

Extel Limited

Haddon House

Inspection report

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Date of inspection visit:
08 February 2019
11 February 2019

Date of publication:
01 March 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?

Good ●

Summary of findings

Overall summary

About the service:

Haddon House is a small residential care home registered to provide personal care and support for up to six people under the age of 65 who have mental health issues, learning disabilities or autism. At the time of the inspection there were five people living in the home.

The care service had not originally been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. The home had been registered before such guidance was produced. The guidance focussed on values including choice, promotion of independence and inclusion so that people with learning disabilities and autism using a service can live as ordinary a life as any citizen. However, it was clear that people living in Haddon House were given such choices and their independence and participation within the local community had been and was continuing to be encouraged and enabled.

People's experience of using this service:

People were supported to keep safe in the home. People continued to be protected against the risk of abuse, neglect and discrimination.

People continued to receive care and support that was personalised to meet their individual needs. The systems in place to identify and assess potential risks continued to be used to help manage known risks related to people's support needs and daily lives. Staff were clear about action they would take to keep people safe from the risk of harm.

People were supported to maintain good health and good nutrition by staff who displayed kindness and respect as they provided support. People received their medication as prescribed.

People continued to be supported by adequate numbers of staff who were well trained and focussed on helping people who lived in the home. Safe recruitment of staff ensured that people were supported by staff of good character.

Relationships between staff and people who used the home were positive, respectful and supportive. Staff ensured that people were supported to make choices as agreed and maintain a good level of independence in line with their abilities and wishes. People's diverse needs were recognised and access to activities was supported and enabled by staff.

The provider continued to use their audit systems and processes to check and ensure that people were being supported to receive good quality care.

The home continued to meet the characteristics of a rating of good in all areas. More information about the inspection is in the full report.

Rating at last inspection:

The home was rated Good at the last inspection (report published in August 2016).

Why we inspected:

This was a planned unannounced inspection based on the previous rating.

Follow up:

We will continue to monitor the home through information we receive.

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?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Haddon House

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector carried out this inspection.

Service and service type:

Haddon House is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the home is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced and took place on 08 and 11 February 2019.

What we did:

We reviewed information we had received about the home since the last inspection in August 2016. This included details about incidents the provider must notify us about, such as abuse. We assessed the information we require providers to send us at least once annually (Provider Information Return). This gives some key information about the registered service they provide, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

In addition to speaking with four of the five people living at Haddon House, we spent a short time in communal areas of the home observing the care and support people received to understand their experiences of living there. We spoke with three staff members and the registered manager.

We reviewed a range of records. This included two people's care records and medication records. We also looked at evidence of staff recruitment checks, and the training records of all staff. We reviewed records relating to the management of the home, fire records, audits and some policies and procedures that had been developed and implemented by the provider.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Good People were safe and protected from avoidable harm.

Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- All people we spoke with told us they felt safe in the home. One person who said they felt safe explained why, adding, "It's so homely here, it's calm and everyone is nice."
- Staff spoke about the processes and action they would follow if they needed to report any concerns. Staff had a clear understanding of how to recognise the signs of potential abuse and the need to protect people from harm.
- Staff had received training about safeguarding and supporting people. We saw records that confirmed staff had received training and were provided with refresher/updates regularly.

Assessing risk, safety monitoring and management

- People's care and support needs were known to the staff who were knowledgeable about the actions to take to keep people safe, recognising that each person had different support needs.
- Risks to people's health, safety and welfare were fully assessed at the time of admission and then regularly reviewed and updated when changes occurred. There were clear plans in place to manage and minimise risks.

Staffing and recruitment

- There were enough staff on duty to meet people's needs. We saw that staffing levels were high enough to provide the individual support that some people needed.
- Staff absences and periods of annual leave were mostly covered by staff working extra hours or changing their working patterns. This helped to ensure people were consistently and safely supported by staff who knew them well.
- There were systems in place that ensured the recruitment process was safe and robust. The provider followed the systems and this ensured that only suitable people of good character were employed to work in the service. Recruitment records were retained at the provider's main office with written assurance provided to the registered manager that all checks and references had been undertaken.

Using medicines safely

- People received their medicines on time and in a safe way.
- People knew what medication they were given and were familiar with the routine and orderly way this was managed.

- Staff followed the provider's policy and procedures when administering medication.
- There were agreed protocols in place for medicines that were required 'as needed'. Approval was needed from senior staff to ensure people received such medicines only when other ways of helping the person had been explored.

