Stroud Care Services Limited

Highfield House

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection was unannounced. The previous inspection was completed in April 2013 and there had been no breaches of legal requirements at that time.

Highfield House is a care home, registered to provide accommodation for up to seven people. The service cares for people who have learning disabilities or mental health issues, or have both. There were seven people living in the home when we visited. Highfield House is a large semi-detached property, near the centre of Stroud and accommodation is spread over three floors. The staff team were led by a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law: as does the provider.

Summary of findings

People told us they were happy and enjoyed their life at Highfield House. Our observations, discussions with the staff team and the records we looked at supported the fact the seven people who lived at Highfield House were content, chose how they spent their time, and were supported to lead meaningful lives. People were supported to be as independent as possible but were supported with those tasks that they may not be able to achieve on their own. Each person took part in a range of meaningful activities, some to meet their individual needs and others as a group.

People were safe because staff knew how to recognise and respond to abuse correctly and had received safeguarding training. Staff recruitment procedures ensured that only suitable staff were employed to work in the home. The manager had completed Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training and had arranged for all staff to complete on-line training. The MCA is legislation that provides a legal framework for acting and making decisions in a person's best interests. DoLS is a lawful process whereby a person could be deprived of their liberty because it was in their best interests. Appropriate referrals had been made.

Staffing numbers were arranged around what activities people were undertaking which meant people were supported with their activities.

People were looked after and supported by staff who were well trained and supervised. The staff team provided a consistent approach to people as they shared ideas and suggestions. People enjoyed their meals and had a choice of food. People were supported to cook meals and decide what the weekly menus were to be. People were supported to access healthcare services and to receive on-going healthcare support. The staff team worked well to support people to have a healthy life.

People's care and support needs were assessed, planned and then delivered in a way that took account of their individual choices and preferences. The plans were kept under continual review.

The staff team was led by the registered manager who was very much involved in the day to day running of the home. Clear leadership was provided and the staff team spoke about being well supported. There were good systems in place to monitor the quality and safety of the service and to take account of people's views.

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?

Good

The service was safe. This was because the staff team had a good understanding of safeguarding issues and their responsibilities to protect people from coming to harm. Recruitment procedures were robust to ensure that only suitable staff were employed.

Any risks to the person were identified and appropriately managed. People gave consent to their care and support but were supported by staff to reduce or eliminate risks where best interest decisions had been made.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

Is the service effective?

Good

The service was effective. This is because the staff team had the necessary skills to do their jobs and to meet people's needs. The service had a good training programme and staff were well supervised.

People decided themselves what they would like to eat but the staff supported them to make healthy choices. Where people were at risk from poor dietary intake or overeating, the staff monitored food intake. People were supported to access the healthcare services they needed.

People were supported to be independent. Each person's community activities were planned to coordinate with the others in the home in order that staff were available.

Is the service caring?

Good

The service was caring. People told us the staff were kind and caring. Staff were respectful about the people they were looking after. People were able to make everyday choices, were treated with respect and were encouraged to be part of the local community. The staff knew what people liked.

Support plans set out how people wanted to be looked after and people were helped with those tasks that they may not be able to achieve on their own, for example personal care tasks or daily living activities.

Is the service responsive?

Good

The service was responsive. This is because people were able to make everyday choices and were looked after in the way they had said they wished to be. People were involved in deciding how they wanted to be looked after.

People were able to express their views and the staff listened to them and took appropriate action where relevant. Their care and support plans were kept under constant review so that the staff could respond to any changes in care needs.

Is the service well-led?

Good

The service was well-led. This is because there was a registered manager in place who provided good leadership for the staff team and had a day to day presence in the home.

People were encouraged to express their views and opinions in house meetings. Staff meetings enabled the staff to feedback about people's care and present new idea's.

Summary of findings

There were robust procedures in place to ensure that the service was well run and monitored the quality and safety of the service.

Highfield House

Detailed findings

Background to this inspection

The inspection was carried out by one inspector on 17 July 2014. There were no breaches of regulations from the previous inspection that we needed to follow up.

