

Stockdales of Sale Altrincham and District Limited

Headonhey

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 

Overall summary

The inspection took place on 3 February 2015 and was unannounced. The last inspection of Headonhey was carried out on 5 November 2013 where no breaches of legal requirements were found.

Headonhey is registered to provide accommodation for up to seven adults. Care is provided for people with complex learning disabilities and associated physical disability needs. It is managed and owned by Stockdales of Sale, Altrincham and District Limited (Stockdales), which is a charitable organisation.

The service had 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.

We found the service to be a good service. The ethos of the home was to provide person centred care and support to each person who used the service by recognising and celebrating their individuality.

There was a strong person centred culture apparent within the service. (Person centred means care is tailored to meet the needs and aspirations of each individual).

Summary of findings

Personalised programmes and flexible staffing enabled people to live as independently as possible with the amount of support they needed to keep them safe. People were included in decisions and discussions about their care and treatment. Staff described working together as a team, how they were dedicated in providing person centred care and helping people to achieve their potential. Staff told us the registered manager led by their example and was supportive of them.

Due to the complex needs of people living at Headonhey it was difficult for us to ascertain their opinions on the service they received as they were unable to tell us verbally what they thought or felt. However, we found we could use the information contained within the care plans to help us understand their unique communication styles which we were then able to use to capture feedback about their experiences. We saw people looked happy and comfortable in their surroundings.

People who used the service were encouraged and empowered to make choices about different aspects of their lives. It was clear from speaking with people and our observations that the staff had developed good relationships with people and understood each person well. We saw people had their dignity and privacy respected.

The care plans were detailed and contained a good amount of information to help staff support people well. There were capacity assessments in place and the correct procedures had been followed to ensure people were not unlawfully deprived of their liberty and did not have any restrictions put upon them which had not been agreed.

We found the service to be well led, relaxed and friendly and people were supported by appropriately trained staff who were caring and knowledgeable about them. We found the skill mix and staffing levels were sufficient to support people safely and effectively. There were sufficient staff on duty to meet people's needs. Staff received training and support to enable them to carry out their tasks in a skilled and confident way.

People had the opportunity to be involved in a range of activities and were encouraged to maintain relationships with their friends and family and to participate in their local community.

The service was constantly striving to improve and learn and demonstrated areas of recognised best practice.

Summary of findings

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 was safe.

Staff had received appropriate training in respect of abuse and were clear about the action to take if they suspected any abuse was happening.

People using the service had comprehensive risk assessments in place which respected their rights and supported their freedom to make their own choices and decisions.

Medicines were managed safely and people were supported by enough staff, who knew them well.

People were kept safe by staff who could meet their needs.

Good



Is the service effective?

The service was effective.

Staff received training which was appropriate to their job role. This was continually being updated which meant staff had the knowledge to effectively meet people's needs.

People's capacity was assessed in line with the requirements of the Mental Capacity Act 2005 (MCA). We found care records considered people's capacity to make decisions for themselves which ensured their rights were protected.

People had a choice of food and were provided with a well-balanced diet. People also had access to a range of healthcare professionals as and when needed.

Good



Is the service caring?

The service was caring.

We saw staff were kind, patient and friendly and had developed good relationships with the people they supported.

Staff understood the complex care needs of people they supported which helped people maintain a good level of health and wellbeing.

People's privacy and dignity was respected and their independence was promoted by staff at all levels.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed and care plans contained good information to ensure people's needs were identified. People's care records had been regularly updated and provided staff with the information they needed to meet people's needs.

We saw staff understood the people they cared for including their likes, dislikes and complex care needs in relation to their physical or learning disabilities. This meant people received personalised care in the way that they wanted.

Good



Summary of findings

There were a wide range of activities available for people to participate in if they wanted to. People had lots of opportunity to be involved in social and recreational activities.

Is the service well-led?

The service was well led.

We found that the provider was constantly striving to improve the quality of the service being delivered. There was a positive culture of openness and inclusion within the home. The staff team were well established, spoke highly of each other and staff at all levels said they felt supported within their role.

We found there were effective systems in place to monitor and improve the quality of the service. Service users were involved in decisions made about the running of the home.