Preventing and controlling infection

- We saw that the home was clean and tidy in communal areas and bathrooms. People were supported by staff to clean their own rooms and do their own laundry.
- Staff told us they had received training in how to reduce the risk of the spread of infection.

Learning lessons when things go wrong

- An established system was in place to ensure that analysis was routinely undertaken after any incident or near-miss to identify if there was any improvement or changes required to reduce the risk of the incident happening again.
- The records made by the staff were monitored through the provider's own quality assurance systems to ensure appropriate actions had been taken to minimise risks and keep people safe.

Is the service effective?

Our findings

Effective – this means we looked for evidence 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

- People's care and support needs had been identified at the time of admission and were regularly reviewed to ensure they continued to reflect people's needs.
- People had been supported prior to admission to help identify what the care staff needed to know about them to enable them to settle well into the home.
- People spoke about the support they had received from staff to undertake tasks and activities they enjoyed and wanted to do. We found that each person enjoyed different activities that staff supported,
- Care and support plans were focussed and individualised with details of interests, wishes and longer-term plans for each person. The plans contained specific detailed information in some instances about how a person was to be supported by staff.
- People's care plans included information known about how any support was to be provided in respect of culture, gender or religious needs.

Staff support: induction, training, skills and experience

- People were supported by a team of suitably skilled and experienced staff.
- Staff had access to training organised by the provider and some had achieved national vocational qualifications or equivalent qualifications at levels suited to their roles. One staff member advised that the provider had organised for them to participate in management development training which they had found useful and informative.
- New care staff received a comprehensive induction. A member of staff recalled that the induction they had received had been thorough, informative and helped them in their work.
- Many of the staff had worked in the home for a few years and had a great deal of experience supporting the people who lived there.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported by staff to plan and cook their own meals. Support was provided to help people to eat a balanced varied diet that was good for their health.
- People spoke positively about the arrangements and support they received with meal planning and cooking.
- People were involved in shopping for their food and special diets were catered for with support provided, as needed, by staff.
- Each person told us they liked the food they cooked. Everyone had a budget allowance to spend on

ingredients and food supplies in line with their menu plans.

- People were supported to prepare and cook food that, in addition to being healthy, suited their tastes, preferences and culture. One person said, "It's great for me being able to cook my own food, I like my meals the way I prepare them and staff are really interested in what I cook."

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

- The house was well furnished and homely with good communal spaces for people to share alongside laundry and office space.
- People advised that their own rooms were well maintained and they personalised them as they wished.

Supporting people to live healthier lives, access healthcare services and support ; Staff working with other agencies to provide consistent, effective, timely care

- People's healthcare needs were known and well supported, with clear records and care plans in place.
- One person said, "I get good support from staff, they went with me to hospital for a health check-up." Another person advised, "I've been going to a regular clinic for a few years and staff support me by reminding me. I like to keep active."
- People made full use of community based healthcare services, and when needed they attended healthcare appointments with staff support.
- Clear records were maintained about advice and guidance from healthcare professionals. Where necessary healthcare professionals were involved in reviews with the person and staff from the home. When appropriate, any specific care plans were agreed in consultation with the person and other agencies.

Ensuring consent to care and treatment in line with law and guidance

- 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- Staff were working within the principles of the MCA.
- People who were subject to other legal restrictions were well supported in the home. Staff worked well with statutory agencies to ensure that people's legal rights were protected and upheld .

Is the service caring?

Our findings

Caring – this means we looked for evidence 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; equality and diversity

- People told us they were treated well by staff who respected information they knew about people and who used it to ensure people were well supported.
- People commented positively about the support they received from staff. One person told us, "This place is great the staff are so kind and help me." Another person said, "The staff keep everyone safe. It's all fair here and we are treated well."
- People's individual needs and cultural diversity were protected and promoted in the home. Some staff had taken a lead on ensuring that preferences or needs related to culture or religion were supported. This was reflected in some of the meals cooked in the home as well as through the support provided. People told us about support that had been offered to enable them to attend regular places of worship if they wanted to.
- People's equality needs were detailed in their care plans and included information about specific support that was to be provided.