Prior to the inspection we spoke with four healthcare and social care providers who were involved in the care of the people who lived at Highfield House.

We looked at all the information we had about the service. The information included the statutory notifications. A notification is information about important events which the service is required to send us by law. We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR was information given to us by the provider. This enabled us to ensure we were addressing potential areas of concern.

During the inspection we were able to speak with five of the seven people who lived at Highfield House, three members of staff, the registered manager and the operations manager. The people we spoke with were able to tell us what it was like to live in the home and what activities they took part in. We looked at the support plans for three people and other records relating to the running and management of the home. We watched how the staff team interacted with the people who lived in Highfield House.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Good

Is the service safe?

Our findings

One person told us, "I am very safe here and the staff ensure I don't get hurt". Another said, "I cannot go out on my own in case I get lost. The staff always come out with me whenever I want". Each person told us staff kept them safe in the home and when they were out in the community.

All staff had received safeguarding training as part of the mandatory training programme. Safeguarding training was part of the induction training for new staff. Records confirmed all staff were up to date with their safeguarding training and when their next refresher training was due to be completed. Staff said they would report any concerns they had to the manager. The registered manager talked about the safeguarding reporting protocols they would follow if concerns were raised, alleged or witnessed. The safeguarding policy detailed the types of abuse and the signs that abuse may be occurring. The policy had been reviewed and updated in January 2014. The service also had a whistleblowing policy which detailed how staff could raise concerns about poor practice. These measures ensured that the staff team had the knowledge to enable them to protect the people who lived in the home.

The registered manager had attended a Mental Capacity Act 2005 (MCA) course for practitioners with Gloucestershire County Council. The MCA is a law about making decisions and what to do when people cannot make decisions for themselves. The registered manager had identified a shortfall in training for the staff team and the staff team had been given a deadline of 1 September 2014 to complete an on-line MCA and Deprivation of Liberty Safeguards (DoLS) training package. DoLS is a lawful process whereby a person could be deprived of their liberty because it was in their best interests.

These safeguards protected the rights of the people who lived in the home to ensure that if there were restrictions placed upon their freedom and liberty, they were assessed by a social care professional to see whether they were needed. Two people who had previously been subject to a DoLS restriction and two others were in the process of being referred back to Gloucestershire County Council for assessment. This was because of recent changes in the interpretation of the deprivation of liberty. People were protected by these arrangements.

Those staff we spoke with had an adequate understanding of capacity issues and reported that all seven people had the capacity to make day to day decisions. They also confirmed they had to complete the on-line training package before September. A further training session was planned with a booked speaker on both MCA and DoLS in order to enhance staff knowledge.

There was an emergency business contingency plan in place that detailed what actions would be taken in the event of incidents that affected the running of the home. The plan covered failure of utility services, flood, damage to the building and absence of staff. Each person had a personal emergency evacuation plan (PEEP) prepared in the case of a fire and these stated what support the person would need to evacuate the building. The staff team were provided with the necessary information so they would know what to do in the event of a fire. They would also be able to share this information with the fire service.

The provider told us their assessments processes clearly identified areas of risk and all risk assessments were reviewed on a monthly basis. Risk assessments were completed for each person where risks had been identified. Examples of risk that had been identified included neglect of personal hygiene, being out in the community, leaving the home without telling staff and working in the kitchen. Risk management plans were in place to reduce or eliminate the risk. People were supported to take part in activities they liked and ways of reducing or eliminating any risks were explored. People were supported to remain safe and unnecessary restrictions were not placed upon them. Staff supported people to have a full and meaningful life and managed risks well. The staff did not restrain people but used positive behavioural management strategies where required.

Safe recruitment procedures were followed before new staff were appointed to work with people. Appropriate checks were undertaken pre-employment and these included three written references and a Disclosure and Barring Service (DBS) check (formerly called a Criminal Records Bureau (CRB) check). All references were validated to ensure they were provided by previous employers. The home currently had one team leader vacancy and

Good

Is the service safe?

interviews were taking place at the end of the week. One of the people who lived in the home was involved in the interview process. These measures ensured people were looked after by suitable staff.

