

Salters Hill Charity Limited

Keepers Cottage

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

We undertook an unannounced inspection on 27 July 2016.

Keepers Cottage is a care home that provides a service for eight people who have learning disabilities. Keepers cottage is part of a charity organisation. At the time of our inspection there were eight people living at the service.

There was a registered manager for this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers 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.

All the people and their relatives we spoke with said the way people were supported at this home made a difference to their lives. They all said the staff and management team were caring and always treated them with dignity and respect. People explained how staff supported them to achieve their chosen goals which improved their well-being. Relatives told us they were involved as part of the team to support their family member. People overwhelmingly said how happy they were to be living at the home.

People told us they were empowered by staff and the management team keep control over their own lives. The management team had a clear ethos that people using the service were at the heart of everything they did. This was demonstrated by people living at the home being involved in decisions about quality assurance and developments at the home. One person had been involved with national feedback, to the charity board, from their perspective about the support they received. People told us they were important to the staff and the management team. They said they were regularly asked their views about if they were happy with the support they received. People who lived at the home had regular meetings where they could discuss any aspect of their support.

People we spoke with said they had support from regular staff who knew them well. Staff we spoke with recognised the different types of abuse. There were systems in place to guide staff in reporting any concerns. Staff were knowledgeable about how to manage people's individual risks, these focussed on supporting people to achieve their goals. People were supported to receive their medicines by staff who were trained and knew about the risks associated with people's medicines..

Staff had up to date knowledge and training to support people living at the home. Staff always ensured people agreed to the support they received. The management team regularly reviewed how people were supported to make decisions. People were encouraged to make their own choices about the food they ate. They explained that they were supported to make their own decisions and be as independent as they could. People and their relatives told us staff would access health professionals as soon as they were needed.

People and their relatives knew how to raise complaints and the management team had arrangements in

place to ensure people were listened to and appropriate action taken. Staff were involved in regular meetings and one to one's to share their views and concerns about the quality of the service. People and staff said the management team were accessible and supportive to them. The management team were adaptable to changes in peoples' needs and staff knew people well to recognise when additional support was needed.

The management team monitored the quality of the service in an open way. The registered manager ensured there was a culture of openness and inclusion for people using the service and staff. The management team had systems in place to identify improvements and action them in a timely way. They involved people living at the home through their management systems to ensure they were at the heart of decisions made about the service.

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

People were supported by staff that knew how to provide care in a safe way. People benefitted from regular staff that knew them well and managed their identified risks. People were supported with their medicines to ensure they had them as prescribed.

Is the service effective?

Good ●

The service was effective

People were supported by staff with up to date training and who were knowledgeable about how to support people. People received support from staff who respected their right to make their own decisions, where possible. People were supported to access health care when they needed to.

Is the service caring?

Good ●

The service was caring

People benefitted from inclusive care from staff who were led by their management team to put people at the heart of everything they did. People received caring and compassionate support from a staff team that would go the extra mile which enabled people to live their lives as they chose. Staff respected peoples' dignity and worked with people to achieve as much independence as possible.

Is the service responsive?

Good ●

The service was responsive

People were involved in how they were supported by staff who listened and were adaptable to their needs. People benefitted from regular reviews of how they were supported. People and their relatives were confident that any concerns they raised would be responded to appropriately.

Is the service well-led?

Good ●

The service was well-led.

People, relatives and staff felt supported by the management team. The culture of the service was to focus on each person as an individual and to involve them with all aspects of their care. The provider and registered manager regularly completed checks to aid continuous improvement.

Keepers Cottage

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 was an unannounced inspection which took place on 27 July 2016 by one inspector.

We looked at the information we held about the provider and this service, such as incidents, unexpected deaths or injuries to people receiving care, this also included any safeguarding matters. We refer to these as notifications and providers are required to notify the Care Quality Commission about these events.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make.

We spoke with six people, and three relatives. We looked at how staff supported people throughout the day.

We spoke with three staff, the registered manager and the chief executive. We looked at the care records for two people including medicine records, one staff recruitment file, training records and other records relevant to the quality monitoring of the service.

Is the service safe?

