

Mrs P M Eales

Mrs P M Eales t/a Just Homes - 3 New Hill

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

About the service

Mrs P M Eales t/a Just Homes - 3 New Hill is an adapted residential building which delivers personal care and support for up to three people who have learning disabilities and associated needs. At the time of inspection, the service was supporting three people. For ease of reference this service will be referred to as New Hill throughout this report.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

People's experience of using this service and what we found

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were safe at the service. Staff had received required training and understood their responsibilities to safeguard people from discrimination, harm and abuse. Risks to people had been identified, assessed and measures had been put in place to ensure these were reduced and managed safely. People were supported by enough suitable staff who knew them well and how to meet their needs. People received their prescribed medicines safely, from staff who had completed the required training and had their competency to do so regularly assessed. People lived in a home which was clean, hygienic and well maintained.

People's needs were met effectively by staff who had the necessary skills and knowledge. The registered manager effectively operated a system of training, supervision, appraisal and competency assessments, which enabled staff to provide good quality care. Staff promoted people's health by supporting people to access health care services when required and by encouraging people to eat a healthy diet.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff effectively involved people and their relatives where appropriate, in decisions about their care, so that their human and legal rights were upheld.

Staff treated people with kindness and respect. People were supported to express their views about their care and their wishes were respected. People's privacy and dignity were respected and promoted during the delivery of their care.

People consistently experienced person-centred care, which had significantly reduced the level of behaviours that may challenge others, the frequency of self-injurious behaviour and the level of prescribed medicines administered to manage people's anxieties. People were at the heart of the service. Staff felt valued and respected by the management team who had created a true sense of family within the service. Staff were passionate and continuously strove to achieve good, positive outcomes for people. People and their relatives knew how to complain and were confident the management team would listen and take appropriate action if they raised concerns. At the time of inspection the service was not supporting anyone with end of life care.

The registered manager effectively operated quality assurance and governance systems to drive continuous improvement in the service. The management team effectively collaborated with key organisations to ensure the safe and effective delivery of people's care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (report published 3 April 2017). At this inspection the rating remained Good.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

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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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Mrs P M Eales t/a Just Homes - 3 New Hill is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

This inspection was announced. We gave short notice of the inspection, so staff could prepare people for our visit. This was to minimise the risk of our visit causing anxiety to people due to their complex needs.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. For example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the

service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We observed interactions between staff and three people to help us understand the experience of people who could not talk with us. We spoke with the registered manager and six members of staff. We looked at three people's care records, eight staff recruitment, supervision and training files, the provider's policies, procedures, quality assurance systems and other records demonstrating how the service was managed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training and quality assurance records. We spoke with four relatives of people who use the service, one person's advocate and three community professionals.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question had remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were supported to stay safe at New Hill, where they experienced a homely, relaxed atmosphere. People consistently sought staff company and were comfortable in their presence.
- Relatives consistently told us their loved ones felt safe and trusted the staff who supported them. One relative told us, "It [New Hill] is the best place they [loved one] have been. They are happy and thriving because they feel safe there."
- People were protected from avoidable harm by staff who had completed safeguarding training and knew how to recognise and report abuse.
- The provider had worked effectively with families, community professionals and relevant authorities, to make sure people were protected from abuse and avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people were identified, assessed, reviewed regularly and managed safely. Risk assessments incorporated detailed guidance to ensure risks were managed in line with best practice.
- Staff told us they felt well trained to support people to manage their individual risks. Staff worked effectively with specialist health care professionals to ensure that people received safe care and treatment, in line with their recommendations. One health care professional told us "They [staff] are very good at assessing risks and raising safety alerts."
- Staff could explain how they minimised risks to people's health and well-being. For example, the support people required to avoid choking and the risks associated with their individual health needs.
- Risks to people associated with their behaviours were managed safely. Restrictions were minimised to ensure people felt safe but also experienced the most freedom possible, regardless of any disability or other needs.
- Positive risk taking was supported and encouraged by staff, in accordance with the principles of Registering the Right Support, to help people learn new skills and enjoy different activities in the community.
- During our inspection we observed timely and sensitive interventions by staff, ensuring that people's dignity and human rights were protected, whilst keeping them and others safe.
- Staff completed regular safety checks to manage risks relating to the premises. There were arrangements in place to address any foreseeable emergency, such as fire, flooding or contagious illness. All relevant safety information such as the evacuation plan and fire safety plans were readily accessible. Each person had a personal emergency evacuation plan.