Staffing numbers were based upon the support needs of the people who lived in the home and the activities they each had arranged on a given day. People told us the staff were available to go out with them. In the mornings there were generally two staff (team leaders or support workers) with another member of staff doing a cross-over shift. In the afternoons and evening there were two staff available and overnight one member of staff was available to be called upon. Staffing numbers were amended to support people with college, social activities and holidays. On the day we visited, the registered manager was on duty plus two team leaders, one support worker and one trainee support worker. Staff said that the staffing levels were appropriate and people we spoke with said that there were always staff about to help them. There was no use of agency staff and any vacant shifts were covered by the staff team or the managers. People were looked after by staff who were familiar with their needs and preferences.

Good

Is the service effective?

Our findings

People told us, "I like living here and I have settled in now", "They (the staff) help me do the things I like to do and also find out about things I might like to try" and "I get the help I need". Another person said "I have just been out shopping. I like going out and looking round the shops. The staff know that".

People were supported to be as independent as possible. Some people were only able to go out in to the community with a staff member. One person said "staff are always able to take me out". Staff said that an individual's community activities were planned to coordinate with the others in order that they were available. From our observations and what we were told, we found that people were able to make everyday choices, were treated with respect and were encouraged to be part of the local community. One person said "I like the way the staff look after me".

People were supported by staff who had the necessary skills and knowledge to meet their care and support needs. Staff we spoke with were knowledgeable about the people they were looking after and were able to talk about their individual preferences and daily routines. People were looked after by staff who were familiar with their needs because there had been little turnover of staff.

Staff told us they received training to help them do their job. New staff completed an induction training programme when they first started working in the home. Induction training consisted of food hygiene, safeguarding adults, administration of medicines, moving and handling and first aid training. The trainee support worker was in the process of completing their induction training programme and this was being overseen by the registered manager. Staff also completed training in positive behavioural management and also mental health awareness. Examples of other person specific training staff had completed included diabetes and epilepsy management.

Six of the seven staff had completed a National Vocational Qualification (NVQ) in health and social care at level three (86%) and the manager was nearing completion of a diploma in leadership and management at level five. People were looked after by well qualified staff therefore their needs were met.

Staff were well supported. They told us that they had a regular meetings with the registered manager to discuss their work and records confirmed this. Supervisions were arranged on a two monthly basis. All staff had supervision with their line manager. The registered manager had set up a supervision timetable to ensure that all supervision meetings were completed. Records were kept of the supervision session. These measures ensured the staff team provided a consistent service to people and their work practice was monitored with any issues being addressed.

People were offered a wide choice of meals and were involved in deciding what meals were cooked and served. Each person chose the main meal for one day a week and then either helped the staff or were supported by the staff, to prepare and cook that meal. Staff monitored the weekly menu to ensure that healthy choices were available. Staff knew people's individual likes and dislikes and alternatives were also available when a person did not want the meal of the day. The registered manager told us that one person was at risk of poor dietary and fluid intake, so they were monitoring body weight and food intake and liaising with the GP and community nurses. One other person needed support to manage their food intake. These measures were taken in their best interests and had been agreed with other health and social care professionals.

Each person had a health action plan. These plans set out the specific health care needs for the person and what support they needed to maintain their health. People were registered with local GP's and staff supported them to attend the surgery whenever people were unwell or when people asked to see their doctor. Arrangements were also in place for people to receive support with health screening, for dental care and GP practice nurse treatments. Staff worked alongside community learning disability teams and mental health services to ensure that people received the support they needed.

One healthcare professional told us the service had greatly improved in recent months with the new manager and the home had been redecorated and looked more homely. A social care professional commended the service for their communications during the transition stages for a person who was moving from another service into Highfield House. A third social worker said that the person they worked with was now much calmer and incidences of

Good

Is the service effective?

behaviours that were challenging to manage had diminished. Staff said this was attributed to changes in the staff team and changes amongst the other people who lived in the home.

