# Stockdales Of Sale, Altrincham & District Ltd

# Harboro

## 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 16 and 17 November 2015. The first day of inspection was unannounced. At the previous inspection in November 2013 the service was meeting the legal requirements.

Harboro provides care and accommodation for up to six people with learning and physical disabilities.

The service has 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.ale, Altrincham & District Ltd

Harboro is one of the services run by Stockdales of Sale, Altrincham and District Limited, a registered charity providing person centred care and support to people with complex care needs.

Due to the unique methods people used to communicate, which did not always include language, we were only able to speak with one person who used the

# Summary of findings

service and had limited discussions with them. However we used a Short Observational Framework for Inspection (SOFI) to help us understand the experiences of the people who used the service.

There was a very positive atmosphere within the home and people were very much at the heart of the service. People and their relatives were enabled to be involved in their care and staff implemented the service's core values to ensure people had a meaningful and enjoyable life.

The registered manager and provider regularly assessed and monitored the quality of care to ensure national and local standards were met and maintained.

Continual improvements to care provision were made which showed the registered manager and provider were committed to delivering high quality care.

All of the staff received regular training that provided them with the knowledge and skills to meet people's needs in an effective and individualised manner.

People's health and wellbeing needs were closely monitored and the staff worked well with other professionals to ensure these needs were met.

Staff sought people's consent before they provided care and support. However, some people who used the service were unable to make certain decisions about their care. In these circumstances the legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) were being followed.

People and their relatives were involved in the assessment and review of their care. Staff supported and encouraged people to access the community and participate in activities that were important to them. Innovative ideas had been implemented which ensured people received care that was meaningful and personal to them.

Feedback was sought and used to improve the care. People knew how to make a complaint and complaints were managed in accordance with the provider's complaints policy.

People's safety risks were identified, managed and reviewed and the staff understood how to keep people safe.

There were sufficient numbers of suitable staff to meet people's needs and promote their safety. Systems were in place to protect people from the risks associated from medicines.

People were treated with kindness, compassion and respect and staff promoted people's independence and right to privacy. The staff were highly committed and provided people with positive care experiences. They ensured people's care preferences were met and gave people opportunities to try new experiences.

# 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.

Risks to people were assessed and reviewed and staff understood how to keep people safe.

People were protected from abuse and avoidable harm in a manner that protected and promoted their right to independence.

Good

**Is the service effective?**
The service was effective.

The environment had been designed and arranged to provide positive living, learning and social experiences.

There were facilities on site to support people's care, therapy and leisure needs and, where they were able to, practice independent living skills.

Staff had the specialist knowledge and skills required to meet people's individual needs and promote people's health and wellbeing.

Good

**Is the service caring?**
The service was caring.

People had positive care experiences and staff ensured people's care preferences were met.

People were treated with kindness, compassion and respect and staff supported people to be involved in their care.

Good

**Is the service responsive?**
The service was responsive.

Innovative methods were used that ensured care was delivered in accordance with people's individual preferences and needs.

People's care was based around their individual needs, goals, wishes and aspirations.

Staff understood individual's complex communication needs and supported them to achieve their goals and increasing independence both at home and in the community.

Good

**Is the service well-led?**
The service was well led.

There was a positive atmosphere within the home and people were very much at the heart of the service. High quality care and support was consistently provided.

There were effective systems in place that regularly assessed, monitored and improved the quality of care.

The registered manager and provider demonstrated they provided high quality and consistent care that was based on best practice.

Good

# Harboro

**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 registered 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.

The inspection took place on 16 and 17 November 2015. The first day was unannounced. This meant the provider did not know we were coming. The inspection team consisted of one adult social care inspector.

A Provider Information Return (PIR) had not been requested prior to the inspection.

Prior to the inspection we contacted the local authority contracts and performance team about their views of the service; no concerns were raised and feedback was positive. We looked at notifications sent in to us by the registered provider, which gave us information about how incidents and accidents were managed.

During the inspection we observed how staff interacted with people who used the service. We used the Short Observational Framework for Inspection [SOFI]. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with one person who used the service and with relatives of two people who used the service. We also spoke with the registered manager, the deputy manager, and three support staff, including senior staff.