Accidents and incidents were monitored by the registered manager to ensure any trends were identified and lessons learnt.

Good



Headonhey

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 3 February 2015 and was unannounced.

The inspection was carried out by an Adult Social Care Inspector.

Before the inspection we looked at the information we held about the service. We reviewed the provider's information return (PIR). The PIR is a form that asks the provider to give some key information about their service, how it is meeting the five questions, and what improvements they plan to make.

We contacted Manchester City Council for their feedback about the home prior to inspection. The feedback we received was positive.

Due to the complex care needs of the people who used the service some of the people were unable to tell us directly about their experiences. Therefore we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who cannot tell us about their care.

We spoke with one person who used the service, four staff, including the registered manager, support workers and the service manager. We reviewed records and audits within the service and looked at two care files in detail. We looked at one communication passport and a health action plan. On the day of our visit there were five people at home.

After the inspection we telephoned two family members involved in the care and support of their loved ones for their feedback about the service. What they told us was positive.

Is the service safe?

Our findings

On the day of our inspection there were enough staff on duty to meet people's needs. We carried out observations and spoke with one person who used the service. This person was asked if there was enough staff on duty in the day and at night to support them safely. We used their communication passport to help us understand their responses. They answered "yes" to both questions. A communication passport is a tool used by staff to help them understand the unique communication style of the person they are supporting. Communication passports are important tools when supporting people who are unable to communicate their needs verbally.

As part of this inspection we looked at a sample of medicines records for all the people who lived at the home. There were clear lines of accountability within the home in relation to the administration of medicine and we saw medicines were kept safe and that records were up to date and accurate.

We spoke with members of staff about their understanding of protecting the people they worked with. What they told us meant they had a good understanding of the safeguarding adults procedure, could identify types of abuse and knew what to do if they witnessed any incidents. Staff said their training they had had provided them with enough information to understand the safeguarding processes that were relevant to them. The staff training records we saw confirmed the staff we spoke with had received safeguarding training.

Care plans contained lots of information about the people's needs. The people living at the home had complex health care needs. The information contained in the support plan and the health action plan meant staff had all the information they would need to ensure people were supported safely.

We found given the nature of the complex needs and communication difficulties of some of the people using the

service the home demonstrated its commitment to ensuring that people were empowered to make decisions and choices about their care and support. As a result some of the information contained within the care plans in relation to capacity and consent was complex. We discussed this with the registered manager who told us this would be looked at as they were streamlining information and trying to devise simpler ways of capturing information in care plans which was more meaningful to the person being supported.

Families we spoke with told us there were sometimes different staff from different homes within the service who came to support the people living at Headonhey. They said they felt this could have been a problem as their family member did not like changes of routine or unfamiliar faces.

The registered manager confirmed they used staff from other houses as they were trying to ensure as many staff as possible were trained and familiar with people in each of the houses so continuity could be provided in the event of absence or sickness of regular staff.

Risk assessments had been carried out to cover activities and health and safety issues. The risk assessments were enabling and were clear and outlined what people could do on their own and when they needed assistance. Personal emergency evacuation procedures had been developed and reviewed and were kept in each person's file. There was clear instruction for staff to enable them respond appropriately to keep people safe in the event of an unforeseen emergency.

There was a process in place to ensure safe recruitment checks were carried out before a person started to work at the home. Staff attended an interview and satisfactory references and disclosure and barring checks were obtained. One staff member had recently been recruited following on from a successful apprenticeship placement at the home. We found the service had robust systems in place to ensure suitable people were employed to provide care and support to people who lived at the home.

Is the service effective?

Our findings

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS), and to report on what we find. Staff members were aware of people's rights to make their own decisions. They understood the need to protect people's rights when they had difficulty in making decisions for themselves. This is a legal requirement that is set out in an Act of Parliament called The Mental Capacity Act 2005 (MCA). We saw evidence that when necessary the home had followed the correct process to ensure a best interest decision had been done to protect a person's rights when they did not have capacity to make their own decision.

