Ansar Projects Limited

Highgrove

Inspection report

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Date of inspection visit:
08 November 2018

Date of publication:
30 November 2018

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 was an announced inspection carried out on 8 November 2018.

This was the first inspection of Highgrove since its new registration.

Highgrove is registered to provide accommodation and personal care to people with a learning disability, some whom may have challenging behaviour and complex needs. The service provides short break stays for a maximum of three younger adults aged from 18 years. An outreach service is also provided with additional staff which was not looked at during this inspection. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

The building as an older building does not conform to the model of care proposed from 2015 and 2016 guidance that people with learning disabilities and/or autism spectrum disorder which proposed smaller community based housing. However, the care service has been developed and designed in line with other values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

A registered manager was in place. 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.

Due to their health conditions and complex needs not all people were able to share their views about the service they received. People were well-cared for, relaxed and comfortable. Staff knew the people they were supporting very well and we observed that care was provided with great patience and kindness. Staff upheld people's human rights and treated everyone with great respect and dignity.

The atmosphere in the service was welcoming and the building was well-maintained with a good standard of hygiene.

There were sufficient staff to provide safe and individual care to people. People were protected as staff had received training about safeguarding and knew how to respond to any allegation of abuse. When new staff were appointed, thorough vetting checks were carried out to make sure they were suitable to work with people who needed care and support.

People were able to make choices where they were able about most aspects of their daily lives. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice. Information was

made available in a format that helped people to understand if they did not read. This included a complaints procedure.

Appropriate training was provided and staff were supervised and supported. Staff had a good understanding of the Mental Capacity Act 2005 and best interest decision making, when people were unable to make decisions themselves. People received a varied and balanced diet to meet their nutritional needs.

Records were personalised and reflected people's care and support needs. Care was tailored to each individual. Risk assessments were in place and they identified current risks to the person as well as ways for staff to minimise or appropriately manage those risks. Positive behaviour support plans were in place that were the least restrictive to the person.

People were appropriately supported in maintaining their health and they received their medicines in a safe way. We have made a recommendation about medicines management.

People were provided with opportunities to follow their interests and hobbies and they were introduced to new activities. They were supported to contribute and to be part of the local community.

A range of systems were in place to monitor and review the quality and effectiveness of the service. There was regular consultation with people or family members and their views were used to improve 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.

Systems were in place for people to receive their medicines in a safe way. However, we have made a recommendation about the storage of medicines.

Staffing levels were sufficient to meet people's needs safely and flexibly and appropriate checks were carried out before staff began work with people.

People were protected from abuse as staff had received training with regard to safeguarding. Staff were able to identify any instances of possible abuse and would report it if it occurred.

Is the service effective?

Good

The service was effective.

Staff had a good understanding and knowledge of people's care and support needs. They received the training they needed and regular supervision and support.

Effective communication ensured the necessary information was passed between staff to make sure people received appropriate care.

People's rights were protected because there was evidence of best interest decision making. This was required when decisions were made on behalf of people and when they were unable to give consent to their care and treatment.

People were supported to eat and drink according to their plan of care.

Is the service caring?

Good

The service was caring.

People and relatives praised the caring approach of all the staff. During our inspection we observed sensitive and friendly interactions.

Comprehensive documents were used which detailed people's backgrounds, likes and dislikes and care requirements. People were offered choice and they were encouraged to be involved in decision making whatever the level of support required.

People were supported to access an advocate if the person had no family involvement.

Is the service responsive?

Good

The service was responsive.

Care plans were person-centred and people's abilities and preferences were clearly recorded.

People were supported to participate in a range of activities, work placements and social events.

Processes were in place to manage and respond to complaints and concerns.

Is the service well-led?

Good

The service was well-led.

A registered manager was in place who encouraged an ethos of involvement amongst staff and people who used the service.

Communication was effective and staff and people were listened to.

Staff said they felt well-supported and were aware of their rights and their responsibility to share any concerns about the care provided.

The registered manager and provider monitored the quality of the service provided and introduced improvements to ensure that people received safe care that met their needs.