Staffing and recruitment

- Relatives and professionals told us people experienced good continuity and consistency of care from

regular staff who knew them well.

- The provider effectively recruited and retained staff, who were able to develop meaningful relationships and nurture trust in people.
- The provider had completed relevant pre-employment checks to make sure staff had the necessary skills and character to work with people living with a learning disability. These checks included prospective staff's conduct in previous care roles and their right to work in the UK.
- The registered manager completed a daily staffing needs analysis which ensured enough staff were deployed, with the right mix of skills to deliver care and support to meet people's needs safely.
- Staff told us there were always enough staff to respond immediately when people required support, which we observed in practice.
- The registered manager had effective contingency plans to cover shifts if there were unforeseen absences at short notice or the need for additional staff when people's needs changed.

Using medicines safely

- The provider had systems and processes in place to ensure medicines were managed safely, in accordance with current guidance and regulations.
- Staff were trained to administer medicines safely and had their competency to do so checked regularly. Staff had received additional training in relation to supporting people living with epilepsy and how to manage and administer their medicines if required.
- Records demonstrated that people had received their medicines as prescribed, in a way they preferred, in line with their medicine management plans.
- We observed staff supporting people to take their medicines by their chosen method, in a safe and respectful way.
- Where people had medicines 'as required', for example for pain relief or for anxiety, there were clear protocols for their use. This included signs and indications for use, maximum doses, when to seek professional support and advice and how to record their use.

Preventing and controlling infection

- The premises were kept clean and hygienic by staff who had completed the provider's training and understood their roles and responsibilities in relation to infection control and hygiene. Cleaning schedules demonstrated that daily, weekly and monthly tasks had been completed.
- Staff had access to personal protective equipment, such as disposable aprons and gloves, to use when supporting people for the purposes of infection control and prevention.
- Staff had completed food hygiene training and we observed staff and people followed correct procedures wherever food was prepared or stored.

Learning lessons when things go wrong

- Staff had documented any incidents that took place and the registered manager reviewed them to identify triggers and strategies to avoid reoccurrence. These measures had effectively identified the required learning from incidents to promote people's safety.
- The registered manager had developed an open culture, where staff were actively encouraged to report incidents.
- The management team took prompt action to implement the required learning identified from accidents and near misses. For example, devising risk management plans to support people to access the community safely.

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.

At the last inspection this key question was rated as Good. At this inspection this key question had remained the same. This meant 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

- Care and support plans were comprehensive, considered all aspects of people's lives, clearly detailing their needs, individual preferences, choices, how they wished to be supported and expected outcomes.
- Care plans demonstrated the person, their family and advocates, where appropriate and relevant professionals had been involved in their creation and development.
- People had complex health needs which required close monitoring from staff and ongoing input by healthcare professionals. Staff consistently met these needs, which enabled people to live full and active lives, that were not defined or limited by their medical conditions.
- Relatives consistently praised the skill and expertise of staff, particularly their understanding about how to support people living with learning disabilities and associated complex needs.
- A relative told us, "[Loved one] is very content there [New Hill] which hasn't always been the case. They are settled now because the carers [staff] know her so well and respond quickly if she is unhappy or upset. They [staff] have a very good understanding about how to care for people with such complex and challenging needs."