Our findings

People we spoke with said they felt safe because they were happy where they lived and knew staff well. One person said about the staff, "They help me do things I want to do and keep me safe." Another person told us about staff, "We are a family; we look out for each other." Relatives told us their family member received support to remain safe. A relative said, "They are a group of people that are together as a family, with support by staff to be independent safely." Another relative said staff supported their family member's well-being.

The registered manager and staff explained their responsibilities to identify and report potential abuse under the local safeguarding procedures. All the staff we spoke with had a clear understanding of their responsibility to report any potential abuse and who they could report it to. They had a good knowledge of the people they supported and said they would know if people living at the home were safe. They told us training on potential abuse and safeguarding concerns formed part of their induction and was regularly updated. This was also reviewed in team meetings to support staff knowledge.

People told us they had discussed their support needs with staff at the home. This included identified risks to their safety and welfare. For example, the support people required with administering medicines and going out into the community. Staff explained how they managed risks to people while maintaining people's independence as much as possible. One member of staff said, one person wanted to travel independently in the community. Staff had assessed the risks and worked with the person to establish a safe way for them to travel. Their relative told us that this had been achieved over time, and they were really happy that their family member was able to travel as they wished safely.

People told us they were consistently supported by staff who knew them well. Staff we spoke with said they were an established team that knew people well. Any concerns during their shift would be acted on and passed onto staff during the end of shift handover. One member of staff said, "We always know what's been happening before we start." Staff were aware of how to manage people's risks and how they were reflected in the risk assessments for each person.

People told us there were always enough staff to meet their needs. One person explained how volunteers supported them sometimes to do interesting things when they wanted to. Staff and the registered manager said they had enough staff to meet the needs of people using the service. Relatives told us there were sufficient staff on duty to meet their family member's needs. One relative told us there was always enough staff to support their family member to do things they enjoyed. We saw and staff told us there were enough staff on duty to meet the needs of people living at the home. One staff member said, "We have the time to work with people so they achieve what they want to do."

The registered manager told us staffing levels were determined by the level of support needed by people. This was provided in a flexible way depending on what people living at the home wanted to do. The registered manager ensured there were sufficient appropriately skilled staff to meet the needs of the people living at the home. Staff told us staffing levels were arranged around the interests of people living at the

home and what people wanted to do. The registered manager explained there was extra support from a bank of staff who worked regularly at the home to ensure their knowledge about people living at the home was current. The provider also recruited volunteers who supported people to go out and about in the community, or to do activities such as gardening at the home.

Staff told us they completed application forms and were interviewed to check their suitability before they were employed. The registered manager checked with staff members' previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions. This information supported the registered manager to ensure suitable people were employed, so people using the service were not placed at risk through recruitment practices.

Some people needed support with their medicines. The registered manager said this was discussed with people using the service and they were included in decisions about how they were supported. We saw people's plans guided staff in how to support people with their medicines. Staff told us that these plans were updated when needed and staff were aware of any changes. Staff said they had received training about administering medicines and their competency was assessed. Staff explained they felt confident when administering medicines to people. They said they received regular spot checks by the management team to observe their administration practices. The registered manager told us they involved the people who received their medicines by encouraging them to sign the medicine record with the member of staff. This ensured people were aware of their medicines and involved with decisions about how they were administered. Staff regularly reviewed people's medicine records to ensure that they were completed correctly and that people received their medicines as prescribed. We saw medicines were kept and disposed of in a safe way.

Is the service effective?

Our findings

People we spoke with told us staff knew how to support them. One person said about staff, "They are all top at knowing what to do." Relatives we spoke with told us staff were very knowledgeable about how to support people living at the home. One relative said, "They [staff] really know how to support people, I can't fault them."

Staff told us that they had received an induction before working independently with people. This included training, reading people's care plans, as well as shadowing a more experienced member of staff. Staff said they met all the people initially to get to know them. They said experienced staff shared their best practice so people had their needs fully met. They went on to say, they felt prepared and had received training in all areas of care delivery. Staff told us they were confident with how they provided support for people using the service.