After the inspection we spoke with the Speech and Language Team and Learning Disability Team at Trafford Council to obtain their views of the service.

We looked at the care files of three people who used the service. Other documents seen included medication administration records and accident and incident reports.

We reviewed how the service used the Mental Capacity Act 2005. We looked at a selection of other documents relating to the management and running of the service. These included five staff recruitment files, supervision and training records, the staff rota, menus, minutes of meetings with staff and those with people who used the service, quality assurance audits and maintenance and equipment records.

Good

# Is the service safe?

## Our findings

We found people were safe. Staffing levels had been determined so that staff were available at the times people needed them, in order to provide person centred care. We saw that staff were always present in communal areas talking and engaging with people, as well as being available to support people with their personal care needs.

Staff showed that they understood people's risks and we saw that people's health and wellbeing risks were assessed, monitored and reviewed. We saw that people were supported in accordance with their risk management plans. For example, people who were at risk of skin damage used special cushions and mattresses to reduce the risk of damage to their skin.

Staff explained how they would recognise and report abuse. Procedures were in place that ensured concerns about people's safety were appropriately reported to the registered manager and local safeguarding team. We saw that these procedures were followed when required.

People's relatives told us that risks to people's health and wellbeing were managed well. For example one relative told us about a particular health need their family member had in realtion to skin integrity. They told us that the staff team had ensured their reltives condition was managed in such a way that it surpassed the care and treatment they had received at the hospital.

We saw that medicines were managed safely. Systems were in place that ensured medicines were ordered, stored, administered and recorded to protect people from the risks associated with them. When improvements to the management of medicines had been identified we saw that the home had responded quickly and took action to tighten up systems to avoid the risk of harm. A local pharmacy dispensed medicines and supplied medication administration record (MAR) charts. There was a protocol in place for PRN (medicines to be taken as required) and the administration of homely remedies. Staff who had been trained and assessed as competent administered medicines. We observed medicines being administered at lunchtime and staff administered these safely.

Fire safety equipment and notices were in place. We saw that fire equipment testing was carried out regularly and fire drills undertaken. Fire and health and safety risk assessments were in place. We saw records confirming that equipment, such as hoists, were regularly maintained to help ensure people's safety. In addition, we saw up-to-date personal emergency evacuation plans (PEEPs) were in place for people who used the service. These included important information about the person, information for staff and emergency services on how to assist each person safely and the assistance required for each individual.

We looked around the premises and saw that they were safe and secure. The home was clean and tidy and there was outside space for people to access safely.

We looked at rotas and saw that staffing was flexible due to the varying needs of the people who used the service. There were generally more staff on shift when activities were planned and when people who used the service returned from activities they accessed during the day. We observed on the day of the inspection that there were sufficient staff to meet the needs of the people who used the service.

We saw there were whistle blowing and safeguarding policies and processes in place. We spoke with a member of staff who demonstrated a good knowledge of safeguarding and whistle blowing procedures and was confident to report any concerns.

Training records evidenced that staff had undertaken training in safeguarding vulnerable adults. We found that when the local authority safeguarding team had asked the registered manager to implement protection plans these had been completed appropriately and in a timely way.

We looked at three care plans for people who used the service. These included up to date risk assessments to help ensure care was safe. Accidents and incidents were recorded and followed up appropriately. This meant the home ensured people were kept safe from harm because risks were assessed and managed appropriately.

Good

# Is the service effective?

## Our findings

The service was effective. Staff had undertaken training in areas such as food hygiene, first aid, hoist awareness, safe use of equipment, health and safety, infection control, medication, safeguarding and radio opaque nasogastric (NG) feeding, which involves people being fed via a tube. We spoke with a member of staff who told us the registered manager was always open to requests for extra training courses.

We looked at five staff files and saw evidence of a thorough induction programme. The files also contained individual certificates for on-going training undertaken. Staff meetings were held regularly and staff were supervised on an on-going basis.

