

Miss J Ringrose

Highfields

Inspection report

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Tel: 01536517751

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02 August 2017

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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 inspection took place on 31 July and 02 August 2017. This residential care service is registered to provide accommodation and personal care support for up to six people with learning disabilities. At the time of the inspection there were five people living at the home.

At the last inspection in August 2015 the service was rated Good. At this inspection we found that the service remained Good.

There was a registered manager in post at the time of our inspection. 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.

People continued to receive safe care and support. Staff were knowledgeable about the risks to people and effective plans of care had been developed to guide staff in mitigating people's known risks.

People could be assured that sufficient numbers of staff were available to provide their care and that they would receive their prescribed medicines safely. People were supported by staff that knew them well and had received the support, supervision and training that they needed to provide effective care.

People developed positive relationships with the staff; who were caring and treated people with respect, kindness and courtesy. People had detailed personalised plans of care in place to enable staff to provide consistent care and support in line with people's personal preferences. People knew how to raise a concern or make a complaint and the provider had effective systems in place to manage any complaints that they may receive.

The service had a positive ethos and an open culture. The registered manager was a positive role model in the service and worked alongside care staff to offer guidance and support.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service remains good.	Good ●

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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 inspection took place on 31 July and 02 August 2017. The inspection was unannounced and was undertaken by one inspector.

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 plan to make. The provider returned the PIR and we took this into account when we made judgements in this report.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with four people who lived at the home, one relative, one care staff and the registered manager who is also the provider.

We spent some time observing care to help us understand the experience of people who lived in the home.

We looked at care plan documentation relating to four people and three staff personnel files. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, maintenance schedules, training information for care staff, meeting minutes and arrangements for managing complaints.

Is the service safe?

Our findings

People received care from a dedicated and caring team of staff. Recruitment processes ensured that staff were suitable for their role and staffing levels were responsive to people's needs. People told us that staff were available when they needed them and that they never had to wait to receive the support they needed. One person said "There is always staff here to help me and they [staff] are all lovely." One relative said "There are always enough staff on shift and it is a stable staff team so I feel confident in their ability to care for [my relative]." Our observations supported these views and we saw that staff responded to people's requests for care and support in a timely way.

Risks to people had been assessed and we saw that staff were vigilant and worked successfully to provide care and support in a way that kept people safe. Individual plans of care were reviewed on a regular basis to ensure that risk assessments and care plans were updated regularly or as changes occurred. The provider had a clear safeguarding procedure and staff were knowledgeable about the steps to take if they were concerned. One member of staff told us "I would raise any concerns with the manager, I know they would get dealt with straight away but I also know the procedure to report concerns outside of the home." The service had not been required to submit any safeguarding notifications but the registered manager knew the procedure to follow for any future notifications.

We found that the medicine management system in place was clear and consistently followed. People told us they always received their medicines as prescribed. One person said "I have my tablets on time every day; the staff give them to me when I need them." There were detailed records of prescribed changes in dosages for specific medicine, for example blood thinning medicine and clear protocols for staff to follow to keep them up to date with the changes in dosage.

Is the service effective?

Our findings

People were supported by staff that continued to receive the training, support and supervision that they required to provide effective care and support to people. Staff training was relevant to their role and equipped them with the skills they needed to care for people they were supporting. For example, all staff had received specialised training to assist a person with a recent change in physical health. All staff had regular supervisions and annual appraisals were planned for the forthcoming months. We viewed a supervision chart and noted that all staff had received regular supervision in line with the provider's policy.

People had access to health care services and received on-going health care support to maintain good health. Care staff were vigilant of changes in people's health and made referrals to health professionals promptly. For example, we saw that one person who had a recent change in physical health needs was supported regularly to follow up appointments at the hospital and their health needs were monitored very closely by the care staff.