Staff support: induction, training, skills and experience

- Staff had been supported to develop and maintain the required knowledge, skills and experience to support people effectively and safely. Staff training was developed with external healthcare specialists and tailored to meet people's individual needs. For example, personalised support to meet people's nutritional, communication, behavioural and moving and positioning needs.
- Healthcare professionals consistently praised staff for implementing their guidance effectively to achieve successful outcomes for people. For example, occupational therapists were impressed with the determination and person-centred approach of staff to source different types of slings to enable a person to take part in different stimulating activities within the community.
- New staff completed the Care Certificate during their induction and were mentored by experienced colleagues. The Care Certificate sets out learning outcomes, competences and standards of care that care workers are nationally expected to achieve.
- The registered and deputy manager ensured that staff delivered support in accordance with their training, through an effective framework of competency assessment, formal and informal supervisions.
- The management team operated the provider's system to monitor staff training, supervisions, appraisals and competency assessments, which was up to date at the time of inspection. Staff consistently told us they felt valued by senior staff, who supported them to develop the required skills and knowledge to meet people's needs.

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

- People were supported to have enough to eat and drink to remain healthy. People's dietary needs were met by knowledgeable staff who knew about people's specific diets and personal preferences. Where people were at risk of choking support from speech and language therapists had been incorporated into care plans.
- We observed staff support people to eat and drink in accordance with their nutritional plans.
- Staff understood the importance of people remaining hydrated and regularly encouraged people to drink enough reduce the risk of dehydration.
- Where people were identified as being at risk of not eating or drinking enough, records were kept ensuring their nutritional intake was monitored.
- Relatives told us their family members enjoyed their food and were always offered options they preferred.

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

- Staff worked well together as a team to ensure that people received consistent, timely, coordinated, person-centred care and support.
- The service worked well with other agencies to achieve good outcomes for people, who were supported to access healthcare services and support when required.
- Relatives praised how staff diligently supported people to access health care services when needed and how they were always immediately informed of changes in people's healthcare. One relative said, "They [staff] are very good at making sure they [loved one] get seen by GPs and other specialists, whether it is just routine appointments or more urgent if they become unwell."

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

- The environment had been adapted to promote the wellbeing of people and encourage their independence. The layout of the home was spacious and accessible to people living there.
- People's relatives and their representatives were involved in decisions about the premises and environment. For example, people's rooms were personalised to their tastes.
- The provider used equipment and technology to support the delivery of high-quality care and promote people's independence. For example, monitoring equipment to support and assess people with epilepsy.

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 when this is in their best interests and legally authorised under the MCA. In care homes this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- People's legal rights were consistently upheld by staff working within the principles of the MCA.
- Staff sought people's consent in accordance with their communication support plans to determine if they consented to or refused the support offered. Staff understood the need to obtain consent. Throughout the inspection we saw care staff asking for people's consent and offering them choices and options.
- Staff encouraged people to make their own decisions and ensured those important to the individual were involved in this decision making, if appropriate.
- Where people did not have capacity to make decisions, 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.

- The registered manager organised and encouraged a multi-disciplinary approach, including family members, advocates and healthcare professionals, to reach decisions in people's best interests, where they lacked capacity. For example, the best interest decisions to implement a strategy which enabled a person to provide a blood test to support diagnosis of a medical condition.

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.

