

HF Trust Limited

Self Unlimited - 70 High Street

Inspection report

70 High Street
Kibworth
Leicestershire
LE8 0HQ

Tel: 01162793848

Date of inspection visit:
07 January 2019
09 January 2019

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28 February 2019

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service:

- The service is in a residential area of Kibworth, close to the village centre.
- The service provides accommodation and personal care to people with learning disabilities and autism. The care home can accommodate six people in one building. At the time of our inspection there were four people using the service.
- This is one of many locations that the provider operates nationally.

People's experience of using this service:

- The service provided a safe service.
- People liked living at the service.
- There was a homely atmosphere for people.
- People were protected against abuse, neglect and discrimination. The staff member was aware of ensuring people's safety and acting when necessary to prevent any harm.
- The staff member knew people well and people appeared to enjoy the attention from the staff member.
- People were assisted to have choice and control of their lives.
- People had a say in how the service was operated and managed.
- People's care was personalised to their individual needs.
- Fully comprehensive governance processes were not fully in place to ensure quality care. Questionnaires had not been supplied to people and staff for their views of the service. Auditing to check that a quality service was provided was not comprehensively in place.
- The service met the characteristics for a rating of "good" in all key questions except well led.
- More information is in the full report.

Rating at last inspection:

- At our last inspection, the service was rated "good." Our last report was published on 17 March 2016.

Why we inspected:

- This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

- We will continue to monitor the service to ensure that people receive safe, high quality care. Further inspections will be planned for future dates.

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our Well-Led findings below.

Self Unlimited - 70 High Street

Detailed findings

Background to this inspection

The inspection:

- We carried out our inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Our inspection checked whether the provider was 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.

Inspection team:

- Our inspection was completed by one adult social care inspector.

Service and service type:

- Self Unlimited 70 High Street is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement.
- CQC regulates both the premises and the care provided, and both were looked at during this inspection.
- Self Unlimited 70 High Street has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.
- The service is required to have 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. At the time of our inspection, a manager was registered with us.

Notice of inspection:

- Our inspection was unannounced.
- The inspection site visits occurred on 7 and 9 January 2019.

What we did:

- Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public, local authorities and clinical commissioning groups (CCGs). We checked records held by Companies House and the Food Standards Agency.
- We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.
- We spoke with two people living in the service. We saw how a staff member supported people throughout the inspection to help us understand peoples' experiences of living at the home.
- We spoke with the registered manager and one care worker.
- We reviewed a person's care records, a staff personnel file, four medicines administration records and other records about the management of the service.
- We asked the provider to send us further information after our inspection. This was received and used as evidence for our ratings.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

Systems and processes:

- People living in the service told us they were safe. One person told us, "I'm definitely safe here."
- The complaints procedure had a section stating that staff must not abuse people which supplied people with a message that they could report this behaviour if it ever happened to them.
- The staff member knew how to recognise signs of abuse and act upon these, including referring any incidents to the local authority.
- Staff were required to read the safeguarding policy and understand the content.
- Staff had safeguarding training. The training was completed by new staff during induction and then refreshed at regular intervals.
- The staff member was aware of whistleblowing if the provider had not acted.

Assessing risk, safety monitoring and management

- People were kept safe because staff had assessed risks to people. Information was in place of what action should be taken to reduce these risks.
- A staff member told us how they de-escalate risk when people were anxious or displaying behaviours that were putting themselves or others at risk.
- We saw that people were supported in line with the recommendations in their risk assessments and support plans.

Staffing levels

- There was enough staff to keep people safe. The staff member told us, "There are enough staff to make sure people are safe."
- People were supported by staff who were suitable to work in the home. People's suitability was checked before they started work. The Disclosure and Barring Service (DBS) allows providers to check staff's criminal history.

Using medicines safely

- People told us that they got the medicines they needed.
- Medicines systems were organised and people were receiving their medicines when they should. The provider was following procedures for the receipt, storage, administration and disposal of medicines.
- A staff member told us they received training before being allowed to give people medication.

Preventing and controlling infection

- We saw that the home was clean.
- Staff had equipment that helped to prevent the spread of infection.

Learning lessons when things go wrong

- No incidents or accidents had occurred since the last inspection. The registered manager was aware of the need to analyse these situations should they happen for patterns so that any lessons were learned.
- The registered manager said that lessons had been learnt about a person's emotional needs by requesting a referral to obtain counselling to help them cope with their situation.
- A staff member said that lessons had been learned about not encouraging the purchasing of some items in the future for a person, as the person's anxieties had increased because of use of these items.

Is the service effective?

Our findings

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

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; staff providing consistent, effective, timely care within and across organisations

- People's needs had been assessed to ensure they received the right support.
- Care and support plans were personalised and had been reviewed and updated regularly to ensure staff gave consistent care.

Staff skills, knowledge and experience

- People told us that staff knew what to do to support them. One person said, "Yes, they help me when I need them."
- People were supported by staff who had ongoing training. New staff had induction programmes which ensured they were trained in areas relevant to their roles.
- Staff were given opportunities to review their individual work and development needs in supervision sessions.

Supporting people to eat and drink enough with choice in a balanced diet

- People told us they had the food they enjoyed. They were supported to do their own shopping so that they could choose food they liked.
- Staff knew people's dietary requirements and encouraged people to eat a balanced diet. For example, the staff had supported one person to obtain specialist foods to manage their condition.

