

# Stroud Care Services Limited

# Highfield House

## Inspection report

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Date of inspection visit:  
18 August 2016  
19 August 2016  
25 August 2016

Date of publication:  
18 October 2016

## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

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 inspection took place on 18, 19 and 25 August 2016 and was unannounced. Highfield House is a residential home for seven people living with learning disabilities or an autistic spectrum condition. At the time of our inspection seven people were living at Highfield House. Highfield House is located near the centre of Stroud, close to a range of amenities which people can access.

Highfield House 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 and associated Regulations about how the service is run.

We last inspected the service during July 2014. At the July 2014 inspection we found that the provider was meeting all of the requirements of the regulations at that time.

The provider and registered manager did not always ensure that new staff were of good character before they worked with people. People's care records were detailed and reflected people's needs.

People felt safe living in Highfield House. Project workers (service support staff at Highfield House are called project workers) knew their responsibilities to protect people from the risk of abuse. People's legal rights were protected and project workers ensured people's right to make decisions were respected.

People spoke positively about the staff. Project workers knew people, their needs, likes and dislikes and used this information to ensure people were kept comfortable and safe. There were enough project workers deployed to safely meet people's needs. People enjoyed the time they spend with project workers, which included going for a coffee in the community.

Project workers were responsive to people's needs and ensured people were safe and comfortable. Where people's needs changed staff ensured their support changed to reflect their needs.

Project workers had access to supervisions and appraisals. They were supported and had access to training and professional development. Project workers felt involved in the day to day running of the service and were encouraged to make suggestions on how the service could improve.

The registered manager had systems in place to assess, monitor and improve the quality of the service. The registered manager promoted a caring ethos which all project believed in and accepted. People spoke positively about the registered manager.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe. When staff had been recruited to the service, effective checks to ensure they were of good character had not always been carried out or recorded.

People felt safe and staff had a good understanding of safeguarding. Staff ensured people were protected from the risk of financial abuse.

There were enough staff to safely meet people's needs. Staff understood the risks of people's care and how to protect them from these risks.

People received their medicines as prescribed. People's medicines were managed and stored safely.

### Is the service effective?

**Good** ●

The service was effective. People's consent to their care had been documented. The service documented where people did not have the capacity to make decisions related to their care. Where people were being deprived of their liberty, this had been authorised.

Project workers received regular supervision or appraisals. They felt supported by the registered manager and had access to the training they needed.

People were supported with their dietary and nutritional needs. People's specific needs were met because staff ensured they received appropriate support with their on-going healthcare needs.

### Is the service caring?

**Good** ●

The service was caring. People were supported to spend their days as they choose.

Project workers spent time with people and enjoyed positive relationships.

Project workers knew what people liked and disliked and spoke

about people in a kind and a caring and respectful manner.

### **Is the service responsive?**

**Good** ●

The service was responsive. People's care plans were detailed and reflected their current needs.

People were supported to access the community independently and with support from project workers. People benefitted from positive engagement with project workers and had full control of their environment.

People's comments and concerns were listened to and acted upon by the registered manager.

### **Is the service well-led?**

**Good** ●

The service was well-led. The registered manager had audits and systems in place which enabled them to identify concerns and take action to improve the service.

The views of people were sought and there was a record people's views were acted upon.

Project workers felt their ideas were listened to and respected.

# Highfield House

## **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 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.

This inspection took place on the 18, 19 and 25 August 2016 and it was unannounced. The inspection was carried out by one inspector.

We reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law.

We looked at the Provider Information Return for Highfield House. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with four people who were living in Highfield House. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with four project workers, the training manager, quality manager, the registered manager and the registered provider. We reviewed four people's care files. We looked at three project worker's recruitment and training records and records relating to the general management of the service.

# Is the service safe?

## Our findings

Records relating to the recruitment of staff showed not all relevant checks had been consistently completed before staff worked unsupervised with people. The provider carried out disclosure and barring checks (criminal record checks). However, the provider and registered manager had not always taken measures to ensure staff were of good character. Staff files did not always contain employment references from staff's previous employers. The provider had not always ensured gaps in staff's previous employment had been identified or explored, and staff interviews had not always been recorded.