We found the home were following the principles of the Mental Capacity Act 2005 as consideration had been given to everybody's right to make their own decisions in all aspects of their care and support. We found information was presented to people in a way they understood, for example by using pictures, sign language and individual communication passports. We saw each person had an identified "circle of support" within their care plan. This meant staff knew who was involved in the care and support of each person, who was important to them and who could help in a decision making process if necessary.

Staff had received training in the Mental Capacity Act 2005 and what they told us meant they understood the learning they had received. They followed the basic principle that people had capacity unless they had been assessed otherwise. Staff were clear about how they gained consent prior to delivering care and treatment. They said, "We always ask people, it's about respecting people as individuals and getting to know them well."

People who used the service had a health action plan in place; this was available in pictorial format and contained relevant information for health professionals about the person and their health and personal needs. We saw from records that people were fully supported with their healthcare needs.

The service ensured people needing to stay in hospital were supported by a member of staff from the home for the duration of their time in hospital. This meant during times of anxiety and stress the home provided additional support whilst the person was receiving treatment.

We looked at staff training records and saw that staff had access to a range of training both essential and service specific. Training included communication, epilepsy; person centred planning, Deprivation of Liberty Safeguards and the Mental Capacity Act 2005.

Staff confirmed they had received a full and comprehensive induction. This involved online training and shadowing shifts with experienced staff, where they were able to observe staff practice and be introduced to people who used the service. Following this, they completed a six month probationary period which included monthly supervisions. On successful completion of this, their suitability for the post was assessed and their position became permanent.

Because people living at Headonhey had a wide range of complex healthcare needs it was important staff understood what they were and how to support people effectively. Each staff member was assessed for their level of competency in specific areas of complex care before supporting a person with these needs. Areas of competence assessed included suction, bile bag, oxygen, epilepsy and rescue medication as well as safeguarding and mental capacity. This meant that the provider could test the effectiveness of the skills of staff in order to maximise the quality of care delivery.. This was a good way of ensuring staff were able to put their learning into practice to deliver good care which met people's individual needs. Staff were not able to work night shifts until they had successfully been assessed as competent.

People had their nutritional needs assessed prior to admission. Care records contained risk assessments, preferences, likes and dislikes and the level of support people required in the preparation of meals.

We observed three people during lunch time. People were encouraged to sit around the dining table where staff were able to observe and support people as and when they needed it. We noted two people were offered an alternative when they expressed they did not want the lunch which had been prepared. This was done quickly and in support of the persons preference. We noted people who needed support to eat were encouraged to do as much for themselves as they were able to or wanted to. The lunchtime experience was a positive experience in which everybody was involved.

Is the service effective?

One family member we spoke with commended the staff in being able to, “provide a good balance of independence along with support when needed to ensure they eat well, this could have been a problem but staff ensured it wasn’t.”

People living at the home were encouraged to prepare the evening meal with support from staff. They had a meeting with the staff every week to plan menus and prepare

shopping lists, so they could have what they wanted to eat. Each of the people who used the service were involved in this process equally and with varying levels of support, dependent on their individual needs. This meant staff were respecting and promoting each person’s level of independence and ensuring they were involved in learning about and participating in day to day tasks.

Is the service caring?

Our findings

We saw there was a strong person centred culture apparent within the service. People who used the service were supported to take the lead in planning their day-to-day activities.

Staff were trained to use a person centred approach to support and enable people to develop their person centred plans. People who used the service were involved in choosing and interviewing new staff.

We observed staff to be well motivated and they interacted well with the people who used the service, consulting with them about all aspects of their daily life. Staff discussed their planned activities with them and established what they wanted to do and when they wanted to do it.

People were encouraged to identify family, friends and others who were important to them. We saw care records contained detailed information for staff about how people wished to be treated and how they preferred to be supported, so their dignity was respected. Care records showed that people who used the service and their relatives were involved in assessments and plans of care.

Care records were available in easy read format and other formats which people used to support their communication. The service was currently in the process of streamlining the information to ensure staff were able to access key information more readily.

Information in the support plans showed the service had assessed people in relation to their mental capacity; people were encouraged to make their own choices and decisions about care. We were told people and their families were involved in discussions about their care and support, and best interest meetings had taken place where a person did not have capacity.