Staff explained how they received additional training specific to the people they supported, for example, autism. One member of staff said this training had improved their understanding and practice when supporting people using the service. Staff told us they felt well supported and had regular supervisions and an opportunity to review their training needs. They were encouraged to complete training to improve their skills on a regular basis. This training included Mental Capacity Act 2005 (MCA); staff we spoke explained what this meant for people they supported.

The 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.

People told us staff always asked for their consent before supporting them. Staff we spoke with told us they were aware of a person's right to refuse their support and explained how they manage this to ensure people's rights were respected. Staff told us they always ensured that people consented to their care and we saw examples of this throughout our time at the home. Staff were aware of who needed support with decision making and who should be included in any best interest decisions for people. The registered manager had an understanding of the MCA and was aware of her responsibility to ensure decisions were made within this legislation. For example, we saw a best interest meeting had been arranged for one person who needed support with a particular decision.

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). We checked whether the service was working within the principles of the MCA.

Staff we spoke with understood the legal requirements for restricting people's freedom and ensuring people had as few restrictions as possible. The registered manager had submitted DoL applications as she needed

to. They understood the process and was aware of how to access any further support.

People said they had choice about the food they ate and that the food was good. They told us they were all involved in their shopping, food preparation, cooking and making choices about what they ate. One person said, "It's my turn today, I have chosen part of what we are eating tonight, and I will cook it too." Another said, "We all have a go, it's great." We saw when extra support was needed that staff did this in a discreet way, promoting people's independence as much as possible. Staff we spoke with said people were monitored regularly to ensure they were maintaining a healthy diet with both food and drink. Staff explained how the registered manager had arranged for a nutritionist to come and do a workshop for people living at the home and staff, so they could look at how they could all eat healthier. One person said they had enjoyed the talk and they were eating better now, although they still enjoyed some treats. Staff were aware which people had special dietary needs and how they needed to meet them. Relatives we spoke with said the food was very good. One relative told us about their family member, "They love the cooking and working together as a team."

People told us they received support with their all aspects of their health care when they needed it. One person said, "We are going to the doctors together, it's easier." They explained they felt more confident with staff support. Staff had involved other health agencies as they were needed in response to the person's needs. For example, people we spoke with told us they attended the dentist and opticians regularly.

Is the service caring?

Our findings

People we spoke with said they chose to spend time with each other and staff, because they really enjoyed each other's company. One person said they were happier living at the home than they had ever been. People we spoke with said staff were kind to them and they enjoyed spending time with staff and the management team. They all said they were happy living at the home and got on well with each other and staff. One person said about the staff, "They are all great, and have helped with fundraising to give us extra money for our holidays." Another person told us, "They are all tip top, absolutely great." People said they valued their relationships with staff. One person said, "I am going to the gym today with [staff members name] I love it, we have a good time."

Relatives told us all the staff were caring and patient. They all said they could not think of anywhere better for their family member to be. One relative said, "[Family member] is very settled and staff are really good. They all get on so well." Another relative explained the difference living at this home had made to their family member. They told us the service provided, "Supported independence within a residential setting." They went on to say how their family member was supported to be independent and make their own decisions. This was a real achievement and they could see the benefit in how their family member had gained in confidence. A further relative said, "From the top down all the staff were brilliant." They explained how the chief executive director shared information and ideas and encouraged people living at the home and their families to be involved with what was happening with the service.

We saw good relationships between staff and people living at the home. For example, we saw a member of staff supporting one person to complete the weekly fire checks for the home. They worked together and they enjoyed the experience. The person explained how much they liked having responsible jobs to do and working with staff to achieve them.

People we spoke with told us they were important and listened to. One person said, "We are listened to and are in charge of our own lives." Another person explained how they could make their own choices and decide where they wanted to go and what they wanted to do. Relatives we spoke with said how they all felt the service prioritised their family member's wishes and aspirations. One relative went on to say how they thought their family member had achieved amazing things since moving to the home. For example, attending community based work projects. Another relative said about staff, "We are all friends and work together as a family."

