection. They told us they used protective clothing such as aprons and gloves when carrying out personal care. Separate cleaning and

laundry equipment was available to ensure infection control was managed. We observed staff placing soiled clothes into a red bag. These would be washed separately.

We reviewed the storage and administration of medicines. People's medicines were stored in a locked cupboard. Up to date medicine 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. Most of the protocols described how a person may demonstrate their need for the medicine, so that staff knew when it was appropriate to administer it. We discussed with the registered manager and a staff member how these could be improved to include how people displayed the need for pain relief .As the medicines were being administered to people who may not be able to verbally request the medicine this was important information.

Other information included in the care plans described how the person preferred to take their medicines and if the person was able to swallow tablets or required liquid medicines. Checks were completed on the amount of medicines being stored for each person against what was received and administered. Further checks were completed by the registered manager on how staff administered and recorded medicines. This was to ensure staff were carrying out this task safely and correctly. Staff received training in how to administer medicines and carry out safe recording practices. We noted on the training matrix that some staff training was out of date. This had been identified by the registered manager. A new training programme was coming on line in October 2016. Until this time the registered manager was carrying out competency checks on the staff administering medicines. We observed staff administering medicines in a safe and professional way.

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. Where bank staff had not been present in the home for a while, the registered manager or shift leader would explain any changes of people's needs to them before they commenced their shift. This was to ensure care was appropriate and safe

The provider knew how to recruit staff and how to carry out the necessary checks to make sure they were suitable to work with people. These checks included evidence of disclosure and barring service (DBS) checks. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Gaps in employment history had been checked and references from previous employers had been obtained prior to the person starting work.

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. The provider also had a whistleblowing policy. When we spoke with staff they knew who they could report concerns to. However the policy did not make reference to any external agencies for staff to contact. We discussed this with the registered manager. We received assurances this had already been noted by the provider and we received confirmation from the Head of care and supported living this was being addressed and the new policy was due for review during September 2016.

Safety checks were undertaken to ensure the safety of the building and the equipment. These included

maintenance and checks of the fire equipment, alarm systems and water supply to prevent legionella.

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 line with the care certificate. The new care certificate is a recognised set of standards that health and social care workers adhere to in their daily work. We examined the staff training matrix. We were concerned the matrix did not show updated training records for some staff and some staff training was not up to date. This problem had been identified by the provider. We were assured by the registered manager the provider was taking action to address this. A new training schedule and training provider was to take effect from the 3rd October 2016.This would allow staff to keep up to date with the training required, and would allow for easier access to training. When we spoke with the staff they appeared knowledgeable and articulate. They showed a clear understanding of their role and the expectations of the provider in carrying out care to people.

Records indicated staff received support from the registered 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. One staff member told us the registered manager was "Very good at picking out individual staff member's strengths, they discuss this with you usually through supervision or appraisal." We noted there were no supervision records for "bank" staff. These are staff who are employed by the provider, who work in services on a casual basis when needed. Since the inspection we received assurances from the Care and Supported Housing Contracts Manager, bank staff who worked regular hours would receive supervision from the registered manager of the location they worked in.

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. Where restrictions were in place to maintain people's safety appropriate DoLS applications had been sent to the local authority for authorisation. Five DoLS applications had been authorised. Best interest meetings had been held to discuss and agree a best interest decision on behalf of people who did not have the mental capacity to decide for themselves. Most staff were trained in MCA and DoLS. They demonstrated to us an understanding of how MCA applied to their role.

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. Where people required food and fluid to be thickened or

pureed this was done to reduce the risk of choking. 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.

We were shown how staff investigated and accommodated people's dietary preferences. Documents which included photographs showed how staff organised themed sessions with people. Recently this had included "Mexico" and "The seaside" Staff prepared the environment with bunting and flags. Activities were arranged for people to participate in, including fishing games. Music was played and musical instruments were used. Foods associated with the themes were prepared and people were given the opportunity to taste each one. Through their facial expression and their body language staff were able to tell if people enjoyed the tastes. Those that proved popular were then included in the menu. When we spoke with staff they all knew people's likes and dislikes and how food should be prepared safely for each person.

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, Occupational therapists and speech and language therapists and the community learning disability team. A district nurse attended the home each day to support people with diabetes. They told us the staff had received training in how to test people's blood sugar levels. They were happy with the way people's health needs were monitored. If staff were concerned they would contact the district nurse for advice. They told us "They are a brilliant team, I have no concerns at all."

Good

Is the service caring?

Our findings

People's relatives and friends told us they believed the staff had a caring attitude towards the people living in the home. One relative told us "They (the people living in the home) get wonderfully looked after…They (staff) are very good, I can't sing their praises enough." A friend told us "People are genuinely cared for and loved by the staff."

We understood that the people living in the home had limited ability to communicate with us verbally. Care plans addressed how staff could interpret people's communication through reading their body language, facial expression and vocalisation. We observed staff interactions with people. It was clear to us that they knew people well. They were able to interpret people's reactions to things. 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 a person carrying their own wash bag to the bathroom or holding the person's hand to assist them to participate in cooking. 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. There were lots of smiles from people and staff knew how to make people laugh.

Staff knew how to protect people's dignity and privacy. They told us they knocked on people's doors before entering and closed doors when supporting people with their personal care. One staff member told us they offer people choices and encourage independence. Another told us they speak to them using the right language and in an appropriate way.