Recruitment for Highfield House was carried out by an administrator on behalf of the provider. Whilst the registered manager for Highfield House carried out interviews and offered staff jobs they did not check staff recruitment records to ensure they were complete and all relevant checks had been completed. We discussed this concern with the provider and registered manager. We were informed that a recruitment checklist was going to be implemented to ensure all relevant checks were completed, and the registered manager would have an overview of this process.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe and comfortable living at Highfield House. Comments included: "I feel safe here and I want to stay"; "I'm safe" and "I am looked after. Yes, safe".

People were protected from the risk of abuse. Project workers had knowledge of types of abuse, signs of possible abuse which included neglect, and their responsibility to report any concerns promptly. Project workers told us they would document concerns and report them to the registered manager, or the provider. One project worker said, "I can go to (registered manager) and (provider) if I needed." Another project worker added that, if they were unhappy with the manager's or provider's response they would speak to local authority safeguarding. They said, "I would go straight to my line manager or the manager. If I needed to I can go to CQC or the adult helpdesk." Project workers told us they had received safeguarding training and were aware of reporting safeguarding concerns.

The registered manager raised and responded to any safeguarding concerns in accordance with local authority safeguarding procedures. Since our last inspection the service had ensured all concerns were reported to the local authority safeguarding team and CQC.

People had been assessed and where the registered manager or project workers had identified risks in relation to their health and wellbeing, risk assessments were implemented. These included specific risk assessments for each person. For example one person had a clear risk assessment in relation to their epilepsy. This provided project workers with clear information on how to support the person in the event of a seizure. Project workers told us about the support they provided to the person and that they were also planning to review the person's epilepsy and risk assessments following a recent seizure to ensure it contained the most up to date information around moving and handling, mobility, agitation and nutrition

and hydration.

People were supported to take positive risks to enable them to access the community. For example, one person had a risk assessment in relation to being a passenger in the car. This risk assessment clearly documented the support the person needed and had been reviewed following an incident to ensure the person was kept safe while travelling in the car.

People were supported to maintain their independence. For example, one person was able to manage their finances and their own medicines. Project workers told us about the support this person required and how they supported them to maintain their independence. There were clear risk assessments and support plans in place which provided project workers clear information on how to support the person.

People's medicines were securely stored in line with current and relevant regulations and guidance. People's medicine records accurately reflected the medicine in stock for each person. Medicine stocks were checked weekly by senior project workers. These systems ensured people's medicines were not taken inappropriately and people received their medicines as prescribed.

Where people required medicines which were prescribed 'as required' such as pain relief medicines, project workers had clear guidance to follow. The service had protocols for these medicines, to ensure that people were protected from the risks of receiving too much of these medicines. Project workers operated clear medicine stock checks to ensure the risk of people receiving too much medicine was reduced.

People told us there were enough staff to meet their needs at Highfield House. People confirmed there were always project workers around if they needed support. One person said, "I'm happy, I know who (staff) is on daily." Another person told us, "The staff are around if I need them."

There was a lively, pleasant and homely atmosphere in Highfield during our inspection. Project workers were not rushed and had time to assist people in a calm and dignified way. They had time to spend talking and engaging with people throughout the day. For example, project workers and people enjoyed a laugh and jovial conversations throughout our inspection. Project workers had time to support people to go into the local town for shopping and a cup of coffee.

Project workers also confirmed that there was always enough staff to meet people's needs at Highfield House. Project workers occasionally worked in Highfield House and other homes owned by the provider. Comments included: "Staffing is not a problem at all"; "It's okay. It's very rare we don't have the right amount of staff. If there is sickness, staff or the manager comes in" and "We always have enough staff."