At the last inspection this key question was rated as Good. At this inspection this key question had remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff consistently treated people with true kindness and promoted their well-being and happiness.
- Staff had developed meaningful relationships with people, which enabled them to achieve successful outcomes. For example, the trust developed between the core staff group and one individual had encouraged them to be able to walk, rather than moving along the floor.
- Feedback from people, relatives and professionals was consistently positive. One relative told us, "The carers [staff] are excellent. We [the family] can't praise the staff enough. The difference from where [loved one] has been before is huge. The staff take time get to know people and what they like and what stimulates them. [Loved one] is now enjoying life to the full for the first time."
- Professionals described a family atmosphere within the home and consistently reported they experienced a warm welcome from staff, who were open and friendly
- People with limited verbal communication showed us they felt well cared for. For example, we observed people regularly hugging staff and making known gestures to demonstrate they were happy.
- Staff cared for individuals and each other in a way that demonstrated a real empathy. For example, on the day of inspection, a senior member of staff came in on their day off, when a member of the management team became unavailable at short notice, due to unforeseen circumstances.
- Staff spoke with pride and passion about the people they supported and their achievements. Staff described memorable moments working at the home, which consistently detailed small steps towards achieving successful outcomes. For example, one staff member explained how previous experience had led to one person to have severe anxieties in the presence of other people. The staff member told us they would never forget the first time this person smiled at them and gave them a hug.

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

- Staff knew people's interests and preferences and supported them to access community activities of their choice, which enriched the quality of their lives.
- The staff were skilled at supporting people to express their views and make choices around their care, which were explored as part of people's daily routines.
- Relatives consistently told us they were fully involved in decisions about all aspects of people's care and support. One relative told us, "They [registered manager] are very good at involving us and seeking our opinion about [loved one's] care."
- Staff were intuitive and recognised people's different facial and body movements when people were expressing themselves. Staff understood each person's individual ways of communicating. For example, one person would touch their lips in a certain way to indicate they would like a drink.

- During our inspection, we observed people consistently making choices about how they wanted to spend their time.
- Staff consistently used people's preferred method of communication, including their individual communication aids, to encourage them to manage their own behaviour and follow their individual daily plans. For example, people were enabled to understand and prepare for forthcoming events and activities, which reduced their anxieties and reassured them.

Respecting and promoting people's privacy, dignity and independence

- Respect for privacy and dignity was embedded in the culture at New Hill.
- Relatives and professionals consistently praised staff for empowering people, promoting their independence and maximising their life-skills and choices.
- People had their own rooms and facilities and they could spend time alone if they wished. When people were receiving personal care, this was done privately, and staff ensured doors were closed.
- The registered manager promoted and arranged for staff to spend quality time with people and not rushing their care. People were able to choose when they received support with personal care and which staff would assist them.
- Staff understood the importance of encouraging and promoting people's independence and provided examples of how people's life skills had been developed over time.
- Care files and confidential information was stored securely and only accessible when required by authorised staff.
- The registered manager assessed people's needs in relation to equality and diversity to make any adjustments necessary to ensure they suffered no discrimination in relation to their protected characteristics.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question had remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff planned and promoted high-quality, person-centred care to deliver good outcomes for people. This encompassed the physical, mental, emotional and social aspects of a person's life and provided opportunities for people to enhance their social lives.
- People consistently experienced responsive, person-centred care, which had significantly reduced the level of behaviours that may challenge others, the frequency of self-injurious behaviour and the level of prescribed medicines administered to manage people's anxieties.
- People's relatives, representatives, care managers and other supporting professionals consistently told us the responsive and inclusive support provided by staff had enriched the quality of people's lives and enabled them to live as full and independent a life as possible.
- People had choice and control of their care. Staff ensured people were offered choices and they respected people's decisions. People spent their time how they wanted, doing activities that interested them and enriched the quality of their life.
- Staff supported people with individualised programmes that empowered them, promoted their creativity and communication. Items demonstrating people's creativity were displayed in various areas around the home.
- People were supported to pursue a range of leisure interests including walking, social events, arts, crafts and table top games. People's reaction to new activities was evaluated to ensure future planning fully considered their preferences.
- People were supported to maintain relationships that were important to them. For example, people were supported to stay in touch with their families. People were supported by staff to visit close family who experienced transport difficulties in visiting New Hill.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was working within the AIS. People were provided with information in a way they could understand which helped them make decisions about their care, including to inform other professionals how to communicate with people.
- People's communication needs had been assessed and people had a communication support plan which detailed what support they required to communicate effectively. Staff had a good understanding of people's

differing communication needs.

