

The Stable Family Home Trust

Harleith

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 ●

Summary of findings

Overall summary

This unannounced comprehensive inspection took place on 28, 29 January and 3 February 2016.

Harleith is a care home registered to accommodate a maximum of eight people with learning disabilities. At the time of the inspection eight people were living at the home.

There was a registered manager employed at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

We received very positive feedback from people and their relatives regarding living at Harleith. People told us they, "Really enjoyed" living there and relatives said, "It's a lovely home, we never have to worry" and the care was, "Excellent".

People told us they felt safe at the home. Staff knew how to identify, prevent and report abuse and the provider had a system in place to protect people from the risk of harm.

People told us the staff were, "Very nice, always friendly and helpful". We observed people sought staff out to chat and talk to and staff and people were relaxed with each other and spent time chatting and spending quality time with each other. Staff were knowledgeable about people's needs and knew how people preferred to be supported.

Staff told us they received training, which they found useful and effective. Some training records were out of date, however the manager confirmed the provider was looking at delivering the training in a different method. Staff received detailed, regular supervision sessions but had not received an annual appraisal during 2015.

People were treated with dignity and respect and their privacy was protected at all times. People's needs were assessed and areas of risk were assessed and reviewed to ensure peoples' safety.

People's medicines were securely stored and managed and people were supported to take their prescribed

medicines in a timely way.

People were able to choose their menu's and were provided with a choice of healthy food and drink. People's on going health needs were monitored which included appropriate referrals to health professionals when required.

People were supported to take part in a wide range of activities, hobbies and work placements to maintain their independence and promote a healthy lifestyle. People could choose where they spent their time.

Complaint forms were available in the home in an 'easy read' format for people to use if they wanted to express a concern. People said they would be happy to raise any issues with any members of staff and felt they would be taken seriously and listened to.

People told us they felt the service was well led, with a clear management structure in place.

The provider was developing a revised quality assurance system to monitor and improve the quality of the service provided.

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. Staff knew how to recognise and respond to abuse correctly. They understood the procedures in place to safeguard people from abuse.

Individual risks had been assessed and identified as part of the support and care planning process.

When people needed support or assistance from staff, there was always a member of staff available to give the support. The provider had a good recruitment process in place.

Medicines were managed safely, stored securely and records completed accurately.

Is the service effective?

Good ●

The service was effective. Staff received on-going support from senior staff who had the appropriate knowledge and skills. Staff had completed training, but records were not up to date. Staff spoke positively about the training they had received.

Staff received regular supervision sessions. The provider was in the process of changing how annual appraisals were carried out, records showed annual appraisals had not been carried out for staff during 2015.

People's nutritional needs were met. People were offered choice and menu's provided a balanced, healthy diet for people.

People accessed the services of healthcare professionals as appropriate.

Is the service caring?

Good ●

The service was caring. Care was provided with kindness and compassion by staff who treated people with respect and dignity.

Staff had developed good relationships with people and there was a happy relaxed atmosphere.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

People told us that staff were kind, caring and compassionate.

Is the service responsive?

Good ●

The service was responsive. People's needs were assessed and care was planned and delivered to meet their needs.

People's support plans and records were kept up to date and reflected people's preferences and choices.

People knew how to raise a concern and felt confident that these would be addressed promptly.

Is the service well-led?

Good ●

The service was well led.

Staff felt well supported by the management team and felt comfortable to raise concerns if needed and felt confident they would be listened to.

Observations and feedback from people and staff showed us the service had a friendly, supportive, person-centred culture.

The provider had audits in place to monitor the quality of the service provided and kept up to date with changes in practice.

Harleith

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 comprehensive inspection took place on 28, 29 January 2016 and 3 February and was unannounced. One CQC inspector visited the home on each day.

Before the inspection we reviewed the information we held about the service. This included information about incidents the provider had notified us of. We also asked the local authority who commissions the service for their views on the care and service given by the home. Before the inspection the provider completed a Provider Information Return. This is a form that asks the provider to give some key information about the service, what it does well and improvements they plan to make.

During the three day inspection we met and spoke with four of the people living at Harleith. We also spoke with the manager and five support workers, one of whom was a team leader and a visiting relative. Following the inspection visit we spoke with a further two people's relatives.

We observed how people were supported in communal areas and looked at three people's care, treatment and support records. We also looked at records relating to the management of the service including staffing rota's, staff recruitment and training records, policies, premises maintenance records, staff meeting minutes, quality monitoring reports and medicine administration records (MARs).