People were protected from financial abuse as their money was kept securely and a record of their finances was maintained by project workers. Some people required support with the handling of their money which included the safe keeping and the management of their daily expenses. There were accurate records of people's expenses and income. Project workers ensured people's financial records were checked to ensure their expenses were recorded correctly and that no financial abuse had occurred.

## Is the service effective?

### Our findings

People were positive about project workers and felt they were skilled to meet their needs. Comments included: "They're nice and know what to do", "The staff are really good" and "The staff are kind and fun. They know what they're doing".

People's needs were met by project workers who had access to the training they needed. Project workers told us about the training they received. Comments included: "I get the training and support I need to work here. I support new staff with their training too" and "Definitely have the training and the support to develop. There is always training available, the manager and (provider) are both good."

Project workers told us they had been supported by the registered manager and provider to develop professionally. One project worker told us how they had supported to complete a Qualifications Credit Framework (QCF) which is a diploma in health and social care. Another project worker spoke positively about the support they had received to professionally develop, including internal job promotions and qualifications. They said, "I love the company. I've been offered promotions and I have been supported to develop."

People were supported by project workers who had access to supervision (one to one meeting) with their line manager. Project workers told us supervisions were carried out regularly and enabled them to discuss any training needs or any concerns they had. One Project worker told us, "We have one to one meetings; we can discuss ideas or any concerns. It's important."

Project workers we spoke with had undertaken training on the Mental Capacity Act (MCA) 2005. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular 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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. They showed a good understanding of this legislation and were able to cite specific points about it. One project worker told us, "They've all got choice regarding day to day decisions. If you don't give them a choice, then what life have they got." Another project worker told us how they supported one person to make day to day decisions, such as what they would like to wear, eat or drink. They said, ""They can tell you what they want to wear. Show them some choices and they'll pick what they want."

The registered manager carried out mental capacity assessments where they felt people did not have capacity to make a specific decision. For example, the registered manager had identified one person did not have the capacity to manage their prescribed medicines and their finances. Mental capacity assessments clearly showed that the person had limited capacity to make a decision.

The registered manager and provider ensured where someone lacked capacity to make a specific decision, a best interest assessment was carried out. For one person a best interest decision had been made as the person no longer had the capacity to understand the benefits and risks of a medical appointment. A



decision was made in the person's best interest with their social worker and family present.

For another person a best interest decision had been made as the person no longer had the capacity to understand the risks to their health if they were to leave the service unsupervised. The registered manager made a Deprivation of Liberty Safeguard (DoLS) application for this person. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Project workers knew about DoLS and the importance of not depriving people of their liberty. For example, one project worker told us about a person they were concerned about. They said, "We were concerned that they didn't understand the risks to their environment. We sought advice and the person did have capacity. We support them to go outside, we wouldn't stop them."

People's dietary needs and preferences were documented and known by project workers. Project workers knew what food people liked and which foods people needed to meet their nutritional needs. People spoke positively about the food and drink they received in the home. One person told us, "I'll pick what I want to eat". Another person said, "I'm happy, I get plenty to eat and drink. Another person when asked if they liked the food and drink, responded positively. We observed people enjoying drinks and snacks throughout our inspection. One person enjoyed making hot and cold drinks for project workers and other people. People were encouraged and where necessary supported to make their own drinks. For example, one person liked to spend time in a den they had made with another person. Project workers frequently encouraged them to make drinks throughout the day due to the warm weather. The person said, "I go to the kitchen and fill my flask up. I've always got a drink."

People were supported to maintain good health through access to a range of health professionals. These professionals were involved in assessing, planning, implementing and evaluating people's care and treatment. These included GPs, dentists, opticians and podiatrists. There was a clear record of the appointments people had attended and the treatment and support they received. One person was living with epilepsy and had recently had a prolonged seizure. As a result the project worker was arranging with the person's consultant to bring their appointment forward.

Project workers maintained a correspondence book which detailed people's medical appointments and ensured all staff had clear information to support and reassure people. For example, one person was waiting for two pairs of glasses to be supplied by the pharmacy. Project workers were aware of this and what coloured frames were coming. They used this information to reassure the person when they asked about their glasses.

