Martha Trust Hereford Limited

Sophie House

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

The inspection took place on 11 May 2016 and was unannounced. Sophie House provides a long term and respite care service for up to 14 young people and adults who are living with complex and profound learning disabilities and physical health care needs. There were nine people living at the home at the time of our inspection.

A registered manager was in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported to maintain some independence and to take positive risks. Staff knew how to recognise and report any concerns about people's safety. Staff understood risks associated with people's needs and how to keep them safe. There were enough staff on duty to respond to people's health needs at the times when they needed support. The provider completed checks to ensure staff were suitable and safe to work at the home.

People had good relationships with the staff. It was a relaxed atmosphere with staff spending quality time with people in a homely atmosphere. People were treated with kindness, compassion, dignity and respect. People received care and support to meet their diverse needs including people who had complex health needs.

People's health needs were responded to effectively with people being supported to access doctors and other health professionals when required. People had daily access to health professionals like speech and language therapists, occupational therapists and physiotherapists. People were supported to have their medicines when needed. Medicines were stored and administered appropriately.

People had access to a varied diet of food and drink. People were supported to have their food and drink safely. Where recommendations had been made by other professionals regarding their diet or health needs these had been acted upon by staff.

Staff understood people's individual communication styles and were able to communicate effectively with people. People's permission was sought before any care or support was given. Time was taken to make sure that people could make choices and decisions about the care and support they received.

People were supported by staff that had the knowledge and skills to understand and meet their health needs. Staff were well supported and had access to additional training specific to people's needs. Staff felt that they were able to contact the registered manager at any time if they needed support or guidance.

Relatives and staff views on the care and support provided was gathered on a regular basis. The registered

manager was approachable and was willing to listen to views and opinions. There had been recent improvements made to how feedback was used to identify any areas for action or improvements to be made. A range of audits and checks were also completed regularly to ensure that good standards were maintained.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People's individual risks were understood by staff. People understood about how to keep people safe and what to do if they had concerns. There were sufficient numbers of staff to meet people's needs in a safe way.

People had the support they needed to help them with taking their medicines safely.

Is the service effective?

Good

The service was effective.

People were supported to access different health professionals when needed.

People had the support they needed with preparing meals or with eating and drinking.

Staff understood the principles of the mental capacity act and the importance of ensuring people were supported to make choices and consent to their care.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect.

Staff were positive about their caring role and took time to make sure that people were involved in making decisions about their care and support.

Is the service responsive?

Good

The service was responsive.

People had their health needs responded to quickly. If staff had any concerns about people's health needs other health

professionals became involved quickly.

Relatives knew how to complain and felt that they were able to raise any concerns and they would be listened to and responded to.

Is the service well-led?

Good

The service was well-led.

Relatives and staff felt the registered manager and the provider were approachable and supportive. Staff felt they could talk to the registered manager at any time and they would be listened to.

The provider and registered manager monitored the quality of the service by a variety of methods including audits and regular feedback from people's families and used this information to make improvements to the service.

Sophie House

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 11 May 2016 and was carried out by one inspector. The inspection was unannounced.

We looked at information we held about the provider and the services at the home. This included notifications which are reportable events which happened at the home which the provider is required to tell us about. We also checked information which had been sent to us by other agencies. We requested information about the home from the local authority. They had no concerns about the service at the time of inspection. The local authority has responsibility for funding people who used the service and monitoring its quality.

During our inspection we spent time with people in the communal areas of the home. We were unable to speak with the people that lived at the home due to the complexity of their health needs. We spoke with six relatives. We also spoke with three care staff, a visiting community pharmacist, a speech and language therapist, physiotherapist, occupational therapist, deputy manager, registered manager and a deputy director.

Good

Is the service safe?

Our findings

Relatives told us that they felt that people lived in a safe environment and that they were confident staff kept people safe. Staff were able to tell us what they would do if they suspected abuse and showed us that they had a good understanding of the different types of abuse. Staff told us that they would make sure that the relevant authorities were informed and swift action was taken to keep people safe. Relatives and staff told us that they felt confident that if any concerns about people's safety were raised with the registered manager it would be dealt with appropriately.