Highgrove

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 8 November 2018 was announced.

We gave the service 24 hours' notice of the inspection visit because it is small and staff and people are often out. We needed to be sure that they would be in.

The inspection was carried out by one adult social care inspector.

Before the inspection, we had received a completed Provider Information Return (PIR). The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales. We also contacted commissioners from the local authorities who contracted people's care and other professionals who could comment about people's care.

During this inspection we carried out observations using 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 communicate with us.

During the inspection we spoke with two people who were staying at Highgrove, the registered manager, the community support leader, three support workers and one relative. After the inspection we telephoned two relatives to collect their views about the care provided. We reviewed a range of records about people's care and how the home was managed. We looked at care records for two people, recruitment records for four staff, two people's medicines records, staffing rosters, staff meeting minutes, meeting minutes for people who used the service, the maintenance book, maintenance contracts and quality assurance audits the

registered manager had completed.

Good

Is the service safe?

Our findings

Due to some people's complex needs we were not able to gather their views. Our observations confirmed they appeared safe and comfortable with staff support. Relative's also confirmed people were safe supported by Highgrove staff. Relative's comments included, "I do think [Name] is safe at the service", "There seem to be enough staff, I have never been let down" , "I can drop [Name] off and leave knowing they are safe and happy", "I think there are plenty of staff" and "I think [Name] is a hundred percent safe using the service." Staff also confirmed there were enough staff to support people safely.

There were sufficient staff available to keep people safe and with the appropriate skills and knowledge to meet people's needs. Each person was allocated staff to support them on an individual basis one-to-one or two-to-one basis. Overnight staffing levels included one staff member who slept on the premises, this was supplemented with a waking night staff member depending upon who was using the service. The registered manager told us staffing levels were flexible and were increased or could be decreased in consultation with commissioners if people's needs changed.

People and staff had access to emergency contact numbers if they needed advice or help from management when the office was not open.

Staff had a good understanding of safeguarding and knew how to report any concerns. They told us they would report any concerns to the registered manager. They said they currently had no concerns and would have no problem raising concerns if they had any in the future. Records confirmed they had completed safeguarding training.

Risk assessments were in place that were reviewed and evaluated in order to ensure they remained relevant, reduced risk and kept people safe. They included risks specific to the person such as for distressed behaviour, epilepsy, scalding and choking. These assessments were also part of the person's care plan and there was a clear link between care plans and risk assessments. They both included clear instructions for staff to follow to reduce the chance of harm occurring.

Staff had received training about behaviour that challenged and physical intervention strategies and they told us they felt safe supporting people. One staff member told us, "I have received training about physical restraint but I have never had to really use it." This training helped to prepare staff and ensure they had the knowledge to support people with distressed behaviour and recognise signs to de-escalate any potentially unsafe situations.

The registered manager told us that plans were in place for all staff to receive positive behaviour training in November and December 2018 following the British Institute of Learning Disabilities guidelines. Positive behaviour support plans were to be put in place to give staff more insight and understanding as to why people may become distressed and challenging. This was to supplement the behaviour management guidelines that were in place for people to help staff support them. A profile had been completed for each person so staff had succinct information to help them recognise triggers and help de-escalate situations if

people became distressed and challenging. Support strategies were to be reviewed to remove any redundant physical interventions.

Where accidents or incidents occurred, these had been appropriately documented and investigated. Where investigations found that changes were necessary in order to protect people these issues had been addressed and resolved promptly.

People received their medicines in a safe way. Medicines records were accurate and supported the safe administration of medicines. Body maps were not in place to provide visual guidance and show where any topical creams or ointments needed to be applied on a person's body. Medicines were not appropriately stored and secured in a lockable container that was securely attached to the wall although one was available.

We recommend that the provider refers to the British Pharmaceutical Society guidelines for the safe storage of medicines and the use of topical medicines.

Staff were trained in handling medicines and a process had been put in place to make sure each worker's competency was assessed in the handling and administration of medicines.

There was a good standard of hygiene in the service. Staff received training in infection control and personal protective equipment was available for use as required.