Our findings

We spoke with four people who lived at Harleith and asked them if they felt safe living there. Each person told us they felt safe. One person told us they felt safe living at Harleith because they liked all the people who lived there and said all the staff were, "Really nice". Following the inspection visit we spoke with two relatives who told us they felt their relative was, "Absolutely safe" and "Living at Harleith is the best of both worlds, it's like a second home".

Staff demonstrated a good working knowledge around safeguarding processes and spoke knowledgeably about recognising and reporting suspected abuse. Staff told us they had completed training in safeguarding adults and had regular refresher training each year. We saw certificates and records to confirm this training had been completed. The provider had a system in place for staff to follow in regard to safeguarding adults with up to date information and contact details for the relevant local authorities. This helped ensure staff had the necessary knowledge and information to make sure people were protected from abuse.

Records showed the provider had notified the local authority and CQC of safeguarding incidents and the manager had taken appropriate action when incidents had occurred in order to protect people and minimise the risk of further incidents.

Each person had detailed risk assessments completed to cover a wide range of activities and health and safety issues, such as a risk of scalding from making hot drinks and slips and trips. The risk assessments were clear and outlined what people could do on their own and when they required assistance and support. For example, 'I can call my family using the phone with minimum support but I may need reminding of the number' and, 'I want staff to help me with road safety as my vision can impair me crossing roads'. This helped ensure people were supported to take responsible risks as part of their daily lifestyles with the minimum restrictions.

When people went out into the community alone the risks were clearly documented for staff with details of how they should respond to such risks if they arose. This meant people were supported to take informed risks and maintain their independence by going out into the community alone. Risk assessments and support plans detailed what might trigger each person's behaviour, what behaviour the person may display and how staff should respond. This meant people were protected against the risk of harm because the provider had suitable arrangements in place.

There was an effective system in place to record and review accidents and incidents. Staff spoke

knowledgeably regarding the correct recording of accidents and incidents. Records confirmed accidents and incidents were recorded accurately. The provider had a system in place to regularly review any accidents and incidents to ensure learning could be gained and preventative action put in place where possible.

Through our observations and discussions with people, staff and relatives we found there were enough staff with the right experience or training to meet the needs of people employed on each shift at Harleith. Staffing requirements were assessed on a daily basis depending on people's needs and occupancy levels of the home each day. The provider had a selection of 'bank' staff they could call on if they were short staffed due to annual leave or sickness. This ensured people living in the home received continuity of care by people they knew. We saw the staff rota's for the week of our inspection visit which correctly reflected the levels of staff on duty during our visit.

The provider maintained their staff recruitment records at their head office. We reviewed four staff recruitment files and spoke with five members of staff about their recruitment and induction. Staff told us they had felt well supported throughout their induction period and had got to know the people living at the home well before they were left to support and care for them independently.

Recruitment processes were robust and showed the relevant employment checks, such as criminal records checks, proof of identity, appropriate references and fitness to work had been completed before staff began working at Harleith. The provider was in the process of changing their recruitment system to an electronic format which would allow each manager to have full access to staff records without having to travel to the head office.

The provider had a system in place to ensure the premises were maintained safely. Records showed regular checks were completed for a range of areas such as: fire safety equipment and fire panels, electrical testing, lighting systems and gas safety. Water systems were regularly flushed and temperatures recorded, however a legionella test had not been conducted. We discussed this with the manager who said they would arrange for a test to be completed. Legionella is a water borne disease that can be a risk to people's health.

We checked the storage and stock of medicines. A monitored dosage system was used in the home and the system contained a photo of the person to aid identification. Staff told us they found the monitored dosage system safe and easy to use. Medicines were stored securely and correctly listed in the medicines register. The levels of medicine stock were accurately reflected in the register, this showed returned medicines were accounted for accurately.

People had their allergies recorded and guidance on the use of 'as required' (PRN) medicines was recorded. People had 'PRN' information sheets so staff could recognise when a person might need their medicine, how much to safely give them and when to give the medicine. Staff who had responsibility for administering medication had received medication training to ensure they could administer medicines safely. We saw certificates that confirmed this.

We reviewed each person's MARs. We saw there was a photograph at the front of each person's records to assist staff in correctly identifying people. MARs were correctly completed, with no gaps in recording.



Our findings

We spoke with three relatives of people living at Harleith. Each relative commented very positively on the care and support that was given by staff at Harleith. Comments included, "It's marvellous, the care is excellent, they do so much with him...it's truly a second home". People told us they, "Loved living" at Harleith.