A 'wants, wishes and requests' book had been introduced so that people could write down what they would like to do and what they would like to see within the home. 'Service user' meetings had been introduced to enable people to express their views and be involved in making decisions about their day to day care. The notes from the last two meetings recorded that birthday celebrations, menus and household activities had been discussed. One person had said they wanted to go swimming and another had made a suggestion about something they wanted in the house. The registered manager explained that both suggestions were in the process of being acted upon.

Good

Is the service caring?

Our findings

People told us “The staff are very nice and kind”, “I have made friends with the staff” and “Everyone here is kind and nice to me”. Each person had an allocated key worker and one person told us who their keyworker was. A keyworker is a member of the team who has been allocated to a person and their function is to take a social interest in that person, developing opportunities and activities for them, and in conjunction with the staff team, lead on the support plan development with the person. The keyworker system enables the staff member to develop a strong working relationship with that person. One staff member told us how they were supporting one person to explore new opportunities for college starting in September 2014.

During the staff recruitment process, the registered manager observed the way applicants portrayed themselves and responded to people. This was to ensure they had the necessary personal skills to be able to care for people in a kind way, were respectful and courteous.

The interactions between people and staff were friendly and respectful. People were called by their first names, as was their preference, and people’s preferred name was recorded during assessment and recorded in their care records. One person told us they didn’t mind whether they were called by their full name or a shortened version. It was evident there were good relationships between the staff and people.

Staff knew the likes and dislikes of each individual person and their preferences in relation to their care and support. It was evident that people were looked after as individuals and their specific and diverse needs were respected. One person chose not to interact with the other people in the home and another person liked to get up later in the morning and have their breakfast later than the others.

Support plans set out how the person wanted to be looked after and detailed what was important to them. We looked at support plans that had been developed with the person and also other health and social care staff who were involved with their care. There was sufficient information in the plans to ensure the staff team knew how to look after them, what support they needed and their personal preferences. People were supported with those tasks that they may not be able to achieve on their own, for example personal care tasks or daily living activities.

People were supported and encouraged to develop positive relationships with people who lived outside of the home and to maintain family contact. One person had regular home visits and another person regularly stayed with friends away from the home.

Good

Is the service responsive?

Our findings

People were provided with care and support that met their individual needs. We looked at their care records and support plans. Detailed assessments of people's needs had been carried out. The assessment was used to develop a support care plan that was based on their individual needs. One person had only moved in to the home in the last couple of months and their records included notes from where they previously lived. This person had had several visits to the home before taking up residence. There had been several meetings with the person, their social worker and staff from the previous placement in order to ensure Highfield House was an appropriate place for them to live and the staff had the appropriate skills to respond to their specific needs.

People's support plans were well written and provided detailed information about how the planned care and support was to be provided. The plans provided details about the person's life history, their health care needs and the social activities they liked to participate in. The plans were person centred and had been written with the involvement of the person. Two people had signed to say they agreed to their plans. The plans for one person stated what staff need to do to ensure they maintained a high standard of personal hygiene and to keep their personal space (their bedroom) clean and tidy. The plan for another person included details about the support staff needed to provide when the person was cooking. Their plan also detailed what support they needed to manage their continence. These plans were being followed and this was confirmed by the staff and people when they told us what staff did for them.

Support plans were reviewed on a monthly basis and the notes of the reviews showed what had gone well during the month, any events and health issues, how the care plans were going and any changes that were needed. The reviews were carried out by the person's key worker and involved the person. These measures ensured that people received the care and support they needed and the staff were able to respond to changing needs. One person "I sit down with (named worker) and we talk about how things are going. I say if I want to do things differently". Another person said " They always make sure I am doing what I want to do".

People told us they liked to go shopping, they liked to go to clubs and they liked to attend a summer school to do the activities there. One person said "I like drawing". They told us they liked to draw when they were anxious. Staff said it gave the person comfort. The staff team supported people to go out to the local shops, to day centres, colleges and to local social activities. Two people had recently been supported to have a holiday and they told us they had enjoyed their time away.