There were appropriate emergency evacuation procedures in place, regular fire drills had been completed and all fire extinguishers had been regularly serviced. An up-to-date fire risk assessment was in place for the building. A personal emergency evacuation plan (PEEP) was available for each person taking into account their mobility and comprehension. These were used in the event of the building needing to be evacuated in an emergency.

Records showed that the provider had arrangements in place for the on-going maintenance of the building. Routine safety checks and repairs were carried out such as for checking the fire alarm and water temperatures. External contractors carried out regular inspections and servicing, for example, fire safety equipment, electrical installations and gas appliances.

Robust recruitment processes were in place to ensure staff were safe and suitable to work with vulnerable people. Recruitment files showed appropriate checks were completed before they started employment. An application form with a detailed employment history was completed. Other checks were carried out, including the receipt of employment references and a Disclosure and Barring Service (DBS) check. A DBS check provides information to employers about an employee's criminal record and confirms if staff have been barred from working with vulnerable adults and children.

Good

Is the service effective?

Our findings

Staff were positive and enthusiastic about the opportunities for training. Their comments included, "We have group and face-to-face training", "I've done train the trainer training for moving and handling so I can deliver the training to staff", "We get loads of training" and "I did the Care Certificate when I first started." [The Care Certificate is a standardised training approach in health and social care that was devised in 2015.]

The staff training records showed and staff told us they received training to meet people's needs and training in safe working practices. They said training consisted of a mixture of face-to-face and practical training. The registered manager told us there was an on-going training programme in place to make sure all staff had the skills and knowledge to support people. Training gave staff some knowledge and insight into people's needs and this included a range of courses such as, learning disability and mental health, health and safety, distressed behaviour, physical intervention, positive behaviour support,(PBS) person-centred approaches, equality and diversity, epilepsy, autism awareness, communication, handling information and mental capacity and decision making.

Staff told us when they began work at the service they completed an induction and had the opportunity to shadow a more experienced member of staff. This made sure they had the basic knowledge needed to begin work. Staff studied for the Care Certificate as part of their induction.

There was a delegated system for making sure all staff received supervision and appraisal throughout the year to support their personal development. Managers received management training to help develop their skills managing people and other aspects of management. Staff told us they received regular supervision from the management team to discuss their work performance and training needs. They said they were well supported to carry out their caring role. One staff member told us, "I have supervision every six to eight weeks."

People's needs were assessed before they started to use the service. Assessments were carried out to identify people's support needs and they included information about their medical conditions, dietary requirements, safety, communication and other aspects of their daily lives.

The registered manager told us a formal system was not in place to check before each person's stay if any of their needs had changed. They told us relatives informed them verbally of any changes. We advised a relevant document should be completed before each person was re-admitted to ensure any changes were recorded to ensure the person's up-to-date requirements were met. The registered manager told us that this would be addressed.

People enjoyed a varied diet. People's care records included nutrition care plans and these identified requirements such as the need for a weight reducing or healthy eating diet. People required different levels of support. One person was following a high calorie diet to encourage an increase in their weight. Information was also available about people's nutrition, food likes and dislikes and any cultural requirements. For example, diabetic, vegetarian, cultural and soft or pureed diets. The records provided

guidance for staff to ensure people's wishes were respected about their dietary requirements.

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). People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

The service worked within the principles of the MCA and trained staff to understand the implications for their practice. Consent was obtained from people in relation to different aspects of their care, with records confirming how the person had demonstrated their understanding.

People were supported by staff to have their healthcare needs met. People's care records showed that people had access to GPs and other health care professionals to provide specialist support and guidance to help ensure the care and treatment needs of people were met.

Staff and relatives said communication was effective. People's needs were discussed and communicated at staff handover sessions when staff changed duty, at the beginning and end of each shift. This was so staff were aware of risks and the current state of health and well-being of people. Relatives told us they were kept informed about their family member's health and the care they received during their stay. Relative's comments included, "I'm always kept informed verbally and a communication book passes to and fro at each stay", "A diary is used that keeps me informed about what's been happening" and "I have almost daily contact with support staff."