People had strong links with the community. For example, one person told us about the electronic tablets that the Mayor had provided for everyone at the home. The registered manager explained how the Mayor supported the provider and had raised their profile within the community. She went on to say that people and staff were working together to learn how to use the tablets with suitable awareness of internet safety. The provider was supported by a volunteer network who regularly worked with people living at the home. This network strengthened people's links with the community and established relationships with people living at the home. The registered manager explained how the volunteer system was supporting people to work in the community by providing 'work buddies.' These were volunteers who would spend time with a

person in their work placement until the person was confident to attend on their own. People we spoke with said they really enjoyed working and were well supported to achieve this.

People we spoke with explained how well staff understood them and supported their needs. For example, one person showed us their care plan and explained how anyone who wanted to see it needed to ask their permission because it was theirs. They explained how they had worked with staff to put it together and that it was all about them and what they wanted to do and how they liked to do it. They also said that staff and the management team would respect what they said and support them to achieve the goals they had set for themselves.

People said staff respected their dignity. One person told us staff supported their independence, "They only help with what I want help with." Relatives said staff always treated them and their family member with dignity and respect. One relative told us, "They work with [family member] and encourage them to be as independent as possible." Staff we spoke with showed a good awareness of people's human rights, explaining how they treat people as individuals and really listened to what people wanted. All the staff we spoke with had examples where they had worked with people living at the home to achieve their goals. They were really proud of how people had achieved improvements to the way they lived their lives. For example, one person was achieving their personal aspiration and attending a club in the community. They now attended this on their own, after working with staff to achieve this level of independence. Their relative said how happy their family member was about succeeding with this. All staff we spoke with were passionate about how important the people they supported were and how the management team supported them to focus on each person as an individual.

Is the service responsive?

Our findings

People we spoke with said they were involved in decisions about their care. They told us they were consulted and involved with all aspects of how they are supported. One person said, "I am listened to about everything." People said they received consistent, personalised care and support. They were involved in identifying their own needs, made their own choices and their preferences for how they wanted to be supported were met.

People told us they knew staff well, and staff knew how they liked to be supported. Staff said they knew people's support needs could change from day to day. They said they knew people well enough to recognise when they required additional help. People we spoke with said when they needed extra help staff always supported them. Relatives told us staff were adaptable to meet the needs of their family member.

People we spoke with said they were involved in developing their care plans. They considered their care plans their documents and they made the decisions about what was in them. Relatives told us they had been involved with how their family member was supported from the start of them arriving at the home. They also said staff kept them involved and one relative told us they felt very much 'part of the family' to support their family member. One relative said about people living at the home and staff, "They are all a family, with us too, they really care about each other."

People told us their care plans showed what they wanted to do and how they wanted to be treated by staff. We saw people's care plans focussed on what people wanted to achieve and the steps towards these goals. For example, one person explained how they had identified something they wished to achieve. They then worked with staff until their confidence had improved and they were able to achieve this. Staff we spoke with said that people's care plans belonged to each person and they worked with people to ensure care planning was focussed upon each person's life as a whole. This included their goals, skills, abilities and how they preferred to manage their health. One person had identified they wished to improve their health and make healthy choices about what they ate. They said they had worked with support from staff on the steps they needed to take. They also said they regularly reviewed this with their keyworker and were happy with their progress. Their keyworker was the member of staff they chose to have regular time with to review how they were supported. Their relative said they were pleased with the progress their family member was making with their own goals. The registered manager had involved other organisations so people would be supported to achieve their goals. Staff said this was to enable them to support each other. We saw how people prompted each other to remember to make healthy choices.

People told us they regularly discussed their plans with their key worker and reviewed how they were supported and what they wanted to do next. People we spoke with said they would say if they were not happy with something. One person said, "I choose what I want to do, we all work together." All the people we spoke with said they were happy living at the home. One person told us how they had said at their regular meeting that they were not all getting the same amount of time with their key workers. The registered manager explained how she addressed this to ensure people had the access to their key workers that they wanted. People we spoke with said they were now happy with the time they had with their key

workers.

People told us they could choose what they wanted to do with their time. Most of the people living at the home did some paid work and some volunteer work with support from staff when needed. One person explained how much they enjoyed their work and they were always enthusiastic to attend. Some people did activities together and others chose things to do on their own. People told us they were never bored and always had interesting things to do that they enjoyed. One person told us how they enjoyed the new cabin that had recently been completed as part of the home, in the garden. This contained a cinema room and a pool table. They went on to say how they regularly spent time in the evenings playing pool with staff and other people who lived at the home.