From our observations during the inspection we could see how staff were familiar with both what people wanted and needed. For example, when some people were tired they were left to rest. Other people were offered activities that they enjoyed. The interaction from staff was both encouraging and fun. People responded positively to staff. Staff told us how they were continuing to find ways to stimulate people to enhance their quality of life. One relative told us how the staff had managed to find a way through the use of a computer tablet to get a positive reaction out of the person. They told us "It was like getting the old X back." Staff seemed genuinely excited and happy when they managed to evoke a positive response from people. One person had a musical preference, which staff managed to download onto the tablet. The person beamed and laughed when the music played and they could see the artist on the tablet. They displayed extreme happiness, which was shared by those around them including the staff. Staff told us one person used to attend religious services. They had downloaded hymns which the person enjoyed listening to. The tablet was also used to play audio tapes to a person who enjoyed listening to stories. Staff told us they will continue to use the tablet to explore people's personal histories, likes and preferences.

Good

Is the service responsive?

Our findings

Documentation showed people's care plans were reviewed regularly. Relatives told us they were involved in discussions about the person's care and were consulted with when changes were required. Care plans included people's needs and how they should be met by staff, for example, how people preferred to take their medicines. 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.

Relatives and friends told us they were kept up to date with events in the home. This was done through visits to the home, telephone calls, the internet and meetings. One relative told us the registered manager "Always keeps me advised of how x is.... She has this way of making you feel involved. The whole family get support from them (staff)." They explained the registered manager and the staff took account of the person's family circumstances. They ensured their relatives were not disturbed too often, but when it was necessary to share information this was done appropriately. People were supported to maintain contact with friends and families. Coffee mornings were arranged for people to meet up with friends they had made over the years. Families were welcome at any time. A relative told us about the effort that goes into celebrating people's birthdays. A party is held and families are invited.

People were supported to follow their interests. Activities included shopping, farm visits, visiting the RSPCA centre, aromatherapy, cooking and pet therapy. Because the needs of people were understood and staff were familiar with people's preferences, activities were planned to ensure people enjoyed them as much as possible. For example, one person who had sensory impairments enjoyed a visit to a riding stable. They were introduced to touch, smell and a new environment. Consideration had been given to expanding their experiences in a way that was meaningful to them.

Feedback from the people who lived in the home was difficult to obtain due to their communication difficulties, however we were aware the provider had designed a questionnaire to send to families and stakeholders to obtain their feedback. Staff told us they were able to feedback to the registered manager or deputy manager in staff meetings, handover and supervision. They felt their opinions were listened to and there was an open and honest rapport with the registered manager and deputy manager.

The home had a complaints policy and procedure. Staff knew how to respond to complaints and who to notify should they receive a complaint. There had been no complaints made in the last year. Relatives told us they knew how to complain but had not needed to do so.

Good

Is the service well-led?

Our findings

The registered manager was held in high regard by the relatives, friends and staff of the home. One relative told us how the registered manager reacted to difficult situations. They remained calm and this in turn meant the staff remained calm. They said "Nobody panics, there can be a lot going on in the home, she (the registered manager) is amazing, she always keeps me advised. They (staff) are very good I can't sing their praises enough." Another told us the registered manager "Comes across as a very caring lady, I believe it (the home) is well managed from what I see."

Staff comments about the registered manager included "Good, really good. I actually don't think this home would be as good without this management. Short cuts are not tolerated. We get a great deal of support, managers would not ask us to anything they wouldn't do themselves." Another said the registered manager was "Brilliant". A third told us the home was "Very well managed. The care is very person centred. Everything we do is with the residents in mind."

Throughout the inspection we saw the registered manager supporting people with general care. The registered manager encouraged an honest and open approach; staff confirmed this was the case. The office door was open and staff came to seek support when needed. Staff told us they felt supported by the managers, when asked if the registered manager was visible one said "She starts early, she is hands on providing care when we are short of staff. She is always around."

Staff told us they found the supervision sessions, appraisals and team meetings useful. Feedback was always given in a constructive way. One staff member told us, "Supervision is a way of improving practice and setting goals. It helps me to keep expanding my knowledge. I would like to think it makes me better at my job and a better example to others." Staff described team meetings "We have an opportunity to brainstorm and feedback as a team. We can put forward suggestions of how things can be improved." One staff member told us if they were not able to attend they were able to email information to the registered manager or raise issues via email and it would be discussed in their absence. All staff had access to the minutes of team meetings.

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.

The provider's managers completed audits at different locations. This meant the audits completed at Old Barn Close were completed by a manager who worked for the provider but did not manage the home. Once an audit had been completed, two further follow up visits were undertaken over the following two months to ensure improvements had been made in any areas identified. These audits included health and safety checks, lone working, Control of Substances hazardous to health (COSHH), medication and fire safety amongst others. We were told the provider is considering managers carrying out audits of their own services in the future.

We saw evidence of improvements that were required had been actioned. There was also an element of learning from mistakes. We were notified of a medicine error. The lesson learnt was a person needed their own portable medicine cabinet, this allowed staff to audit the medicines held in the cabinet without disturbing the person's rest time. We saw the cabinet had been purchased. This enabled the service to continuously improve in its service delivery.

The registered manager and staff had an understanding of the aims of the service. One staff member told us they were putting together some photographs of the people living in the home as part of a display. The heading for the display was going to read "Our residents do not live in our workplace, we work in their home." All the staff we spoke with said if it was appropriate, they would be happy for their loved one to live at Old Barn Close. One staff member told us "I believe the quality of care is really good, nothing is missed… It's a home, it's a happy place. It offers people choice and they are safe." Another told us "It is a home, a proper home." One staff member told us when we asked them what the best thing about the home was, "Engaging with the residents and getting their responses. It never fails to make me smile." From our observations, we saw people appeared to be clean and well dressed. Staff knew and engaged with people well. The providers vision of "We believe everyone should have a home and the support they need." was being fulfilled at Old Barn Close.