On each person's bedroom door there was a "one page profile". This had a picture of the person whose room it was along with important information about the person, including how that person liked to be supported in the morning waking up and at night time going to bed. Staff told us they had found this useful when they had first started because, "it is the little things which mean a lot to the person we need to know, that can make the difference between someone having a good day and a bad day."

People who used the service had access to a fully adapted kitchen, dining area and a communal lounge area. Each bedroom was personalised and decorated based on people's own tastes and preferences. For example one person we spoke with indicated their favourite colour was purple. With their permission we looked at their bedroom and saw their preferences reflected in the décor. The rooms were warm, clean and inviting and people indicated they were happy within their surroundings. People who used the service told us their families were welcome to visit at any time. The families we spoke with after the inspection confirmed this.

People were encouraged to participate in conversations with staff and there was pleasant "banter" between staff and people who used the service. Because the dining area and the lounge was open plan there was a feeling of involvement for people sitting in all communal areas.

We found the ethos of the service was well embedded within the home and staff had a good understanding of what they needed to do to facilitate this. Staff were able to communicate effectively with each person no matter how complex their needs and genuinely cared about the wellbeing of the people they supported.

Is the service responsive?

Our findings

The staff spoken with had an in depth understanding of each of the people who used the service, their personalities, their aspirations, their particular interests, how they communicated and expressed themselves, their strengths and qualities and the areas they needed support with.

One example included how they had noted that one person had indicated they had headaches over a period of time following on from some activities. This person was not able to tell staff directly but staff had noted a change in their mood after a music activity. Following on from this a different activity was arranged which was of a particular interest to this individual.

We reviewed the care records for two people and found them to be very person centred and they detailed the levels of support each person required. We saw each care record had a section 'all about me'. This provided staff with a summary about the person they were supporting including: communication methods, diagnoses, allergies, family and friends' birthdays and special anniversaries. Each care plan identified clearly what the aims were and the steps staff should take to support the individual with this, in line with their personal preferences.

Risk assessments were enabling and had been reviewed on a regular basis. When changes had been identified, records were updated to reflect this. We saw daily diary records were kept for each person, these were well completed, using appropriate language and terminology.

We saw an allocation book was maintained during each shift. This was a log of the tasks and responsibilities each staff member had allocated to them for that day. The contents of this were shared with the staff team during handover at each shift change. From this staff could see how each person who used the service needed to be supported throughout the day or night and what support was required for the duration of their shift. This meant people who used the service received care that was relevant to their needs at that time.

People who used the service had the opportunity to access a wide variety of different activities; some of these were structured whilst others were in place to pursue hobbies and interests or for relaxation. There was a structured weekly plan in place for the service and each person had a

personalised activity plan based on their personal preferences and aspirations. This was further being developed by the activities co-ordinator who was evaluating each session to see how much people enjoyed the activity. This would then be discussed with the team and the people involved ascertaining if different activities were needed.

The service encouraged people to socialise within the local community and hosted fundraising events at the home. These events were well publicised in the local community, and in the newsletter published by the home. People who used the service were involved in developing the newsletter. There were photos displayed around the communal areas of the home which showed people engaged in a wide range of activities with staff and family members. This meant the home understood the importance of social and community inclusion and had taken positive steps to promote this with and for the people using the service.

These were in addition to the independent living skills, meal planning, shopping, meal preparation and housekeeping they were also involved in on a daily basis. The registered manager told us they were keen to develop more in-house activities and recognised not everybody wanted to go out every day as some people enjoyed relaxing at home.

It is important for people to be able to feedback their experience of the care they receive. We asked the registered manager how this was done. They showed us minutes of a consultation meeting which was facilitated by people who use the service, supported by staff from the home. People were asked to think about what staff could do to treat them with dignity and respect. Comments included "knock on my bedroom door before entering," "ask before you help me," "help me to wear makeup," and "don't stand over me." This was then used to inform the care plans and staff training.

The home ran weekly house meetings where people were supported to feed back their views and to discuss any concerns they have. At the last meeting in December 2014 it was noted, "Residents want staff to have their photos taken and put on the notice board in the dining area so they know who is coming on shift." We did not see that this had happened on the day of inspection but were told a staff member was currently developing a picture rota. We asked one person who used the service if they felt able to discuss

Is the service responsive?

things with staff at these meetings. Through using their communication passport we could ascertain they did feel able to discuss things with staff. They confirmed they felt listened to although related better to staff they knew well.