Adapting service, design, decoration to meet people's needs

- People had their own bedrooms and one person also had their own lounge and kitchen. Bedrooms were spacious. People had the opportunity to use the kitchen so they could develop their daily living skills if they wanted.
- People's bedrooms were personalised. They had belongings that reflected their interests.

Supporting people to live healthier lives, access healthcare services and support

- People told us they could use healthcare services when they needed to.
- Records showed that there were plans in place to promote and support people's health and wellbeing. For example, one person had a condition which needed intensive support. The person said that they received this support from staff.
- Records also showed that people attended healthcare appointments with consultants, dieticians, chiropodists, dentists and opticians.

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 Act 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Staff received training in MCA and DoLS. The staff member understood consent, the principles of decision-making, mental capacity and deprivation of people's liberty.
- Mental capacity assessments were completed to determine people's capacity to independently make important decisions.
- Where people could not make their own decisions, the best interest decision making process was used and appropriate documentation completed.
- Not all staff were aware of conditions of DoLS. The registered manager said staff would be reminded of this information.

Is the service caring?

Our findings

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

Good: □ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People told us they were happy with the support they were receiving and they liked the staff that supported them. One person said, "The staff are good. They are all friendly."
- We observed people being treated with friendliness by the staff member. However, on one occasion, the staff member was abrupt with a person who was being repetitive in their communication. The registered manager said this would be followed up.

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

- People were allocated a keyworker to help them express their views and check they were happy with the support they were receiving. A keyworker is a member of staff who has responsibility for a person's care plan, well-being and progress. People said they had been involved in planning for their care.
- People could attend residents' meetings where they could express their wishes.
- There was no specific agreement in care plans to indicate that people or their representatives agreed with the care provided. The registered manager said this would be followed up.

Respecting and promoting people's privacy, dignity and independence

- We saw that people had the opportunity to develop and maintain their independence. They were involved in deciding what activities they wanted to do such as shopping and going to coffee shops. The staff member said that most people could independently make up their lunchboxes when they went to day centres.
- People's privacy and dignity was respected. The staff member was aware of the need to knock and ask before they entered a person's room.
- People confirmed they could live their lives the way they wanted. For example, a person said they could get up and go to bed when they wanted.

If people wanted to go out, they had to go out as a group, as there was insufficient staff to individually assist people. The registered manager said staffing arrangements would be reviewed to assist people to have additional personalised activities.

- The staff member and registered manager were aware of a person's cultural needs about food choices to ensure the person's needs were protected.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

Good: People's needs were met through good organisation and delivery.

The provision of accessible information:

All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. There are five steps to AIS: identify; record; flag; share; and meet. The service had taken steps to meet the AIS requirements. - Care plans recorded that the service identified and recorded how people wanted to communicate.

- Care information explained what communication aids such as glasses people required as part of their daily lives.

- Important documents such as a complaints process was displayed, which used easy read symbols.

- The staff member knew how people preferred to communicate.

Personalised care

- The staff member could describe people's likes and dislikes and how important routines were to them.

- People confirmed they could follow their daily routines. For example, one person said they liked to sleep late some mornings and this was respected by staff.

- There were sufficient staff for people to go out daily to day centres and to pursue other and to pursue other daytime activities in the week, but not sufficient staff if people wanted to do different activities at different times at the weekend or weekday evenings. The registered manager stated they were reviewing staffing arrangements to be able to follow people's choices.

Improving care quality in response to complaints or concerns

- People told us they knew how to complain but this was not needed as there was nothing to complain about. They said they were happy living in the service.

- Records showed that the service had not received any complaints in the last 12 months. There was a policy and procedure in place if the need arose. The procedure did not include relevant agencies such as the local authority and the local government ombudsman. The provider stated that the current procedure including external agencies had now been made available to people, their relatives and staff.

End of life care and support

- A person's care plan recorded their wishes and preferences for how they wished to be cared for in the future. For example, a person's file contained specific instructions for their funeral wishes. including what type of music they wanted played at the service.

Is the service well-led?

Our findings

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

Requires Improvement: ☐ Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements;

- The staff member thought that the service was not always well run. This was because staff absences were covered by too many staff members. The provider stated that staff from another service have consistently covered regular staff absences. They also stated that some staff members did not cover their duties and when this had been reported, no effective action had been taken. The provider stated that this issue was responded to by the registered manager. They also stated that that replacement staff were not always able to drive, which limited their ability to take people out, for example, to health appointments. The provider stated that as public transport was available, health appointments had not been missed.
- The registered manager carried out a range of audits. These included checks on medication and health and safety systems. It was not always clear from the manager's report what had been checked.
- People and staff were happy with the service. One person told us, "I am happy here. I have all I need."

Continuous learning and improving care; engaging and involving people using the service, the public and staff

- Systems were not comprehensively in place to ensure the service was continuously learning and developing and the provider had plans to make further improvements to the service.
- Feedback was obtained from relatives through questionnaires. However, the analysis was grouped together with two other registered services so it was not clear what issues were relevant for this service. No questionnaires had been carried out to elicit people or staff views of the quality of the service so valuable information was not obtained to see whether any improvements were needed. The registered manager said these issues would be followed up.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- The registered manager covered two other registered services apart from this service. The staff member said that at times, staff did not see management for up to 2 weeks. They thought this meant the service was not being constantly monitored by a registered person to ensure quality care was always provided. However, we saw evidence that the registered manager spent time at 70 High Street each week.

Working in partnership with others

- The registered manager told us that the service worked well in partnership with the local GP, pharmacy and community services, including the local healthcare practice. Records showed that these agencies were regularly involved in people's care for the benefit of people's wellbeing.