Relatives told us that staff had a good understanding of people's risks and how to support people safely. Staff were able to tell us how they supported people in a way that reduced the risks to people. We saw examples where additional support from other staff was given at times when people needed to be moved to another area. Staff demonstrated knowledge about people's health conditions and the associated risks. For example a number of people that lived there had complex epilepsy. This meant that people were at risk of seizures that without the right support would result in injury to the person. We saw that where a person had a seizure staff were quick to make sure the area was free of any obstacles which may injure the person. Also we saw that other staff were alerted just in case rescue medicines were required, this meant that the person had a staff member present with them at all times throughout the seizure. Staff explained to us the actions they took, and what they told us matched what was written in the person's epilepsy protocol and risk assessments. We found that these had been written and updated with specialist advice from health professionals. Another example was around a person's mobility. We saw that staff had to use specialist hoist equipment and then physical support to assist the person with moving from one area to another. Staff told us that they had worked with the physiotherapist in identifying the risks and techniques on how to support the person with moving around safely. We saw that staff were confident with the techniques of moving the person and did this safely. The staff we spoke with demonstrated knowledge of people's individual risk assessments and what they needed to do to safely manage those risks.

Relatives felt there were enough staff to keep people safe. One relative said, "There are plenty of staff around. Staff have time to give people the attention they need." Staff told us that they felt there were sufficient staff to enable them to do their job safely. We saw that people received the care and support when they needed it. For example staff were quick to respond when a person indicated that they required personal care. We saw that staffing levels were determined according to the needs of people living in the home. For example where a person needed two staff to enable them to go into the hydrotherapy pool in the home, this was provided to enable them to participate safely. The registered manager told us that they only used agency staff occasionally and it was always staff that knew the people and the home. They told us that this was to ensure consistency in people's care, particularly for people who would be anxious about unfamiliar staff supporting them. Staff members told us before they were allowed to start work, checks were completed to ensure they were safe to work with people. Staff told us references and checks with the Disclosure and Barring Service (DBS) were completed and once the provider was satisfied with the responses, they could start work. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with people.

People's medicines were managed, stored, given to people as prescribed and disposed of safely. Where people required medicines to be taken only when needed we saw that there were guidelines to tell staff when these were required. Staff were aware of the guidelines and when to administer these medicines. All staff who administered medicines had regular training and understood the importance of safe management and administration of medicines. Staff were able to tell us about people's individual medicine requirements. For example, staff were able to discuss the medicines for a person's epilepsy and also tell us about the medicines to help someone sleep better. Relatives told us that medicines were managed appropriately. We saw that accurate records of what medicines had been given were maintained and also that medicines were stored safely and securely.

Good

Is the service effective?

Our findings

Relatives felt that the staff had the skills and knowledge to meet people's health needs. Staff told us that they attended a wide range of training appropriate to their roles. This included training around the Mental Capacity Act, medicines and safeguarding. Also staff felt that the registered manager was quick to identify and arrange person specific bespoke training. For example staff had received training around how to provide good postural comfort for one person, for another person staff had attended training around the person's sensory needs. Staff told us that they found the training useful and relevant to the people that they supported. One staff member said, "The people are complex so we need good levels of training and that is exactly what we have got." Staff told us that they were encouraged to discuss training ideas and needs with the registered manager or senior staff and felt confident that when people's health needs changed any additional training requirements were quickly identified and actioned. We spoke with the training and development officer who told us that the provider focused on sourcing and providing good quality specialist training for the staff.

Staff told us that they had induction training when they started working for the company. They said that this included training around areas relevant to their job roles such as moving and handling and safeguarding. It also included working alongside other more experienced staff until they were confident with their skills. Staff told us that they found that they had on-going support during their period of induction.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked to see if the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that people's mental capacity to make decisions had been assessed and appropriate DoL applications had been made.

Staff were able to tell us what needed to happen if people did not have the capacity to make certain decisions for themselves. Staff told us about making decisions in people's best interests and the involvement of the people that knew them best such as family and professionals in best interest meetings which had been documented fully. This demonstrated that the correct procedures had been followed where decisions had been made on people's behalf.

Staff ensured that they did not carry out any care or support without the person's permission. We saw that staff told people what they were about to do and waited for an indication from them that they were happy

with the support they were being offered. For example we saw where a person was asked if they wanted to take part in an exercise session that was happening. The person was unable to speak, but staff observed their facial expression for the response. The person indicated that they did not want to take part; staff respected this choice and supported the person to do something else. Throughout our inspection we saw that staff took the time to make sure that people had choices and staff understood people's own individual communication styles.