We reviewed the training records for staff employed at Harleith. Records showed staff had not received refresher training for over half of the subjects that were required. We discussed this with staff and the manager. Staff told us they had received training but felt the practical face to face training was better and more effective than the e-learning the provider had supplied in the last twelve months. The manager told us the staff had received the required training such as safeguarding, medicine management and food hygiene but the training records were not up to date. This was an area for improvement for the provider.

The provider had listened to staff views on the training and was in the process of arranging a return to practical, face to face training for the subjects such as manual handling, medicine management and food hygiene which benefitted from a more practical delivery method.

Records showed staff had not received an annual appraisal during 2015. We discussed this with staff who said, they were able to speak with the management team on a daily basis and could approach any member of staff if they wanted further guidance. The manager confirmed annual appraisals had not been completed during 2015 and explained they were looking at changing the way annual appraisals were conducted to allow for a more effective appraisal process. This was an area for improvement for the provider.

There was a clear programme of supervision in place. Records showed staff received detailed supervisions every six weeks which gave staff the opportunity to comment on their role and request further training or support if required. Staff said they found the supervision meetings very useful and they felt they could openly discuss any queries or concerns with their manager and they would be listened to and supported.

Staff told us they received good support and guidance by their manager and colleagues and said, "Harleith has a real sense of team work, we all work really well together ...we are all good communicators... communication at Harleith is excellent".

The manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). These safeguards aim to protect people living in care homes and hospitals from being inappropriately

deprived of their liberty. These safeguards can only be used when there is no other way of supporting a person safely. The responsibility for applying to authorise a deprivation of liberty rested with the manager. At the time of our inspection visit there was no one living at Harleith that was being deprived of their liberty.

The service followed the principles of The Mental Capacity Act 2005, and made appropriate decisions about whether different aspects of people's care were carried out in their best interest where people lacked the ability to give their consent. Records showed staff had completed Mental Capacity Act 2005 training. Staff were knowledgeable about the Mental Capacity Act 2005 and were able to give good examples of how they would support people if they lacked capacity to make their own decisions.

All of the people living at Harleith were able to make their own choices and decisions about their care. Staff were clear when people had the mental capacity to make their own decisions and that this would be respected. People and their families were involved in discussions about their care and support and any associated risks. Records showed individual choices and decisions were documented in people's support plans, which showed the person at the centre of the decision had been supported in the decision making process. One relative told us, "I'm always kept involved... they are on top of everything, I never have to worry".

People living at Harleith were able to make their own choices and decisions about their meals and where appropriate staff supported people to prepare and cook their meals and snacks. Staff gave a level of support and guidance to ensure people could maintain their independence by preparing their own meals whilst remaining safe. People's dietary needs were assessed with their likes, dislikes and allergies recorded in their support plan. When required people had their food prepared for them in a manner which was safe for them to eat, for example ensuring any foods they were allergic to were avoided. People were monitored on a monthly basis for any unexplained weight loss or gain.

Where it was possible people were supported and encouraged to do their own shopping and make their menu decisions for the week. Weekly menus were displayed in the kitchen in a pictorial format so people could see what meals were planned. People could help with the preparation and cooking of the meal if they wanted to. People bought their own choice of snacks and healthy snacks such as fruit and yoghurt were readily available at all times.

The kitchen had recently been assessed by the local environmental authority and had been awarded a 5 star rating which was the highest grade. Staff told us kitchen equipment and fittings were well maintained and there was a daily, weekly and monthly cleaning rota for the kitchen and the equipment.

Records showed the provider involved other health professionals where appropriate and in a timely manner, for example, GPs, dentists and opticians, people were supported to visit the health professionals when appointments were due. Staff spoke knowledgeably about each person's health needs and demonstrated a good awareness of how people liked their care and support to be given.

People's rooms were personalised with their own bed linen, posters and personal possessions. Throughout the home posters and guidance information was displayed in an 'easy read' pictorial format, this ensured people living at the home could put their views across and feel involved in the running of the home.



Our findings

People told us they, "Loved living at Harleith". Relatives we spoke with commented very positively about the caring and friendly attitude of all the staff. One person said, "The staff are all wonderful, my son is so happy here". Another relative told us, "They are so happy living here, it's such a lovely family atmosphere and the staff are always friendly, and care so well for everyone who lives here". Relatives told us they were always given support by the staff if they had any difficult situations regarding the people who lived at Harleith and said, "It really is a home from home".

Throughout our inspection visit we observed staff acted with kindness, compassion and were friendly and supportive to people. People were treated with respect and dignity in a discreet way that helped people to maintain a level of independence. Staff knew people well and spent time chatting to them and interacting in a positive and respectful manner. Staff spoke clearly when speaking with people and care was taken not to overload the person with too much information at one time.