## Is the service caring?

### Our findings

People had positive views on the caring nature of the service. One person said about the project workers, "I'm happy here. I enjoy it too" and felt they were well looked after. Another person responded positively when asked about their project workers and told us, "The staff are kind and fun. They make things fun."

People enjoyed positive relationships with project workers and the provider. The atmosphere was lively and friendly. We observed people and project workers enjoying talking and having fun in the home's lounge. People were comfortable around the project workers and talked about their days as well as enjoying a play pillow fight. Project workers treated people as equals and we observed many warm and friendly interactions. They were informed about the purpose of our visit by project workers who asked them if they would like to talk to us.

People were encouraged by project workers to spend their days as they wished, promoting choices and respecting people's wishes. For example, one person was feeling tired on the morning of our visit. Project workers checked on the person, respecting their choice. When the person was ready project workers encouraged and supported them to get up and have breakfast. The person's decisions were respected and they received the support they wanted. We asked the person if they were okay, and they responded positively.

People were supported to adjust their home environment. For example, one person enjoyed camping and being outdoors. Project workers and the registered manager allowed the person to turn a shed in the back garden into a den. Two people had spent time clearing out the shed and was turning it into their own space. On the day of our inspection people proudly showed us their den and told us they enjoyed spending time there. One person said, "I like being outside. I liked camping. We cleared the shed out." Following this the registered manager and project workers informed us the provider was buying a newer shed for people to use as a shed.

People's rooms were decorated to their needs and preferences. For example, one person had widgets (small pictures of items such as clothes) on their draws and cupboards. This enabled the person to find items of their clothing and orientate themselves around the service. Another person had items in their room which were important to them, and had been supported to build a small den in their room. People were asked before we could visit their rooms and project workers spoke positively about respecting people's rooms as their space.

People were cared for by project workers who were attentive to their needs and wishes. For example, project workers knew people well and what was important to them. They used this information to clearly support people in a personalised and individual way. For example, one project worker identified how one person became anxious when they could not identify when events were happening. For example, the person would ask daily if there was an event such as a barbeque happening. The project worker had tried an advent calendar for the person which used dots to show the number of sleeps until the event. The project worker spoke positively about how this had enabled the person to orientate themselves and had led to a reduction

in their anxieties. The person and their project worker showed us how the calendar worked. The person responded positively when asked if they liked the idea. The project worker told us, "It has really helped them (the person)."

People were supported project workers who were caring and had time to spend with them. One project worker was due to finish their shift early, as they had supported one person at the hospital the night before our inspection. One person wished to go with a coffee with the project worker in the local town. The project worker respected this persons request and went with this person for a coffee. It was clear from observations that the person and the project worker had developed a positive relationship. The person told us they enjoyed the time they spent with the project worker.

## Is the service responsive?

### Our findings

People spoke positively about the busy lives they lived at Highfield House. Comments included: "I'm never bored"; "I'm very happy here. I'm busy" and "I'm going out in a bit. It's fun here."

People's care plans included information relating to their social and health care needs. They were written with clear instructions for project workers regarding how the person's care should be delivered. People's care plans and risk assessments were reviewed in accordance with the provider's procedures and changed to reflect people's needs where changes had been identified by the registered manager and project workers.

Project workers kept detailed records of people's medical appointments and the outcome of any appointment. This enabled project workers to ensure they had the correct information to meet people's needs. Where people's support needs had changed this was clearly reflected in their care and support plans. For example, one person's healthcare needs were discussed regularly, and these discussions were clearly recorded with a record of the actions taken or needed.

People were supported to develop and maintain social and lifestyle skills. For example, one person was supported to clean their room and bathroom. They received one to one support from project workers to complete this task. There was a clear plan in place for the person to be supported to clean their room, which the person understood. The person told us they were happy that their room was clean.