People had food that was freshly prepared to meet their individual dietary requirements. We found that the lunchtime was a positive time with smiles and laughter. People were offered a nutritionally balanced diet. Some people had modified diets or their food specially prepared to meet their health needs. Staff were able to tell us how they safely prepared food and we found that risks had been assessed and appropriate support was given to make sure people had their food and drink safely. For example staff had prepared a soft diet for a person who was at risk of choking. Some people needed the amounts of food and drink they had monitored and we found this was recorded in their care records and where concerns had been identified support from the appropriate health professionals had been sought.

Relatives told us that people had their health needs met by staff who supported people to access other health professionals when needed. They said that when there were concerns about a person's health or if people were unwell appointments with health professionals were arranged straight away and people were supported to attend health appointments. There were a number of different health professionals employed directly by the provider. These included a Speech and Language Therapist (SaLT) who worked with people around their eating and drinking and also their communication needs. During the inspection they were holding a communication workshop in which they were teaching an adapted form of sign language that was used for a number of people in the home. There was also an Occupational Therapist (OT) whose role was to help people improve or maintain the ability to engage in different activities or experiences. During our visit we saw a session where the OT worked with staff to support people to experience different textures and experiences of materials from the outdoors. This included moss, grass, leaves, soil and other outdoor materials. Staff took the time to talk with people about what they were touching. We saw that people appeared to enjoy this activity. We spoke with the OT and they told us, "I work on an individual basis as well as a group basis with people. It is about knowing what an individual is capable of and maximising their potential." There was also a music therapist who worked with people around sound and movement and also a Physiotherapist who focussed on maintaining movement and exercise for people. Relatives and staff were positive about the impact that having in house therapists working with people. One relative said, "It's great [person] can see the occupational therapist and physiotherapist together or in the same day and then see the speech and language therapist afterwards. For someone so complex this is great." Staff told us that working with the therapists helped them understand people's needs and provide better care and support.

Good

Is the service caring?

Our findings

Relatives felt that people had good relationships with the staff supporting them. One relative said, "Staff are so kind and caring. You just see when [person] face lights up when staff spend time with him." We saw that people were relaxed with the staff and that staff spoke with people in a kind and caring manner and took time to make sure that people were involved and felt valued. Staff could tell us about people's individual likes, dislikes and health needs. Staff told us that they always respected people's own individual personalities. They were able to tell us who liked to be kept busy and enjoyed lots of interaction with people, and also the people that enjoyed more personal space and a quieter pace of activity. We saw throughout the inspection that staff understood and respected what people liked and what they chose to do.

Staff took the time to involve people in their care and support. Where people appeared uncomfortable or were making a choice that they did not want something this was respected by the staff. Staff also told us that they were aware that due to the complex nature of people's health needs a lot of the care and support was done for and to people, but also said that they always encouraged and supported people to have some independence. One member of staff said, "We [staff] all try our hardest to involve people in their care." We could see how staff did this. For example we saw where people were given items to hold and use during a craft session. Another person indicated that they wanted a particular musical instrument. Staff respected this choice and gave it to the person to use themselves. The occupation therapist told us about the work they were doing assessing people's capabilities and setting goals for people to achieve. They told us that they trained and supported the staff with techniques on how to promote independence with the people that they supported. Staff told us that these techniques were successful in supporting people with what they can do for themselves.

Relatives told us that the people were involved in any reviews of care or any assessments of care. One relative said, "They always try to make sure that people are involved." Staff told us that there was an emphasis on including people in their care both on a daily basis and also where other people may ultimately make decisions for them. The registered manager told us that for most people family and close relatives were involved at times when care needed to be reviewed, but where it was felt necessary people would be supported to access independent advocacy services.

Relatives told us that people were always treated with dignity and respect. We saw that staff worked in a dignified manner with people. Where personal care was needed this was done in a way that ensured people's privacy was respected. Staff said that they had regular training around equality, diversity and human rights and the ethos of the home was to make sure that dignity and respect ran through everything they did. All of the staff we spoke with spoke fondly of the people they supported.

Good

Is the service responsive?