Good

Is the service caring?

Our findings

Not all people commented verbally about the support they received from staff. We saw they appeared comfortable and relaxed with staff. During the inspection there was a relaxed and pleasant atmosphere in the home. People moved around freely and got on with their daily lives and interests, with staff support where required. Staff interacted well with people. People and their relatives told us they were treated with kindness and care. They told us they were well looked after by staff. One person told us, "I like coming here." Relatives' comments included, "Staff are very caring and patient", "Staff are kind and they do a good job", "Rate the service 100%", "I am impressed with the care" and "Care is excellent."

Staff were not rushed in their interactions with people. They spent time chatting with people individually and supporting them to engage. Where people required support, it was provided promptly and discreetly by staff with people's privacy and dignity being maintained.

Staff received training in equality and diversity and person-centred approaches to help them recognise the importance of treating people as unique individuals with different and diverse needs.

Information was accessible and was made available in a way to promote the involvement of the person. For example, by use of pictures or symbols for people who did not read or use verbal communication.

The registered manager promoted amongst staff an ethos of involvement and empowerment to keep people involved in their daily lives and daily decision making. Staff were respectful of people's opinions and choices. People were encouraged to make choices about their day-to-day lives. This included using communication practices such as pictures, signs and symbols as well as technology. Communication methods such as Picture Exchange Communication System (PECS) and other bespoke methods of communication were also used to help people make choices and express their views and communicate.

Support plans detailed about people's communication. Examples included, "[Name] uses pictures and symbols to understand what they are doing during the day", "Picture cards are in place for staff to see how [Name] is feeling." The information in support plans included signs of discomfort when people were unable to say for example, if they were unhappy or in pain. For example, one record stated, "When I am happy I will sign this through being happy and smiling."

Detailed communication passports were developed for use if people attended hospital to ensure the necessary information was available if people were unable to communicate this themselves. This information was to ensure people's needs were met in the way the person wished and as individually as possible.

People's care records were up to date and personal to the individual. They contained information about people's likes, dislikes and preferred routines. Examples in records included, "I have a good sense of humour", "[Name] usually gets up around 10am but will get up earlier if there is something they need to do", "Halal diet only for [Name], enjoys yoghurts" and "[Name] likes swimming."

People's privacy and dignity were respected. Staff knocked on the door as they entered people's bedrooms. Staff respected people's dignity as people were able to choose their clothing and staff assisted people, where necessary, to make sure that clothing promoted people's dignity.

Staff informally advocated on behalf of people they supported where necessary, bringing to the attention of the registered manager or senior staff any issues or concerns. Advocates can represent the views of people who are not able to express their wishes, or have no family involvement.

Good

Is the service responsive?

Our findings

People were encouraged and supported to engage with activities and to be part of the local community. Their comments included, "I enjoy baking" and "I like swimming." Relatives' comments included, "We always get a written record about what [Name] has been doing during their stay", "Staff take [Name] on the bus" and "Staff take [Name] out shopping."

The service did not provide permanent care to people. It provided short stay breaks for people who needed respite. Staff told us people were matched for compatibility where possible to allow for friendships and to ensure more vulnerable people were protected.

People had the opportunity to attend their regular day services if they wished, travelling distance permitting. They also had the chance to have a holiday from their regular routine whilst staying at the service and enjoy what the resource offered. Records showed people were supported individually with a range of activities and these included baking, bowling, car rides, walking, swimming, horse riding, arts and crafts, music, meals out and going to discos and clubs.

Care and support was personalised and responsive to people's individual needs and interests. Support plans were developed from assessments that were carried out when people came to stay at the service. For example, with regard to nutrition, personal care, mobility and communication needs. Support plans provided instructions to staff to help people learn new skills and become more independent in aspects of daily living whatever their need. They provided a description of the steps staff should take to meet the person's needs. For example, a mobility support plan stated, "I like to hold onto staff's arms when out and about to help me keep steady on my feet." A personal hygiene support plan recorded, "[Name] can dress themselves but does need some assistance with buttons and zips." Staff completed a daily diary for each person and recorded their daily routine and progress in order to monitor their health and well-being. This information was then transferred to people's support plans which were up-dated regularly.