After the inspection we spoke with a family member who said the home was very good in responding to complaints. They told us when they had needed to, in the past, they had followed the complaints procedure and the issue was resolved quickly and effectively.

We did not see a complaints record on the day of our visit as there had been no complaints in the previous twelve months.

Is the service well-led?

Our findings

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. We observed throughout the day the registered manager had a positive presence throughout the home and engaged well with staff and people who used the service.

During our inspection visit we were provided with positive comments and compliments about the way the service was managed, these included comments about the registered manager and the provider. One member of staff told us, "Stockdales (the provider) actually do what they say they are going to do and we can see the benefits to service users, we really can make a positive difference in the lives of the people we support." We received feedback from the commissioning team from Trafford council; they told us about a recent visit and said, "the visit was a wholly positive one with many areas of best practice identified."

We spoke with families who told us, "Headonhey is the cream of the crop, a really excellent service, they are the best at what they do by far, and I would recommend it to anybody."

We found there were systems in place to monitor the quality of the service. We reviewed monthly audits for medication management, care records and supervision files. Records showed that any actions required following the audits were identified and acted on. Further independent audits of the service were undertaken every month by one of the trustees who then gave feedback to the registered manager. The registered manager produced a monthly report to the trustees which would outline action taken and provide an overview of action and progress. We found there were clear and robust lines of accountability within the service from the trustees to the people who used the service, with the emphasis on excellent service delivery, empowerment, inclusion and involvement.

There were a number of reports available for us to look at which were examples of how the service found innovative and creative ways to enable people to be empowered and voice their opinions. One of these was the "Review and Quality Assurance Report July 2014." In these reports key areas, such as communication, listening to people, complaints listening and learning were reviewed. We saw

comments made by other visiting professionals which said, "there was a great atmosphere of a fun and a vibrant place to both live and work. Staff were clearly happy in their work and the relationships between staff and service users are not simply task orientated, there is a definite and genuine rapport between all." We observed this level of interaction on the day of our visit from staff at all levels. There was feedback from people who use the service within the report, comments included, "Management give us a say in how we want the service to be run. We get to take part in some fantastic activities."

The registered manager was also the Assistant Chief Executive Officer. They were responsible for managing the team of service managers across the organisation. We spoke with one of the service managers who had recently come to work at Headonhey from another home within the service. They told us, "this is a great company to work for; they are very supportive and are a good team. We are always looking to improve on what we do and are willing to learn if there is a better or more effective way of supporting both staff and the people who use the service."

Staff we spoke with told us meetings for all staff were held monthly, where the care for each person who used the service was discussed. Training requirements, the sharing of information and best practice were also discussed.

The registered manager told us that they carried out a monthly analysis of accidents and incidents. This was further reviewed at senior management meetings and lessons learned from these openly discussed. Following this any action that needed to be taken, was prompt.

Staff told us people's opinions were important and they were supported to express their views in a variety of ways appropriate to their individual communication skills and abilities. Records showed that people who used the service were regularly asked their views through house meetings and one to one sessions with staff. One person had expressed a desire to do swimming and the home had ensured appropriate risk assessments had been done to enable this to happen.

With each person being included, involved, respected and in receipt of person-centred care we found the registered provider was committed to personalising the services they provided and to follow the recommendations outlined in The White Paper "Valuing People, A New Strategy for Learning Disability for the 21st Century." Through speaking

Is the service well-led?

with staff it was clear to us staff shared this commitment and vision and were supported through training and good leadership from the registered manager to provide this for the people who used the service.

The home had achieved the Dignity in Care Award and also received the Investors in People Award. These awards are

given to services who can demonstrate consistent, individualised care and support to people who use services and are committed to the on going training and development of staff.

Families we spoke with told us, "I am so very happy with the home. I know (my relative) has a very good quality of life. It is like a big family. They are all friends and I am secure in the knowledge (my family member) is treated well. They do a great job."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.