Mentaur Limited

Highfield

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

Overall summary

Our inspection took place on 29 January 2016 and was unannounced. At the last inspection in September 2013, the provider was meeting the regulations we looked at.

Highfield provides care and support for up to six people who have mental health needs, learning difficulties, autistic spectrum disorder, and other associated complex needs. On the day of our inspection there were five people living in the service.

There was a registered manager in post, although on the day of our inspection they were on maternity leave. In their absence, interim cover was being provided by a senior member of staff, with additional support from the operational manager. 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 felt safe living in the service. Staff had been provided with training to recognise the signs of potential abuse and to keep people safe. They were aware of their

Summary of findings

responsibilities in reporting any concerns. We found that there were processes in place to manage identifiable risks within and outside the service to ensure people did not have their freedom restricted unnecessarily.

There were sufficient numbers of suitable staff to meet people's needs and promote people's safety and independence. Robust recruitment processes had been followed to ensure that staff were suitable to work with people. There were systems in place to ensure people's medicines were managed safely and given at the prescribed times.

There were processes in place to ensure that staff were provided with induction and essential training to keep their skills up to date and to support them in their roles.

People's consent to care and support was sought in line with the Mental Capacity Act (MCA) 2005. Staff understood and complied with the requirements of the MCA and the associated Deprivation of Liberty Safeguards (DoLS.)

People were supported to prepare their meals and to maintain a balanced diet. People's health and wellbeing needs were closely monitored and the staff worked very well with other professionals to ensure these needs were met.

Positive and caring relationships had been developed between people and staff who treated them with kindness and compassion. Staff were knowledgeable about how to meet people's needs and understood how people preferred to be supported on a daily basis. Staff understood how to promote and protect people's rights and maintain their privacy and dignity. Relationships with family members were considered important and staff supported people to maintain these. The service had systems in place to ensure that people's views were listened to and acted on.

People received person-centred care, based on their likes, dislikes and individual preferences. Before people came to live at the service their needs had been assessed to ensure the care provided would be personalised and responsive to their identified needs.

Staff supported and encouraged people to access the community and participate in activities that were important to them. People were aware of the provider's complaints system and information about this was available in an easy read format.

There was a positive, open, inclusive and transparent culture at the service. Leadership at the service was visible and as a result staff were inspired to provide a quality service. Senior staff regularly assessed and monitored the quality of care provided to people. Staff were encouraged to contribute to the development of the service and understood the provider's visions and values.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe

Systems were in place to keep people safe from avoidable harm and abuse.

There were risk managements plans in place to protect and promote people's safety.

Suitable and sufficient numbers of staff were employed to meet people's needs safely.

People's medicines were managed safely.

Good

Is the service effective?
The service was effective.

People were supported by staff that were competent and trained. Staff felt supported and had regular supervision and appraisals.

People could make choices about their food and drink and were provided with support when required.

People had access to health care professionals to ensure they received effective care or treatment.

Good

Is the service caring?
The service was caring

People had developed positive and caring relationships with staff.

Staff ensured people's views were acted on.

People's privacy and dignity were promoted by staff.

Good

Is the service responsive?
The service was responsive.

People received care which was personalised and specific to their individual needs.

People were enabled to attend activities of their choice, based upon their preferences.

Information about the provider's complaints system was available in an easy read format

Good

Is the service well-led?
The service was well led.

The provider had an effective system for monitoring the quality of the service they provided.

Policies, procedures and other documentation were reviewed regularly to help ensure staff had up to date information.

Staff were aware of the provider's vision and values which were embedded in their practices.

Good

Highfield

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 29 January 2016, and was unannounced. The inspection was undertaken by one inspector.

Prior to the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we had for this service and found that no recent concerns had been raised. We had received information about events that the provider was required to inform us about by law, for example, where safeguarding referrals had been made to the local authority to investigate and for incidents of serious injuries or events that stop the service. We also spoke with the local authority to gain their feedback as to the care that people received.

During our inspection, we observed how staff interacted and engaged with people who used the service during individual tasks. We spoke with five people who used the service, and also spoke with the interim manager, one team leader and the operational manager.

We looked at four people's care records to see if they were accurate and reflected their needs. We reviewed three staff recruitment files, four weeks of staff duty rotas and training records. We checked medicines administration records and reviewed how complaints were managed. We also looked at records relating to the management of the service, including quality audits and health and safety checks to ensure the service had robust systems in place to monitor quality assurance.

Good

Is the service safe?

Our findings

People felt safe in the service. One person told us, "Staff help me and I feel safe." They confirmed that they knew who to speak to if they had any concerns or worries about their safety. We observed that people were relaxed in the presence of each other and the staff that supported them. We also observed that the service was secure. All visitors were asked to sign in as they entered the building. The garden was secure, enabling people to go out when they wanted to. People were kept safe and secure because of the systems and processes in place.