People were encouraged to make decisions about their care and their day to day routines and preferences. Staff had a good understanding of people's rights regarding choice. Detailed assessments had been conducted to determine people's ability to make specific decisions and where appropriate best interest decisions had been made. Formal consent was also captured in people's care records. One person said "I can choose what I want to do every day." We saw detailed information for care staff in people's plans of care that highlighted situations where people may require support from independent mental capacity advocates.

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. 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).

Is the service caring?

Our findings

People developed positive relationships with staff and were treated with compassion and respect. One relative said "I couldn't ask for better care or nicer staff for [my relative], everyone not just my relative is cared for so well by all the staff."

People were relaxed in the company of staff and clearly felt comfortable in their presence. We observed that staff knew people well and engaged people in meaningful conversation. People's choices in relation to their daily routines and activities were listened to; staff treated people as individuals, listened to them and respected their wishes. Staff were observed speaking to people in a kind manner and offering people choices in their daily lives, for example if they wanted any snacks and what support did they need to prepare and cook their evening meals.

Staff were knowledgeable about people's individual needs, backgrounds and personalities. They explained how they involved people in making decisions. Care plans were written in a person centred way, outlining for the staff how to provide individually tailored care and support. The language used within people's care records was informative and respectful.

People were treated with dignity and respect. We saw that people were asked discreetly if they required any support. Care staff were able to describe how they supported people to maintain their privacy. One care staff said "I always make sure that curtains are closed and the door is closed; also when supporting someone with personal care I always ensure that they are happy for me to carry out the task." Staff approached people calmly, made eye contact and had a positive approach to supporting people.

Is the service responsive?

Our findings

People had detailed plans of care in place that provided guidance to staff in relation to people's interests, care and support needs. People and where appropriate their relatives and other health and social care professionals were involved in developing their detailed care plans. Staff knew people very well; their backgrounds and what care and support they needed. A member of staff told us "Care plans are updated when things change like people's routines or care needs." Plans of care were detailed and contained information on how people may demonstrate if they were unhappy or unsure about a situation. For example, one person will decline to try new experiences and say they don't like it; the guidance for care staff was to offer reassurance and explain to the person that they can decline the activity at any point.

People were encouraged and supported to pursue their hobbies and interests. One person told us that they visited the local working men's club and enjoyed the live music which was often playing there. Another person told us they went to a day centre, cinema, local clubs and discos and a whole variety of other activities. One staff member told us "We often have planned days out where people choose where they want to go, we recently visited Liverpool for the day and also went to the theatre."

People and their relatives knew how to make a complaint and were confident that their concerns would be carefully considered. However no-one had needed to make a formal complaint. One relative said "I've never really needed to make a complaint; if I am not happy with something I talk to the manager and she puts it right." We saw that there was a clear complaints policy in place. The complaints policy and information was written in an easy read format so people who used the service were able to access it. Where people could not speak for themselves, staff were aware they needed to be vigilant in observing changes in behaviours and body language that would indicate that a person was unhappy with their care.

Is the service well-led?

Our findings

A registered manager was in post. 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.'

The provider was committed to providing a person centred service that enhanced people's sense of well-being and was aspiring to provide a consistently good service to people. There was a robust system of quality assurance with audits completed in key areas such as care plans, finances, medicines and health and safety. When areas for improvement had been identified these were targeted and improvements were monitored.

Staff felt listened to and were in regular contact with the registered manager. Staff told us that they were involved with the development of people's care plans. The registered manager was receptive to staff ideas and suggestions and made the appropriate changes when necessary. Meetings were held with staff which enabled them to share good practice and keep up to date with any changes or developments within the home.

People, their relatives and staff were able to feedback their thoughts on the quality of the service provided. Annual satisfaction questionnaires were completed by people who used the service and their relatives if people consented to this. Feedback from a relative included "[My relative] is so happy, the staffing levels are good and he likes all the staff." We also received positive feedback about the registered manager; this included how supportive the registered manager had been and how accessible the registered manager was.

Records were maintained and used in accordance with the Data Protection Act. The most recent Care Quality Commission rating was displayed at the location as required.