We found the provider followed a robust recruitment and selection process to ensure staff recruited had the right skills and experience to meet the needs of people who lived in the home. This included carrying out a Disclosure and Barring Service (DBS) check and obtaining appropriate references. The home also utilised staff through an apprenticeship scheme which meant staff that were new to care work had the opportunity to learn and develop with a view to securing a permanent job. Apprentices were selected via the same recruitment process as permanent staff which meant people who used the service were not exposed to staff unsuitable to work with vulnerable adults.

The Care Quality Commission [CQC] is required by law to monitor the use of the Deprivation of Liberty Safeguards [DoLS] to ensure the rights of people who are unable to make important decisions about their health or wellbeing are protected. The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that ensure where appropriate; decisions are made in people's best interests when they are unable to do this for themselves.

Staff had received training in the Mental Capacity Act 2005 (MCA) and followed the basic principle that people had capacity unless they had been assessed as not having it. The registered manager had a good understanding of the Mental Capacity Act and was aware of their responsibilities. At the time of the inspection they had submitted the DoLS applications for all the people who lived at the home in line with current guidance.

Staff told us they had received training considered essential to support people's health and safety as part of their induction. This included moving people, and infection control. The registered manager confirmed the induction training was modelled on the new 'Care Certificate'. The Care Certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

We saw people were relaxed and involved in activities, such as card games and watching television. We observed people were engaging positively and looked relaxed in their environment and with their staff.

We observed staff preparing a packed lunch for one person who was going out on an activity. Staff offered the person a choice of fruit by first asking them what they would like then presenting them with the fruit. The person was then able to identify which fruit they wanted. We also observed people being offered snacks and drinks throughout the day. The home also supported people to attend local slimming groups in the community in order to help them maintain a healthy weight.

In order to support people who experienced limited mobility the home had been adapted to make it more accessible for wheelchair users and people who needed support via a hoist. The home had tracking around the communal areas and in bedrooms so all rooms, including bathrooms and bedrooms, were accessible for people who found it difficult to mobilise. This meant people could access all areas of their home at all times.

People were supported to maintain good health and had access to a range of healthcare services and support. Care records showed that people received visits from the GP and had access to the services of a dentist, optician or chiropodist, if required. There were detailed care plans regarding health issues such as Dysphagia (swallowing difficulties) and the use of radio opaque nasogastric (NG) feeding tubes. These directed staff in how to support people with complex health needs. The families of people who used the service told us their health care needs were well met and that the home worked with other healthcare professionals.

After the inspection we spoke with a member of the Speech and Language Therapy team (SALT) from Trafford Council.

Good

# Is the service effective?

They told us, “The staff know people really well and they know when something changes in relation to a person’s health. They are very proactive ensuring referrals to us are made quickly so we can work with them to ensure people get the care they need.”

The SALT team also told us that they had recently facilitated some training for staff at the home. They said the service was “proactive” in ensuring staff were equipped with the skills and knowledge they would need to support people with complex care needs. This told us that the people who used the service were supported by staff with up- to-date skills and knowledge, providing effective care and support in line with current guidance and best practice.

Good

# Is the service caring?

## Our findings

People were very complimentary about the kindness of the staff at Harboro. One person said “The staff are good, always cheerful and they genuinely care about the people they support and also their families”. Another relative told us, “The staff understand the limitations some people have and respect each person as a unique individual. They try to ensure each person is supported to reach their full potential and understand this is different for everybody”.

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 their individual personal development plans and day-to-day activities.

Staff were trained to use a person-centred approach to support and enable people to develop their person-centred plans. 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. For example staff asked one person which shoes they would like to wear and whether a blanket was needed for them to cover their legs. They then asked the person if they would like them to get it from their room and the person said they would. This demonstrated that the staff understood the importance of involving individuals in decisions about their lives and encouraged them to make their own choices.

We saw that people’s privacy and dignity were respected at all times Staff asked people whether they required assistance and offered help in a sensitive way. People who used the service could access private space if they wished to, in their bedrooms or within the rest of the home.