Staff had a good understanding of the different types of abuse and how they would report it. One staff member said, "I would read the guidance we have and make sure that the person was safe. I would then speak to the manager." They told us about the safeguarding training they had received and how they put it into practice and were able to tell us what they would report and how they would do so. Staff were aware of the provider policies and procedures and felt that they would be supported to follow them. We saw there was a safeguarding poster displayed in the service. It contained information with the various telephone numbers of the different agencies that staff and people could contact in the event of suspected abuse or poor practice. We saw evidence that safeguarding was a regular agenda item at staff meetings and residents' meetings. It was also discussed during staff one to one supervision. Safeguarding referrals had been made when required. People were protected from harm and abuse by staff who understood the principles of safeguarding.

People had risk assessments that identified risks and how to keep people safe. Staff told us that they were made aware of the identified risks for each person and understood how these should be managed. Within people's support plans we found risk assessments to promote and protect people's safety in a positive way. These included; accessing the community, finances and life skills. These had been developed with input from the individual, family and professionals where required, and explained what the risk was and what to do to protect the individual from harm. We saw they had been reviewed regularly and when circumstances had changed.

Accidents and incidents were recorded and analysed for trends to see if care plans needed to be adjusted in order to keep the person safe and meet their needs more effectively. This meant incidents were responded to appropriately and that the registered manager supported people and staff to remain safe.

The interim manager told us that each person had a personal emergency evacuation plan that was reviewed regularly to ensure that the information contained within it remained current. These enabled staff to know how to keep people safe should an emergency occur. There was also a current business continuity plan in place that showed how the service would continue to operate in the event of an emergency.

Staff told us there was always enough of them to support people. One said, "Yes, the numbers are flexible so at times when we need more staff, for example, when people go out in the evening, then we have more staff on duty." The operational manager told us they did not use agency staff due to the complex needs of the people they were supporting. On the day of our inspection there was enough staff to provide support for each person as required and as detailed within their care records. We looked at the rota for the previous month, and found that it was based around the dependency needs and planned activities of people who used the service. The correct amount of staff with differing skill levels were on duty at any time. Our observations confirmed that there was sufficient numbers of staff on duty which ensured that people received safe care.

We found safe recruitment practices had been followed. A new member of staff told us they weren't allowed to commence work until two references and their Disclosure and Barring System check had been received. We looked at staff files and found that they contained copies of appropriate documentation. These included copies of application form, minimum of two references, a Disclosure and Barring Services (DBS) check and an up to date photograph.

People were supported to take their medication safely. One person said, "I get all my tablets from staff." Staff were only allowed to administer medicines if they had completed training and competency checks to do so. We observed that people received their medication when they needed it and that staff ensured people did not need any additional medication, for example, 'as required' medication. We reviewed four people's Medication Administration Record (MAR). All the MARs sheets were accurately completed.

Good

Is the service safe?

Medicines were stored correctly in suitable lockable storage facilities. The home used a blister pack system with printed medication administration records. Medication administration records were recorded when received and when administered or refused. This ensured there was a clear audit trail and enabled the staff to know to be able to reconcile the medication that was within the service.

Good

Is the service effective?

Our findings

People thought staff were well trained and understood their roles and how to meet their needs appropriately. One person said, "They know what to do for me." We observed staff using their training to good effect in supporting people, for example, in managing their anxieties. From our observations we found that people received care from staff that had been provided with the appropriate training and understood their needs. Staff communicated effectively with people and treated them as individuals.

Staff confirmed they received training, including induction, to enable them to carry out their roles and responsibilities appropriately. One staff member said, "I had a good induction. I had to read all the support plans to get to know people, along with the policies and procedures." The operational manager told us that new staff underwent a period of induction when they commenced employment. They felt that the induction process gave them sufficient time to read people's care plans, and review policies and procedures and also spend time shadowing more experienced staff. They felt this provided staff with the confidence they needed to deliver care independently.

The operational manager also told us that the induction programme was competency based, and was in line with the requirements of the Care Certificate which sets out the learning outcomes, competencies and standards of behaviour that all staff should achieve. Records showed that all new staff were expected to complete a robust induction programme.

Staff completed training that ensured they were able to carry out their roles and responsibilities appropriately. One staff member said, "We have lots of training, it really is very good. It covers all areas of our job and helps us to feel confident." The interim manager confirmed that staff received regular training to keep their skills up-to-date. We looked at training records and saw that staff had completed training on a range of topics, including; safeguarding, Mental Capacity Act (MCA) 2005, infection control and medication. Staff were also supported to undertake nationally recognised qualifications. Staff received the necessary training to update and maintain their skills to enable them to care for people safely.