People had the opportunity at the start of each visit to set a goal or state what they wanted to achieve at the visit. It could be for example, baking buns, riding on a bus, whatever was important to the person. If the person was unable to say what was important to them, staff or a relative would be involved in the goal setting. At the end of the visit "talk time" would take place with the person and relevant people to see what had gone well and if anything needed improving from the person's stay.

The service assisted the person to become as independent as possible, whatever the level of need. Some people were involved in household skills, supported by staff such as for baking, cooking and helping in the kitchen.

Some people who used the service attended college. Staff from the college transition team were responsible for co-ordinating reviews with all relevant people, including social workers and Highgrove staff to help prepare students when they were preparing to leave college. Regular reviews took place during people's placements at college so that plans could be put in place for each student's transition from the college

environment at the end of their time at college. This ensured that there was a holistic approach to supporting students to transition from the college environment. The transition plans covered all areas of their lives, from the care and support they would need, to their future goals and aspirations.

People and relatives said they knew how to complain. An accessible complaints procedure was available for people who did not read. Relatives told us they knew who to speak with if they needed to. A copy of the complaints procedure was displayed. A record of complaints was maintained.

Good

Is the service well-led?

Our findings

A registered manager was in place. They had registered with the Care Quality Commission in November 2017.

The registered manager understood their role and responsibilities to ensure notifiable incidents such as safeguarding and serious injuries were reported to the appropriate authorities and independent investigations were carried out.

The registered manager and team leader assisted us with the inspection. The management team were able to highlight their priorities for the future of the service and were open to working with us in a co-operative and transparent way.

The organisation and registered manager promoted a strong ethos of involvement and empowerment to keep people who used the service involved in their daily lives and daily decision making. The culture promoted person-centred care, for each individual to receive care in the way they wanted. Staff were made aware of the rights of people with a learning disability or a related condition and their right to live an "ordinary life." Information was available to help staff provide care the way the person may want, if they could not verbally tell staff themselves. There was evidence from observation and talking to staff that people were encouraged to retain control in their life and were at the heart of decision making.

The atmosphere in the service was open and friendly. Staff and relatives said they felt well-supported. They were positive about the registered manager and management team. Staff told us the registered manager was approachable and accessible. They said they could speak to them, or would speak to a member of senior staff if they had any issues or concerns. One staff member commented, "The registered manager is approachable." Another staff member said, "We work well as a team."

People were listened to. Individual meetings took place with people to discuss activities, menus and to involve people in the running of the service. Relatives' meetings took place to keep people informed and surgeries were held so people could raise any issues. The registered manager told us about the successful social event that had taken place with relatives in the summer.

Staff told us and meeting minutes showed staff meetings took place. Meetings kept staff updated with any changes and allowed them to discuss any issues. Staff told us meeting minutes were made available for staff who were unable to attend meetings. Staff meetings also discussed any incidents that may have taken place. Reflective practice took place with staff to look at 'lessons learned' to reduce the likelihood of the same incident being repeated.

The registered manager and organisation were aware of their responsibilities with regard to 'Duty of Candour.' This means to be open and transparent, to inform the relevant people if something occurs, investigate the incident and apologise to people if necessary. The culture encouraged openness and honesty but no incident had occurred where Duty of Candour had needed to be used.

The registered manager told us they were well supported by the provider's management team. They had regular contact with head office, ensuring there was on-going communication about the running of the service. Regular meetings were held where the management were appraised of and discussed the operation and development of the resource.

Auditing and governance processes took place to check the quality of care provided and to keep people safe. A quality assurance programme included daily, weekly, monthly and quarterly audits. All audits showed the action that had been taken as a result of previous audits. They included finances, health and safety, infection control, care provision, safeguarding, complaints and accidents and incidents.

Feedback was sought from people and relatives through surveys and talk time. Feedback from staff was sought in the same way. All relatives, people and staff spoken with told us they felt listened to and could make suggestions about the running of the service.