We spoke to one relative who told us that their son had recently experienced a bereavement of a close family member. They told us staff had been, “excellent” supporting their relative through their loss. They explained staff had, “ensured [their son] had had the correct amount of time to mourn and come to terms with things in his own way”. They told us the support offered to their son demonstrated a real caring approach by staff who knew him well.

We spoke with a member of staff on the day of the visit. They were aware of their role and responsibilities and were able to describe the needs of each individual who used the service. They demonstrated knowledge of dignity and privacy issues and gave examples of how they respected people’s rights and wishes.

We spoke with a family member who explained that their relative liked their own space. They told us the service had responded by ensuring a private space was made available for them to sit and relax when they wanted to. Through conversations with staff and the manager throughout the day they were able to tell us about this person and what they had done to enable them to enjoy time alone. We saw an area of the house, currently under-utilised, was being decorated specifically for this person to use. This was an example of good person centred care and the home responding to ways to promote the well-being of people living there.

The provider used person-centred plans and good practice tools to support and involve people to make decisions and to help people set their own goals and objectives. These tools helped people to highlight what was important to them and identify any barriers they faced in achieving their aspirations. There was a circle of support within the care plans which identified 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. Staff knew the people they were supporting very well. They were able to tell us about people’s life histories, their interests and their preferences. We saw all of these details were recorded in people’s care plans

Throughout both days we spent time observing people in the lounge and dining areas. We saw that people were respected by staff and treated with kindness. We observed staff treating people affectionately and heard staff speaking in a friendly manner. They chose words and used signs and gestures that the people understood, and took time to listen and respond to them. We saw staff always sat next to people during conversations or knelt next to them so they were at the same level. We saw people were never rushed and staff actively listened to what people were saying.

The care plans were centred on the person as an individual. We saw that people’s preferences and views were reflected, such as the name they preferred to be called and personal care preferences such as, "I like to have a shower every day." And, “I like a bath at night as it helps me to relax”. We

Good

# Is the service caring?

spoke to staff who were able to confirm their preferences. This meant that people were being supported by people who knew them well and had a good understanding of their care needs.

We saw each person had a communication support plan which detailed their own specific way of communicating and how staff should support them with this. We saw staff effectively putting this into practice when communicating and supporting people throughout the day. For example, taking time to actively listen to what people were trying to say and by responding to their requests. This meant people who used the service were included in their own care. They experienced care that was empowering, provided by staff who treated them with dignity, compassion and respect.

Good

# Is the service responsive?

## Our findings

We found many examples of good practice in person-centred care at Harboro. The approach to care planning and delivery was proactive and flexible to meet people's individual needs. When we looked at care records these had been completed and detailed people's care needs with a description of people's likes, dislikes and their life history. People were involved in the planning of their care and care records reflected their individuality. Full reviews of care took place every six months which involved the person, their family, staff and any other relevant health professionals. Where external professional advice was needed this was sought and recorded.

Care was also reviewed as and when needed depending on any changes in a person's health and social care needs. For example, if someone needed end of life care expert training and systems were in place that ensured best practice in care was delivered at all times.

Sometimes people with limited mobility were unable to access trips and activities because not all staff were able to drive. The service had addressed this issue by hiring drivers whose specific role was to drive the mini bus. Staff told us, "its fab we just book the drivers and off we go." This meant the provider had responded in a positive way to ensure people were able to access the community whenever they wanted to.

The service was very responsive in ensuring people had access to a wide variety of interesting activities. There was a range of activities available for people to participate in. An activities schedule was provided each week. These were distributed to people and displayed in the communal areas. It was also available on the website for everyone to see. It included sensory classes, reading and numeracy, cooking, drama, swimming, music, dance, yoga, gardening as well as social groups, trips out and holidays. The most recent holiday for one person had been a trip to Disneyland whilst other people had enjoyed a group holiday with their friends from other houses within the service.

People were regularly asked for suggestions regarding activities they would like to participate in. People from the community were encouraged to visit the home and staff told us people living at Harboro were well known and respected within the local community. The provider arranged social events such as fundraising balls, parties for festivals such as Halloween and Christmas and also birthday parties. Other events arranged by people who used the service was a Vintage afternoon tea party. This had been well attended by people who used the service and their friends and family.