Staff told us that as part of their ongoing training they had been provided with challenging behaviour awareness training. We found where people displayed behaviours that challenged others risk assessments had been put in place to guide staff on the action to take and what may trigger the behaviour. We saw evidence that staff were able to access the services of a dedicated team for learning disabilities, for support and advice if required.

Staff were supported by the registered manager, both informally and formally. One staff member told us, "We can always ask for help when it's needed, we have an open door policy and don't have to wait until we have supervision if we have anything to ask." Records showed that staff received regular supervisions and an annual appraisal. Where appropriate, action was taken in supervisions to address performance issues either through disciplinary action or performance monitoring if required.

Consent to care and support was gained at all times. Staff told us that even if people were unable to verbally communicate their agreement, they knew them well enough to understand if they did not agree. Where possible, people had signed their support plans in agreement. We observed staff gaining consent throughout our inspection, for example, when asking if people wanted to get up or those who wanted to go out.

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. Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The interim manager told us, and records confirmed that they and staff had received training on the requirements of the MCA. They explained they would always liaise with the local authority if they had any concerns about a person's fluctuating capacity. They were able to explain how decisions would be made in people's best interests if they lacked the ability to make decisions themselves. This included holding meetings with the person, their relatives and other professionals to decide the best action necessary to ensure that the person's needs were met.

Good

Is the service effective?

We found that applications had been made under the MCA Deprivation of Liberty Safeguards (DoLs) for some people as staff considered that their liberty may have been restricted. Staff were able to tell us who were subject to a DoLS and why it was in place. These actions showed they understood their responsibilities under DoLS arrangements.

People told us they had sufficient amounts to eat and drink. One person said, "I like the food here." Staff explained that people could be involved in the preparation and cooking of the meal if they wanted to be. We saw that menus were planned in advance over a four week period. A different meal was available for people every day but a choice was available if people did not want what was on offer. People had nutritional assessments completed to identify what food and drink they needed to keep them well. Staff monitored people's weight on a regular basis and compiled care plans in respect of nutritional needs if this was required.

People were supported to access other services, such as the doctor, optician or dentist. One person told us they were supported to see their learning disability nurse who gave them advice and supported them with any health related worries they had. The staff told us that each person had a 'health passport'. They explained that this contained all documentation regarding the person's health with contact numbers and information. Staff told us they always supported people to attend required appointments if this was the person's choice, so they could act upon any guidance that was given. People had access to healthcare services and care plans and health action plans contained contact details for professionals such as the dietician and chiropodist. Records confirmed that staff shared the information with each other and relevant professionals to ensure people's needs were met.

Good

Is the service caring?

Our findings

People told us they enjoyed living at the service and were happy with the staff that supported them. One person said, "I do like the staff here." Another person nodded when we asked them if they were happy with the staff supporting them. We observed that people were relaxed with the staff that supported them and smiled and chatted with staff when they were near them. People often sought out staff to talk and staff always responded with a smile and gave them the time they needed to discuss things.

Staff demonstrated that they knew people's needs and preferences well. We observed staff chatting with people about things of interest to them. One person became anxious and unsettled due to our presence in the service; staff knew how to respond to help them settle. They spoke to them in a calm and reassuring manner and explained our purpose and what we were going to do. This settled the person and showed the staff member knew them well. Staff were able to tell us about individuals and the contents of their care plan, and we observed this in practice.

Staff told us they enjoyed supporting people and wanted the best for them. One staff member said, "We are like a big family." We were also told, "People deserve good quality care." Our observations confirmed that staff had positive relationships with the people they supported. They spoke with people appropriately, using their preferred names. Many of the staff had worked at the service for some time, which enabled them to build meaningful relationships with people.

Staff were aware of people's likes and dislikes and ensured their preferences for support were respected. People's care records included information for staff about their preferences, and life histories. We found that this detailed how people would like to be supported with a variety of aspects of care and support. This information enabled staff to identify how to support people in ways that they wished. Staff were able to tell us of people's personal histories and things that were important to each person they supported.

People were encouraged to make choices about their support. One person told us about the choices they had in their activities and daily routines. They knew and understood what their regular routine was but understood they had choices and did not always have to do what was planned, if they did not want to. We saw that staff respected people's decisions to remain in bed if they wanted to. Staff ensured they were ok and supported them to do what they wanted to. We looked at care records and saw that planning had involved family members and people who knew each person well, such as their social workers. Records were kept of any discussions or meetings and from this, any changes were incorporated into the care plans, to ensure that they remained reflective of the person's current needs.

We observed staff treating people with dignity and respect and being discreet in relation to personal care needs. People were appropriately dressed. Staff spoke about offering choices when dressing, at mealtimes and when people got up or went to appointments. Support was provided in a kind and calm manner. People appeared relaxed and at ease with staff. We found that the service had clear policies in place for staff to access, regarding respecting people and treating them with dignity.

