

Mrs Alison Priest

Harleston

Inspection report

4 Stockyard Close
Harleston
IP20 9FG

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13 February 2023

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28 March 2023

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

About the service

Harleston is a residential care home providing personal care and support and is registered to support up to 1 person. The service provides support to people with a learning disability, and or autistic people. At the time of our inspection there was 1 person living at the service.

People's experience of using this service and what we found: We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it. We were confident people had received a well-planned, safe service over the last twelve months.

Right Care

The person being supported lived in a comfortable, clean environment which was safe. They were supported by the registered provider daily for both their care needs and social support. They regularly accessed social activities and were involved in their local community. The registered provider supported the person to maintain contact with their family and friends who they had previously known from a local day centre.

Right Culture

The provider had the knowledge and skills to carry out their roles and responsibilities. We found them very responsive to our feedback and immediately addressed any issues raised. The culture within the home was positive and we were confident that the person's dignity, privacy and independence were fully promoted.

Right Support

The person was supported to access health care appointments to ensure they remained in good health. Their health and medicines were monitored and regularly reviewed, and they received a healthy well-balanced diet.

The person received personalised care, and this was clearly documented. Risks associated with their care were clearly established and mitigated as far as reasonably possible.

The person was able to communicate in a limited way and was able to make their day to day care needs known. However, for bigger decisions they would need considerable support. Decisions taken in their best interest had been discussed with relevant professionals but not recorded to show what decision had been reached and how this was in the person's best interest.

Written consent for the person's care and support was not on file. We asked the provider to address this.

As an outcome of our inspection findings, we have made a number of recommendations in our report

around mental capacity decisions and training.

Rating at last inspection

The last rating for the service was good (published 30 September 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service. The service has been registered for over 20 years but there has been a recent change in registration, change of location name and address on 08 April 2022 so this was the first inspection of a newly registered location.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. As this is a domestic property with only one person being supported we did not ask to see audits or any other paper work in regards to the premises as we were able to see very high standards of cleanliness were maintained throughout and furniture was in a good state of repair.

The overall rating for this inspection was good. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection good.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Is the service effective?

Good ●

The service was effective.

Is the service caring?

Good ●

The service was caring.

Is the service responsive?

Good ●

The service was responsive.

Is the service well-led?

Good ●

The service was well led.

Harleston

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Harleston is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Harleston is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post who was also the registered provider. We have referred to them as the registered provider throughout the report.

Notice of inspection

This inspection was announced to ensure someone would be in and be able to have the time to answer our questions.

What we did before the inspection

We reviewed information we had received about the service since its registration. The provider was not

asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used information gathered as part of our inspection to form our judgements.

During the inspection

The inspection visit was on 13 February 2023. Feedback was given during the day. We met the registered provider; their partner and the person being supported. We looked at the care environment and records relating to their care and support. Following the inspection, we spoke with 3 of their relatives and continued to request additional information to help us reach our judgements.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The registered provider had many years' experience and knowledge of the social care sector. They understood their responsibilities to notify the local authority should they suspect the person was at risk of abuse or had suffered actual abuse or avoidable harm. They recognised the person's vulnerabilities and had put in additional safeguards where appropriate.
- Safeguards were in place to manage the person's finances and clear records were kept to show monies in, monies out and any expenditure.

We recommend the registered provider completes regular updates for essential training such as safeguarding training which they confirmed they had not completed for a number of years.

Assessing risk, safety monitoring and management

- Individual risks to the person using the service had clearly been identified, documented and mitigated as far as reasonably possible. Risk assessments were in place for daily activities in the home and in the community. These were kept under review to ensure the person's needs were known and any new or emerging risk was considered.
- The person lived in a safe environment which was appropriate to their needs. We observed them being supported to maximise their independence whilst receiving appropriate supervision.

Staffing and recruitment

- The registered provider was the sole provider of the person's care and support. However, there had been an occasion where the registered provider's family member had provided some support, and this had been provided in consultation with other health care professionals and a disclosure and barring check, (DBS.) sought.
- The registered provider sent us their business continuity plan which stated what arrangements were in place should they be unable in the short term to meet the person's needs.
- Anyone in regular contact with the person such as the provider's partner should have a up to date DBS and this has been applied for as an outcome of our feedback.

Using medicines safely

- The person was supported to take medicines where necessary and this was done safely and competently. Medicines taken were clearly recorded and their medicines were kept under review to ensure they were still necessary and were not having an adverse effect on the person's health.
- As an outcome of our feedback, we have received assurances from the registered provider that, since this inspection, the registered provider has approached the GP about providing written evidence of medicine

reviews which have been taking place but were previously not recorded clearly within the person's records.

Preventing and controlling infection

- The family home was spotless with high standards of cleanliness evident.
- Remote contact with family had been maintained during government restrictions following national COVID-19 outbreaks. Since restrictions have been eased the person has been able to visit their family members.

Learning lessons when things go wrong

- The registered provider confirmed there had been no incidents or accidents, but they were constantly reviewing the person's needs and where possible pre-empting and reducing risks.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

- Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisation were in place when needed to deprive a person of their liberty.