- When people had developed new signs and gestures to indicate their wishes or how they were feeling, these were incorporated into their communication support plans.
- There was information in pictorial form, such as menus and activities and tasks to support people to communicate their wishes.

Improving care quality in response to complaints or concerns

- There were effective systems in place to deal with complaints. The provider had a complaints policy which detailed how and to whom a complaint could be made. No formal complaints had been made since the last inspection.
- People's relatives and representatives were aware of the provider's complaints process and knew how to use it. Relatives were confident that if they raised concerns these would be addressed, and appropriate action taken as a result.
- People and their relatives were given the opportunity to give their feedback on the service during care reviews, meetings and surveys. This feedback was consistently positive, with many complimentary comments about the support provided.

End of life care and support

- The nature of the service meant that it did not usually provide people with end of life care and no one was receiving end of life care at the time of our inspection.
- At the time of inspection, the registered manager was in the process of consulting with people, their relatives, advocates, and supporting professionals to arrange best interest meetings to discuss and develop end of life care plans for people.

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.

At the last inspection this key question was rated as Good. At this inspection this key question had remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff empowered people to have control of their lives by consistently providing person-centred care, which placed people at the very heart of the service. The registered manager and staff passionately strove to achieve positive outcomes for people.
- Staff consistently told us that working with people who used the service inspired them.
- The registered manager knew people well and was a visible presence within the service.
- The atmosphere within the service was friendly and welcoming, built on a culture, which was open, inclusive and supportive towards people and staff.
- Staff, people and relatives spoke highly of the registered manager, whom they described as an 'excellent role model'.
- Relatives and professionals consistently referred to the excellent continuity and consistency of care provided by the stable core staff team, which had remained unchanged for over a year.
- People's relatives trusted the provider and senior staff because they responded quickly if they contacted them.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care.

- There was a clear management structure within the service and the registered manager understood the regulatory requirements and reported information appropriately.
- The registered manager and staff clearly understood their individual roles and responsibilities, and how they needed to work together to achieve the best outcomes for people.
- The registered manager or deputy manager was rostered to work alongside staff every weekend. This allowed them to carry out informal competency observations to monitor quality and individual staff practice. This ensured people experienced a consistent level of support.
- The registered manager and deputy manager spent meaningful time with people, their representatives and staff. This enabled them to seek their views on a regular basis and involve them in decisions about any changes.
- The registered and deputy manager effectively assessed and monitored action plans, to ensure identified improvements to people's care were implemented.
- The registered manager completed comprehensive audits and had systems to maintain the quality and safety of the service. Where audits identified issues, we confirmed that action was taken to address them. However, some audits did not always effectively demonstrate that the required action had been taken. We

discussed this with the registered manager who immediately put a new system in place to ensure the action taken had been recorded.

How the provider understands and acts on the duty of candour which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a policy that clearly identified the actions staff should take in situations where the duty of candour would apply.
- The registered manager understood their duty of candour, to be open and honest when things went wrong.
- Processes were in place, which ensured the registered manager responded appropriately if something went wrong, to meet their legal obligation to let people know.

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

- People, staff and professionals were included in the development of the service. Satisfaction surveys were completed, and action taken to address any issues.
- Daily meetings were held to ensure staff were kept informed about people's needs and included any changes.
- Links had been made in the local community. People attended local events and accessed amenities in the surrounding areas.
- The registered manager worked to involve people in all areas of their care and support. Relatives told us they spoke with staff and management when they visited the service and their views were sought. Staff supported people to be involved in decisions about their care and express their views.

Working in partnership with others

- Health and social care professionals consistently told us the registered manager actively engaged in effective partnership working with multi-disciplinary teams. This ensured people were integrated into their local community and had their health and social care needs met.
- The registered manager engaged with the local authority, safeguarding teams and clinical commissioning groups in an open and transparent way, to ensure people experienced joined-up, well-coordinated care.