People were supported to prepare for special occasions. For example, two project workers told us how one person was supported to go into a local town to buy clothes for a special family occasion at the weekend. The project workers talked proudly about how the person picked their new clothes with support and that the person was looking forward to the event. Project workers were liaising with the person's family on the support they required to attend the event. Additionally project workers had arranged for the person to attend a beauty salon prior to the event. The person was incredibly excited about the event.

People lived active lives at Highfield House. People were supported to spend their days as they wished, such as going to town, attending colleges or activity groups and enjoying their time within Highfield House. For example, one person was supported to go to a local day centre during our inspection. This person enjoyed attending the day centre. One project worker told us one day the person had returned from the day centre with a sensory ball. They saw how the person enjoyed playing with the ball and purchased them their own ball to enjoy.

People were supported to attend new activities. For example, one project worker told us how they were looking at new activities for one person who used to enjoy attending college. The college had recently stopped providing the lessons. The project worker had identified activities and was planning to support them to attend some activities to see if they enjoyed them.

Where people's needs changed, project workers took action to ensure their needs were met. For example, one person had developed behaviours which could have an impact on their health and wellbeing. Project

workers had discussed the person's behaviours with them and the support they required. These discussions had been clearly recorded and the person had stated they were happy with the support they received.

People knew how to complain or raise any concerns about the support they received. One person told us, "I'd let someone know if I wasn't happy." The registered manager had received no complaints in 2016. Project workers had raised concerns over communication within the service. The registered manager listened to and acted on these concerns to ensure improvements were made.

## Is the service well-led?

### Our findings

The registered manager had promoted a positive culture within Highfield House, which all project workers understood. Comments included: "They want to create "their" home. It does feel like their home"; "It's always about them. What's important to the service users, promoting quality of life and independence" and "Person centred care is massive here. Person centred planning is important. We're lucky with staff to, our newest staff member has been here a year."

Project workers spoke positively about the support they received from the registered manager. Comments included: "The manager taught me everything I know"; "The manager has pushed and promoted me. Gives us responsibilities" and "They're very good and supportive." Project workers were supported to take on key duties within the home. For example, one project worker carried out audits on people's prescribed medicines. Other project workers were being supported to take responsibilities regarding infection control and ensuring the safety of people's finances. The registered manager was on leave during one day of our inspection; however project workers positively managed the home and worked together as a strong team to ensure people's needs were maintained.

Project workers were involved in the day to day running of the service and encouraged to suggest changes and improvements. For example, one project worker told us how they had suggested ideas around people's medical appointments and a way of supporting one person to remember when events were happening. Both of these ideas had been acted upon and had been implemented. One project worker told us, "(Registered manager) listens to us. They accept ideas." Another project worker said, "We can suggest ideas. They encourage us."

People's views were sought regularly through monthly home meetings. These meetings allowed project workers and people to discuss key events in the home and any upcoming events in the home. At one meeting people were asked if they understood fire procedures within the home. There was a clear list of actions to ensure people understood what to do. Meeting minutes were written with widgets (symbols representing words) to ensure everyone could understand what had been recorded in the minutes.

The registered manager and project workers had effective systems in place to monitor and improve the quality of care people received. They operated a range of audits such as medicine audits and scheduled checks within the home. Where audits or observations identified concerns, clear actions were implemented. For example, audits on people's care plans and risk assessments identified one person's risk assessment was not current. This had been updated following the audit.

People were protected from risks as the registered manager ensured lessons were learnt from any incident and accidents. Project workers ensured any incidents and accidents were discussed in staff meetings and handovers to discuss the incident and any improvements which could be made. For example, project workers were planning to review one person's epilepsy protocols following recent seizures the person had endured.

Project workers used handovers and team meetings to ensure all staff knew about people's current needs. Handovers were detailed and clearly documented the support people had received and the support they needed. Project workers discussed how to support people and took responsibility for their actions such as contacting health care professionals involved in people's care as required.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Recorded recruitment procedures were not always complete to ensure persons employed were of good character. Regulation 19 (1)(a)(3)(a).