People responded well to staff and actively sought them out to talk to; this demonstrated people were relaxed and comfortable with staff. Staff supported people patiently and kindly and support and guidance was given at a pace to suit the people living there.

We saw people were given choice regarding how they liked to live their daily lives. They were able to express their views and were involved in making decisions about their care and support to promote their choices and independence. Staff told us the provider's goal for people living at Harleith was, 'Helping them to live extraordinary lives'. People's choices were respected and staff told us people had the freedom to choose what they wanted to do each day and they were there to support and encourage the people to achieve this. During our inspection visit all of the people spent time away from the home, taking part in a large range of varied activities that they enjoyed such as pottery making, gardening, shopping and attending their work placement or day centre.

People's privacy was respected. People were offered keys to their bedrooms and staff asked permission before entering people's bedrooms. There were communal areas within the home where people could spend time together, watching television or listening to music, however there were also quieter areas where people could spend time on their own if they wished.

Staff spoke respectfully about people and demonstrated a good understanding of how to maintain people's dignity. For example, discreetly prompting people to check they were suitably dressed for going shopping

and reminding people to put their clothes in the laundry when they had finished wearing them. Personal care needs were discussed discreetly and people were supported with their personal care in private.

People were kept informed about their or their relative's care. For example, a relative told us, "I'm kept up to date with any problems, I'm always told and feel I can chat to any of the staff at any time if I was worried or concerned". Records showed people and their relatives were involved in their care plan reviews and people told us communication in the home was "Excellent".

People's views were respected through the use of meetings with people and staff members. People told us they were happy to raise any concerns they had with members of staff. They said they were confident any concerns or issues they may have could be discussed at the house meetings and felt they would be listened to.

People were encouraged to decorate their bedrooms with pictures, photographs and art and craft items they had made themselves. This meant people's bedrooms had a homely, family feel.

Computers and internet access was provided in the home and staff were able to support people to use the internet and access their personal correspondence. One person showed us photo's on the computer of craft items they had made which they said they really enjoyed making.



Our findings

People's care and support needs had been assessed before they moved into Harleith. This meant the provider was able to meet the needs of people they were planning to admit to the home. This information was then used to complete a more detailed support plan which provided staff with the information to deliver appropriate care.

Assessments were completed for all people and covered areas including; medicines, weight, mobility requirements and health conditions or allergies. These assessments showed the relatives had been included and involved in the process wherever possible.

People's support records were accurate, detailed, written in a person centred way and up to date. People told us how staff involved them in their care, records showed people were consulted when their care needs changed and kept informed of any changes to their care routines.

People had person centred support plans in place which were clearly written and gave staff guidance on how people preferred their care and support to be given. The majority of the people living in Harleith were able to maintain a good level of independence. Support plans reflected people's choices and provided clear prompts for staff to follow when people may need additional support, for example, 'I like to bath, dress and brush my teeth independently but I sometimes need reminding to have a shave'. Support plans had clear goals for people such as; 'I would like to do some kind of extreme activities like paragliding, sky diving or fly in a helicopter' and were linked to risks that could occur if the plans were not followed, for example a risk of increased anxiety for a person if they were placed in noisy, crowded places.

People received care that was personalised and responsive to their needs. People were allocated a member of staff, known as a keyworker, who worked with them to ensure their preferences and wishes were identified and that they were kept involved in their on-going care and support. We asked people if they liked the keyworker scheme. Everyone told us they did and said they found it helpful and they knew they could go to any member of staff if they needed help not just their keyworker.

One member of staff said, "We aim to support people to live their own lives as independently as possible". Another member of staff said, "We are well supported and we recognise we can learn from our mistakes...an example is the change in how we are going to do our training...we much prefer the practical face to face method to using an e learning system and the management team have recognised this and are making the change".

Staff demonstrated a good knowledge and understanding of people's care, support needs and routines and could describe how each person preferred their care to be delivered. Support plans were reviewed annually or sooner to reflect any changes in people's care. Support plans were well written and person centred and contained guidance for staff about the way each person preferred to be supported and cared for. They highlighted what people liked to do for themselves and when they may need assistance from staff.

We observed staff gave time for people to make decisions and respond to questions. We saw records that showed meetings for people who lived at the home were held on a regular basis. People told us they felt the meetings were helpful and they could raise any problems or if they had an idea for things to be done in a different way. For example one person told us they had asked for a small cupboard to be available so that the Hoover could be put away when it was not in use.