Our findings

Relatives told us that staff understood people's health needs and had the skills to meet them. Staff were able to tell us about people's health needs and about what the person liked or did not like to do. We saw that staff had the knowledge and experience to respond to people's health needs. People's health conditions often included more specific and complex conditions. Staff could tell us about these conditions, what additional support they needed and what they looked out for that would indicate a person was unwell. For example a number of people had epilepsy, which presented with a range of different seizures for each person. Staff knew at what point for each individual they would become concerned and what they would do. For some people this meant administering rescue medicines, other people it was calling the doctor and for some people it was calling for an ambulance. All staff knew what individual response a person needed to keep them safe.

Relatives told us that the care was individual to the person's needs. We saw that people had their own specialist equipment including moulded wheelchairs and individual hoists to assist with moving in their bedrooms. Relatives told us that if people's needs changed other professionals became involved quickly to ensure that the care and support continued to reflect people's individual health needs. An example staff told us about was a person who had been having disturbed sleep. A referral was made to the physiotherapist and an individual sleep system for the person was introduced. This included aids and equipment to assist with the person's night time posture. Staff told us that the person's sleep pattern had started to improve as a result. We could see where additional reviews with other health professionals had happened as a result of changes in people's health.

People were encouraged to keep active and various activities and exercises were available throughout the day as well as opportunities to go out into the local community. Relatives told us that they felt people were kept active and that this maintained people's wellbeing. One staff member said, "We have some people that just love going out, we go shopping and go to a café, other people prefer a quieter life so we do hydrotherapy and relaxation with them. We try to understand what people like and give them choice."

Relatives told us that they felt they could raise any concerns or complaints. All the relatives we spoke with knew who the registered manager was and felt comfortable to raise concerns with them or the staff. They said that they were confident that any complaints or concerns would be listened to and appropriately dealt with. One relative said, "We think the manager is great and listens to what we say. I have no doubt any concerns would be very quickly dealt with. We asked staff how they gathered the views of the people that lived there. They told us that people had a key worker who would spend time with the person before any care review. Staff were confident that they knew people's individual communication styles well enough to be able to identify if someone was unhappy. We saw that there had been three recent complaints and these had been resolved appropriately. We could see that there was a system in place to respond and investigate concerns appropriately.

Good

Is the service well-led?

Our findings

Staff and relatives told us that they found the home was well run by the registered manager and that they were involved in the running of the home. Staff told us that they felt it was an open culture with the registered manager and that they would listen when approached with any ideas or concerns. One staff member said, "Although at times [manager] seems stressed and busy, she does care and listen to what we [staff] have to say." We found that staff were motivated to provide the best care and support they could and felt that it was a team approach. The registered manager told us that whilst they were able to get support and resources from the providers when she asked for it, there were times when they had asked for additional support with her management tasks and this had not always been provided when needed. We spoke with the deputy director about this and they told us and the registered manager that additional support arrangements would be made to support the registered manager with their role.

The registered manager told us that the vision of the service was to provide a home environment which promoted excellent quality person centred care. All of the staff that we spoke with shared this vision. Staff told us that they felt supported and valued by the registered manager. The registered manager said that the approach to care was an 'in house multi-disciplinary approach.' They told us that people did also access external support and appointments with health professionals. The registered manager recognised that while a multi-disciplinary approach was positive in regards of person centred support it was not in place of people accessing external sources of health from other professionals. We asked care staff what this meant and they understood how their roles contributed to meeting the complex health needs of the people that lived there. They were able to tell us how they worked with the person, the nurses and the therapists in achieving positive outcomes for people.

We saw both the registered manager and the provider had systems in place to check the quality of the care given by staff. These included spot checks undertaken on different aspects of the care by the registered manager, so they could be sure people were receiving the right care. For example, the registered manager told us that checks on equipment and medicines were made before people went out. They told us this was to reduce the risk of a mistake and to see how effectively things were prepared before people went out. There were also checks on medicines, staff training and supervision and care records. Feedback was gathered on a regular basis from the relatives of the people that used the service and also from staff. The system to gather this feedback and identify any actions had been revised and improved following actions identified from a recent inspection of a home managed by the same provider. We could now see that there was a system for capturing comments and concerns and identifying relevant actions to be taken to improve the quality of the service.

All staff were aware of the whistle blowing policy and said that they would feel comfortable to whistle blow if they felt that this was needed to ensure people's safety. One staff member said, "I would have no delay in contacting the CQC or social services if I had a concern that I felt wasn't being dealt with by the management." The provider had, when appropriate, submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. This means that we are able to monitor any trends or

concerns.