One relative told us that the home had recently arranged a birthday party for their family member. They told us the staff had contacted people who had known their relative throughout their life. This included staff who had worked with them previously and people they had lived with before. This had resulted in over 100 people attending the party which had been a huge success. This was an excellent example of how the staff provided person centred care and understood the importance of promoting and maintaining friendships.

One person was supported to attend church on a Sunday. For people who preferred not to join in with group activities staff spent time with people in their rooms. Staff went to chat with people and play card games. This meant the service was able to recognise and respond to the diverse range of needs and interests people had.

We observed one person preferring to spend time alone throughout the morning. Staff told us they liked to watch a particular programme on television. We observed this person spending time in different parts of the house. In each part of the house they chose to sit staff had ensured their preferred programme was on. This was a good example of staff's ability to respond appropriately to individual choice because they knew and understood this person's preference.

We spoke with family members who told us they were happy with the activities their relative enjoyed. One person said they were sometimes disappointed that some activities were cancelled due to staffing levels but on the whole very satisfied with the care and support their relative received. One relative said, "Yes staffing has been a bit of a problem but there is a new younger team in place withgood skills and good leadership. I am quite excited by what will happen; [my relative] is in a good place."

We saw the provider had built an adapted kitchen area at the side of the home. The manager told us this would be utilised as a 'Life Skills' area. This was an area where people who lived at the home, and people from other houses within the service, could come and learn independent

Good

# Is the service responsive?

living skills such as cooking and washing. We spoke to one relative who told us, “For [my relative] learning life skills is a significant part of [their] development. It is great they have this facility.”

Good

# Is the service well-led?

## Our findings

We saw leadership in the home was good. The registered manager had the required qualifications and experience and was competent to run the home.

The home had an open and transparent culture, with clear values and vision for the future. Staff shared this commitment and vision and were supported through training and clear leadership from the registered manager to provide this for the people who used the service. The service worked in partnership with key organisations including specialist health and social care professionals.

The registered manager understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration. A registered manager is a person who has registered with CQC to manage the service.

When we spoke with the manager she had a clear understanding of the key principles of person centred care and best practice when working with adults with learning disabilities and associated health care needs. She also demonstrated a clear vision of the role and purpose of the organisation based on the organisational values and priorities. She told us they worked to continuously improve services by providing an improved quality of life for people who used the service.

On arrival at the home we asked for a variety of documents to be made accessible to us during our inspection. These were provided promptly. We found most of the records we looked at to be well maintained and organised in a structured way. Some of the information we needed to see was secured securely on the computer and not in people's care plans. On the second day of the inspection we found the deputy manager had responded by ensuring all the information was contained in people's care plans. This meant the information was easily accessible to people who needed it.

We found the staff team were all very co-operative during the inspection. We found them to be passionate, very enthusiastic and dedicated to their work. We saw records which told us the registered manager conducted audits on a regular basis and formally recorded their findings, with action plans developed to make improvements in response to issues identified.

Regular staff meetings took place and staff told us they felt involved in the running of the home and ideas to improve the service were encouraged. Team meetings updated staff on practical issues, such as people's care needs and training, but were also a forum for offering support. The meetings provided an opportunity for staff to reflect on their practice and share ideas. Staff told us they felt supported and worked well both individually and as part of a team.

Staff said that they would be very comfortable in raising a complaint or concern on behalf of people who used the service if they needed to. They said that they would raise this with the registered manager or the senior managers, as they were, "very hands on" and "approachable."

Relatives said that they were kept fully informed of any changes and felt that they could approach staff or the registered manager at any time. They said that they knew if they aired any problems they would be listened to.

The complaints procedure was readily available to people and their families. The registered manager told us that they had not received any formal complaints but showed us concerns that they had responded to. For example some relatives had said they would like the communication between both parents to be better. The manager explained the different approach they had taken to address the issue. Relatives we spoke with confirmed, "They are in constant touch with us. They keep you informed of absolutely everything that has gone on, I am very happy."