People's weight was recorded monthly and records showed they were referred to health professionals such as their GP, occupational therapist, optician or dentist when required. There were body maps in place to record any bruising or injuries sustained by a person.

People were supported in promoting their own independence and community involvement. Staff told us, "It's all their choice, we are here to support them to do what they want, nobody is restricted". People told us what they enjoyed doing at the weekend, one person said, "I love shopping and go most weekends". Another person told us they had changed their mind about what they wanted to do and had fancied a trip to the pub for a meal, they told us, "It was no problem we all went out together, it was great". The provider supported people to take part in a varied and wide range of activities which included voluntary work in local charity shops and garden centres, taking part in a range of sports such as rope climbing and cycling and making pottery and arts and crafts.

We saw there was a pictorial 'Making Things Better' complaint form available in the home for people to complete if they were unhappy with any aspect of living at the home. The form went through the stages of a complaint ranging from what the concern was to what action would happen, who would take action and by what date the action would be completed. There was a section for people to complete asking them if they were happy with the action taken and if there were any further changes required. The manager told us people were given support to make a complaint where they needed assistance.

The manager confirmed the service had not received any formal complaints since the last inspection. However, they documented informal concerns and we saw these were investigated and resolved. We saw a written complaint policy that was clearly written and covered all areas of dealing with possible complaints from investigation, information, responding and improvements. Relatives we spoke to told us they knew how to complain if they needed to and felt confident their concern would be listened to and acted upon.

People were supported to maintain relationships with their family. Relatives we spoke with confirmed they were kept fully involved and up to date on their family member's progress and were always made to feel very welcome at the home whenever they visited.



Our findings

People, relatives and staff spoke positively regarding the management in the home and the support given by the management team as a whole. Staff told us they found the culture of the service to be, "Open, homely and friendly". Our observations during our inspection showed the service promoted an independent, positive approach to people and their needs. One member of staff told us, "I feel well supported; I'm listened to and feel my views are valued. The whole service is about promoting people to live their lives as independently as possible...I think it's great".

The manager operated an 'open door' approach and was available throughout the day for people and staff. The manager also had management responsibility for another Stable Family Home Trusts service a short walk away. The manager organised their time effectively to ensure people and staff could meet and speak with them when required. People and staff told us the system worked well and they were able to speak with the manager when they needed to.

There was a system in place to monitor the overall quality of the service. These quality monitoring visits were completed by monthly by the Provider's Chief Executive Officer. Records showed all areas of the service were monitored and feedback and action plans put in place when required. We noted some action plans had not had a target date for completion set. We discussed this with the manager who said they would ensure dates would be included in future.

The manager told us the provider was introducing a new system for reviewing the quality of the service provided to people. The manager told us this was an area they planned to improve and discussed different methods they could implement to ensure they received constructive unbiased feedback on the quality of the service from people and their relatives. Revised questionnaires were in the process of being designed and once completed would be sent to all people and their relatives on a regular basis. At the time of the inspection, records showed the provider had not sought the views of people and their relatives since the last inspection. The manager agreed this was an area for improvement.

Records showed meetings were regularly held between the staff and people who lived at Harleith. The manager said they were looking to improve the format of these meetings. The meetings had been diarised to ensure people knew when they were scheduled and were going to be recorded using an easy read format so that people living at Harleith could lead the meeting if they wished. Easy read is a pictorial format of communication which makes information easier to read and understand for people with learning disabilities. We spoke to one person about how they felt about leading a meeting. They told us, "I would like

to do that, I always have plenty to say and some good ideas". Records showed staff meetings were also used to provide staff with refresher training such as The Mental Capacity Act 2005, staff told us these training sessions were , "Very useful".

We saw records that showed audits had been completed on a range of topics to ensure people's care needs were met. These audits included; support plan reviews, medication, infection control, health and safety and a range of environmental premises checks such as, gas, portable appliance testing and fire systems.

Staff we spoke with told us they knew the policies and procedures about raising concerns, and said they were comfortable with them. Staff were aware of the whistle blowing procedures should they wish to raise any concerns about the service. There was a culture of openness in the home, which would enable staff to question practice and suggest new ideas if they wished.

Records showed the manager had reported safeguarding incidents to the local authority and Care Quality Commission as required.

There was a system in place for staff to record daily handover information to ensure people got continuity of care throughout the day.

The manager told us they kept up to date with current guidance and legislation by attending provider meetings, conferences, local authority meetings and regularly reviewing guidance material that was sent via e mail by The Care Quality Commission and other independent supporting bodies. The manager had been enrolled on an independent management degree course with attendance one day a month.