People we spoke with said there were organised activities such as horse riding and sailing, and holidays which people could enjoy as part of a group. There were also pastimes that were specific to each person such as swimming and going to the gym. Relatives told us that their family members had interesting things to do with their time which were individual to them. They told us how some people went out regularly to events in the community which their family members always enjoyed. One relative said, "They're always busy, either learning new skills, working or attending social activities. They absolutely love it there." One relative told us how their family member regularly visited them at home. They explained how supportive staff were to ensure their family member enjoyed their time with them.

People said they were regularly asked if they were happy with everything in their monthly meetings. One person told us that if they were not happy then staff and the registered manager always took action to sort out the concern. Relatives said they were asked to share their views about the service and the quality of care through satisfaction questionnaires. We saw the results of these questionnaires for 2016 were positive. Some of the comments noted were, "A really person-centred service, great values, serving in the local community," and "Absolutely wonderful, a godsend."

People we spoke with told us they would say if they were not happy with anything. One person said they were happy to speak with staff or the registered manager about any concerns. They said, "They always listen." Relatives said they were confident to speak to the management team if they had any concerns. The registered manager investigated any concerns raised and actioned them appropriately. For example, we saw one complaint had been investigated and a meeting held to discuss and agree the outcome. There were clear arrangements in place for recording complaints and any actions taken.

Is the service well-led?

Our findings

People who used the service and their relatives felt the service was well managed. They said they could always speak with the management team at any time, and they would always take the appropriate action. People we spoke with told us they were listened to by the management team and the staff supporting them.

The management team knew all of the people who used the service and their relatives well. They were able to tell us about each individual and what their needs were. The registered manager told us it was important that each person was seen as an individual and looked at how they could support people holistically. For example, the registered manager explained how they were supporting one person to attend an activity in the community. They had risk assessed how the person could attend. Staff had worked with the person to ensure the risk assessment had a positive outcome in a safe way. This was to build independence rather than inhibit what people wanted to do.

Staff told us the culture of the service was all about the importance of each person living at the home. They explained how this was emphasised through the ethos of their managers through team meetings and their discussions with their manager. All the staff we spoke with were passionate about supporting people focussing on their abilities, and being responsive and adaptable in how this was achieved. One member of staff said, "We always listen to people and will go that extra bit so they can achieve what they want." Staff said they all communicated well and worked together to support people and their families.

Staff said they were supported by the management team. They told us they could always speak to someone if they had any concerns. One member of staff said about the management team, "We share ideas and they listen to us." Another member of staff said, "I love working here, it seems ridiculous to think of this as work, because I enjoy it so much." Staff told us they had regular one to ones and they were able to share information and ideas. They said they felt well supported and listened to as a result of this. For example, one member of staff explained how they were involved in ideas for improving the home. They said they had been listened to and the idea had been developed as part of the home improvements. Staff told us how any compliments were always passed on so they felt valued and appreciated. Another member of staff said, "We are such a good team, we all work together, it's a pleasure to come to work."

The management team completed regular checks to ensure they provided quality care. The registered manager said they had identified where improvements were necessary. For example, we saw there were plans in place to make improvements to the building. Staff told us these plans had been started, such as bath rooms had been updated. One person told us about the plans to modernise their kitchen. They explained how everyone had been involved in the discussions and the choices about the improvements to be completed.

Staff told us they always reported accidents and incidents. We saw documentation available for staff which was completed when needed. The management team investigated the incidents to ensure any actions that were needed were made in a timely way. The registered manager explained how they would review through a practice discussion with staff and resolve any on- going actions when needed.

The registered manager told us people living at the home were included in how the business was managed. She explained how one person was involved in attending national meetings for the provider to give feedback from their perspective about how the service worked for them. The operations manager told us how people living at the home were supporting with the satisfaction questionnaires by discussing the questions sent to their families. The registered manager told us they were developing systems for peer review, when managers from other services would visit their home to look at quality assurance.

The operations manager said they were working with other organisations to develop links which would encourage best practice and support a high quality service.