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

- People were supported to be fully involved in deciding how their care needs were to be met and in deciding on plans for their future. Each person had a small team of three keyworkers specifically supporting them which meant there was usually one of their key working team on duty at any time. One person said, "I was worried one night and couldn't sleep because of it. I got up and spoke with the night staff who really helped. I stopped worrying then."
- People said staff helped them when they were making decisions, talking to them about the positives and negatives of decisions they wanted to make. One person said, "The keyworker helps me. They talked through a decision I wanted to make helping me to see what could go wrong. This helped."
- There were processes in place to enable people to discuss short-term plans as well as long-term ones. These processes included weekly meetings, and monthly and periodic reviews.

Respecting and promoting people's privacy, dignity and independence

- People said that they were provided with privacy whenever they wished.
- Each person could lock their own room with their own keys. We saw that everyone knocked and sought permission before they entered a bedroom.
- People were supported to attain levels of independence and made reference to this in conversation. One person told us, "I like cooking and it's good for me for the time when I do move on to supported living." Another person said that they were supported to be independent going out alone at times, "I go to my [named place] on my own using the bus – it's great."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received care and support from staff in ways that had been agreed. Prior to moving into the home, in addition to assessment information, people were encouraged and supported to provide detailed information to staff about how they wished to be supported. One person said, "Before I came here I told them how it [care and support] would help me and they were interested and have done it the way I requested."
- As people's care or support needs changed, they were helped to develop up to date care plans. Support had been provided for people to be creative and innovative in how they shared any specific revised care plans with staff so that they received care as they preferred.
- Care and support plans were developed for each person and considered their interests and long term aims to ensure that they were focussed and individual.
- People were supported to follow existing interests and to follow new one. One person said, "My interest is the most important thing in my life and staff know that and support me. The staff don't just change their minds they do what they say they will do."
- People's preferred communication methods were known to staff, and all made use of the information that was provided to them. The registered manager advised of plans to develop communication systems so that information could be accessed by all people who might use the service in the future. This meant they would be working in line with Accessible Information Standards.
- Care plans contained specific detailed information in some instances about how a person was to be supported in the house or when out in the community.

Improving care quality in response to complaints or concerns

- People said that when they raised concerns, staff had responded and dealt with them.
- Records had been completed when staff had been made aware of everyday issues that had been raised by people. The detail also included the action that staff had taken.
- In addition to the complaints procedure that was on display, there was an established procedure available that had been produced by the provider for staff on how to receive and address any complaints received.

End of life care and support

- The home was not supporting anyone who was receiving end of life care at the time of our inspection. When required, documentation was available. We were told that care plans and related discussions covered these issues and long-term plans would be put in place for people as needed.

Is the service well-led?

Our findings

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager was focussed on the delivery of person centred care and support to people living in the home. One person said, "We all get on even though we are different."
- The registered manager understood requirements of the regulations to make notifications and retained records as necessary of all such notices.
- The registered manager had understood the need to comply with duty of candour responsibilities when things had gone wrong. The provider had a policy in place to guide staff if such incidents occurred.
- The provider had a system of checks and audits in place that were used by the registered manager to look at all aspects of the home to identify ongoing performance as well as possible areas of further development

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were clear about their roles and responsibilities and made positive comments about the support they received. One staff member said, "The managers are great, they know what they are doing."
- Regular staff meetings were held and staff said they felt comfortable to raise any issues as they felt listened to by the management team.
- Individual meetings were held regularly in the home for staff who said they could suggest items for discussion knowing they would be covered in their meetings.
- Some staff had a lead role within the home for certain elements of the service provided. The registered manager advised of intentions to explore extending such opportunities for other staff to increase their knowledge and experience.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People made numerous comments about the support being provided in the home and said they were consulted about issues to do with the home.
- The provider had an established annual system in place for seeking out and acting on the views and opinions of people, relatives and relevant stakeholders. The feedback was reviewed and comments or suggestions were shared, together with details of any changes to be made because of feedback.
- People who used the service and staff knew about the rating and findings from previous inspections. The

rating and a copy of the report was on display in the home.

Continuous learning and improving care; Working in partnership with others

- The registered manager was described by staff as being very supportive and open to suggestions about how to better support people in the home. A staff member commented, "The manager is very good at sharing knowledge and listens to suggestions and then gives responses and feedback."
- The registered manager joined in regular monthly meetings for the provider's registered managers from their other homes and services, to share and develop good practice, learning from one another through this network.
- Staff worked in partnership with other health and social care professionals, and sought advice and support of either a general nature or when they judged that people needed additional or specific support.