- The registered provider had made decisions on their behalf in discussion with other health care professionals. However, these decisions had not been formally recorded or discussed with the person's family. Therefore, legal protections to support the person were not being fully adhered to. A DoLS application had been requested but not received at the time of our inspection.

We recommend that the registered provider ensures consent is sought and recorded when providing care and treatment and that best interest decisions are clearly documented.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The person's needs had been fully assessed prior to them living in a family setting. Their needs were reviewed regularly with the involvement of the local authority to ensure they could still be met in the home

- External health and social care professionals were fully involved in the assessment and planning of the person's care. Family members were contacted in regard to the person's needs and updated about activities and their wellbeing. Since our inspection more formal methods of communication have been established. This will help to ensure individual family members receive regular updates. The person's wishes were paramount, and they were consulted daily.

Staff support: induction, training, skills and experience

- The registered provider had undertaken training in the past and had completed two recent courses to

keep their skills and knowledge up to date. Some of their training had not been updated for a few years and they agreed to refresh it as an outcome of this inspection.

- The registered provider was clearly very knowledgeable about the person they were supporting and the CQC regulations they were required to adhere to which would ensure that they upheld the person's rights.

Supporting people to eat and drink enough to maintain a balanced diet

- The person was supported to have a balanced diet and eat and drink in line with their wishes. The registered provider promoted a healthy lifestyle and sought medical advice about any concerns. The person had clear routines and liked familiarity, but the registered provider encouraged them to have new experiences and to vary their diet.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The person being supported had regular health checks and these were recorded with any actions followed up.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The person receiving care and support was living in an inclusive family where their needs were paramount and clearly understood. The registered provider was compassionate and had provided stability and consistency to the person living there. The person's family history and current review of their needs demonstrated how settled they were and had continued to grow in the secure environment.
- The registered provider understood autism and how it could impact on a person in terms of their need for routine, predictability and security. They understood the person's communication and sensory needs and were able to provide opportunities for a full and purposeful life.

Supporting people to express their views and be involved in making decisions about their care

- The registered provider understood the importance of involving and supporting the person in all aspects of their care and offered choices in appropriate ways. The person was involved in doing things for themselves rather than having things done for them. Care plans reflected the person's wishes as far as was reasonably practicable.

Respecting and promoting people's privacy, dignity and independence

- The person's dignity and privacy was upheld. The registered provider acted in an inclusive way and offered appropriate choices to the person. The person looked well, was nicely presented and had a beautiful bedroom which was personalised.
- The person had clear routines and was encouraged to be as independent as possible.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The person had limited speech but could make their needs known and was encouraged to make choices which were offered in an appropriate way. Care records were sufficiently detailed and would ensure the person received continuity of care should anyone else need to provide them with support.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The person received personalised care, which took into account their current and changing needs. We spoke with relatives all wished to be involved and the registered provider had agreed to share information on a need to know basis. Electronic communication had been ongoing, and visits to family had been facilitated.
- The care plan, and risk assessment, was person-centred and based on the person's needs and preferences. Daily notes were not recorded but the registered provider documented anything of any significance, including appointments, reviews or anything that needed following up.

Improving care quality in response to complaints or concerns

- The registered provider was responsive to any suggestions of how the person's care and support could be improved upon. No concerns or complaints had been raised and family members were fully involved in the inspection process and any questions they had, had been answered by the registered provider in a timely way.
- A complaints procedure has been forwarded to family members since the inspection so family members were aware of how and who they could complain to should they have any concerns about their relative's care in the future. They confirmed they did not have any concerns at the time of our inspection.

End of life care and support

- The person had been supported for over 20 years and as they were growing older consideration had been given to their changing needs. We discussed with the registered provider about contingency plans should the care have to cease even temporarily. A plan of care had not been put in place to ensure continuity of support. Since the inspection, we have received assurances from the registered provider that plans have been put in place and the registered provider has discussed with family members any wishes they might

have in regard to end of life care. Planning is always advisable to ensure people's wishes are known and can be carried out.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The person received exceptionally high standards of care based on their needs which enabled them to remain as independent as they could be whilst introducing them to familiar and new experiences within a family setting and the wider community

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered provider was open and transparent and demonstrated they had a good working relationship with other professionals and family members. They took their regulatory responsibilities seriously and only wanted what was in the best interest of the person and acted with the upmost integrity and compassionate nature.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered provider was aware of their roles and their responsibilities. They knew when and how to report concerns and ensure the person was fully safeguarded. They felt able to ask for advice and to work in an inclusive way with other professionals and family members as required.
- Records were kept as required to demonstrate how the person's needs were being met and risks mitigated. As a family home, formalized audits were kept to a minimum but records relating to equipment such as fire extinguishers and fire detection systems were kept and showed these were regularly maintained. Risks associated with the home had been considered such as trip hazards and the safety of the outdoor space.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The person using the service was fully involved in the planning and reviewing of their care in line with their wishes. Family members had been consulted in the past via telephone or social media, but formal systems were not in place in regard to seeking consent and making best interest decisions. This has since been put in place and a recommendation reflected in this report.