There were opportunities for people who lived at Highfield House to have a say about the day to day running of the home. 'Service User' meetings were held regularly and menus, activities, birthdays and household chores were examples of items discussed. People were always asked to tell the staff about anything they were unhappy with or any complaints they had.

People told us staff listened to them and they could tell them if they were unhappy about something. People were made aware of what to do if they were unhappy because they had a copy of the complaints procedure. The procedure set out the process of dealing with any complaints received and the timescales involved and included the written word and pictures. The registered manager explained that any concerns people had were addressed before they escalated in to a formal complaint. Information that the provider gave us prior to the inspection told us about the communication and regular reviews with other social care professionals in respect of one particular person.

Good

Is the service well-led?

Our findings

People said they saw the manager every day. One person said, "I go in to the office to talk to the manager". Another said, "The boss is good. All the staff are good".

The registered manager was supported by an operations manager and team leaders. Overnight and at weekends there was an on-call system and support workers were able to call for advice or assistance if needed. We were told this worked well. Support staff and team leaders said they were well supported by the management team and that they were approachable. Staff said the home was better organised now that a full time manager was in place. Staff said there was now a good team approach to meeting people's needs and in the overall management of the home.

Since our last inspection a home manager had been appointed. They made an application to the Care Quality Commission for registration and this process was successfully completed in June 2014. It was evident during the inspection the management arrangements in the home were improved from previous visits with the new registered manager providing better leadership for the staff team. For the people who lived there, this had resulted in a calmer atmosphere, greater emphasis on social activities and work with individuals.

Staff meetings were organised on a three monthly basis and we looked at notes made following the last two meetings. The last meeting had been held in July 2014 and there was evidence that feedback from staff about how things were going and suggestions about meeting people's needs were encouraged.

Each person's support plan was reviewed on a monthly basis and in greater detail on a three monthly basis. Any changes to the person's care and support needs were identified and the plans amended. These reviews also included a review of the risk assessments in place so that the management plans could also be updated if the level of risk had increased or decreased.

The registered manager completed 'Managers monthly compliance reports' and submitted these to the operations manager. The registered manager reported on any accidents and incidents, that all household checks had been completed, staff sickness and leave, staff rotas, any complaints and issues regarding people's care. The manager had sent two notifications in the last 12 months to CQC to tell us about events that had happened in the home. A notification is information about important events which the service is required to send us by law.

All policies and procedures were in the process of being reviewed and would be updated and amended where needed. As new policies were issued staff had to sign to say they read and understood the policy. These measures ensured that the staff team worked to the same policies.

Other audits were completed in respect of medicines and health and safety. There was a fire risk assessment in place. Records showed fire checks, portable electrical equipment, fridge and freezer temperature checks and hot and cold water temperature checks had been completed. The registered manager had delegated these tasks to team leaders and had arrangements in place to ensure they were completed.

The home's complaints procedure was displayed in the main hallway and stated that all formal complaints would be acknowledged, investigated and responded to. The home had received one complaint in the last year and records evidenced the action taken and the outcome. Prior to our inspection we were aware that the family of a person who no longer lived in the home had raised their concerns with the local mental health recovery team and a meeting had been held with the operations manager and the provider. The Care Quality Commission had been copied in to the complaint. This complaint had not been recorded in the home's complaints log but this was an oversight that was rectified. The registered manager told us they would use the information from this complaints to review their practice and to make any remedial changes identified.

The registered manager and operations manager showed an understanding of the changes in legislation and the five key questions: Is the service safe, effective, caring, responsive and well-led? The PIR that the provider submitted prior to the inspection was very brief. The report gave us little information about how the service performed against each of the five key questions. However the registered manager and operations manager were aware that their procedures for assessing and monitoring the quality and safety of the service needed to be amended in order to align with the five key questions.

The registered manager talked about other improvements that they planned to make for the service. The registered

Good

Is the service well-led?

manager planned to attend person centred care training and then cascade the training to the staff team. This would ensure that the staff improved the ways in which they supported and met people's individual support needs, using innovative ways to help them be more independent. They also planned to streamline the current care and support files to remove duplication and ensure information was easier to locate.