Advocacy services were available to people should these be needed. The operational manager told us there was access to an advocacy service if required. Most people in the service had the support of relatives but systems were in place to access formal support, should this be required.

There were some areas within the home and garden where people could go for some quiet time without having to go to their rooms. This showed that people could be as private and independent as they were able.

The registered manager told us visitors were able to visit at any time and people went to visit family and friends when they wanted. We saw within care plans we reviewed that visitors had been and one person routinely travel to stay with family.

Good

Is the service responsive?

Our findings

People received care that was personalised to their wishes and preferences. The operational manager told us that pre-admission assessments of people's needs had been carried out prior to people being admitted to the service. All of the people in the service had lived there for some years, so staff had been able to gain an awareness and understanding of their needs after admission had taken place. The information gained from the pre- admission assessments had been used to start to formulate care plans and risk assessments for when the person moved in. Care plans we reviewed, showed this had taken place.

People told us they were involved in the development of their support plan. Staff told us this was important so that people received the right care to meet their needs. They told us that people were able to discuss their support plans during weekly meetings with their key workers. In the care files we looked at there was evidence that weekly meetings took place and people were given the opportunity to amend their support plans if they wished.

People were able to make choices about all aspects of their day to day lives. One person told us, "I do get a lot of choices about what I do." From our conversations with people, we saw that the care and support was based upon their needs and was person centred. Most people had lived at the service for some years but records confirmed that they or their relatives had been asked for their views about how they wanted their support to be provided. From the individual content of the care records we found that people and their relatives were involved in the assessments. This ensured that they were enabled to express their views about how they wanted their care to be provided.

Staff told us that care plans enabled them to understand people's care needs and to deliver them appropriately. One staff member said, "There is a lot of information in the records which is good. I would say that supporting people tells us a lot more though and we can then fill in the gaps with the records." We looked at care plans which were individualised and relevant to each person and were clearly set out and contained relevant information. We found clear sections on people's health needs, preferences, communication needs, mobility and personal care needs. There was clear guidance for staff on how people liked their care to be given and detailed descriptions of people's daily routines.

Regular key worker meetings took place where people would meet with their key worker, a person who knew them well, to discuss any concerns they might have or any changes they wanted in their care. One person told us who their key worker was, and from our conversations with them, it was evident that they used them effectively to be able to discuss any areas of concern with. Records confirmed that people received care which met their individual needs because staff worked to ensure that accurate records were maintained.

There were regular meetings for people who lived at the home. We saw copies of the minutes and saw that these were as meaningful as staff could make them in order for people to input into the service. For example, they were based upon aspects of daily living that were of importance to people, including menu choices and activities.

When we arrived at the service, one person was going to a day centre and another person went out to for a walk. Another person later went out with staff to do the shopping for the service, something they told us they really enjoyed. People had an individual plan of activities for each day which had been developed with their key worker, and showed a variety of activities. They were encouraged to follow their interests and hobbies and attended a variety of events and accessed local services including shops, restaurants and cafes. The service ensured that people were supported to undertake activities of their preference.

Records also showed that people were supported to keep their rooms clean and to retain skills that would empower them, and enable them to develop skills in the event that they would move on to a supported living environment.

People were provided with information if they needed to make a complaint. One person told us they would speak to any member of staff if they had any concerns at all. The interim manager had processes in place to deal with complaints in a timely manner and the records we reviewed supported this. They also told us they used complaints received to drive future improvements at the service. We saw there was an effective complaints system in place that enabled improvements to be made. The complaints log showed complaints were responded to appropriately and in accordance with the provider process. Action was taken to address issues raised and to learn lessons so that the level of service could be improved.

Good

Is the service responsive?

The operational manager had sought people's feedback and took action to address issues raised by conducting annual surveys with people, relatives, staff and other professionals. We saw that results had been analysed and actions taken. We saw from a recent satisfaction questionnaire that people who used the service had expressed their satisfaction with the support provided and the quality of leadership at the service.

Good

Is the service well-led?

Our findings

There was a registered manager in post who was on maternity leave during our inspection. In their absence, management cover was being provided by an interim manager with support from the operational manager. During our inspection we observed the interim manager chatting with staff and people who used the service and assisting people with their support. It was obvious from our observations that the relationship between the interim manager and the staff was open and respectful. They had an open-door policy, both to people and staff which allowed everybody to feel part of the service and involved in ways to develop it.

Staff told us that there was an open culture within the service and that they could speak with the interim manager about anything. They told us they felt valued and would be listened to in all circumstances. They said they were fully involved in what happened in the service and at provider level. They were kept informed of any changes that might take place and knew who the senior management in the organisation was, feeling able to contact them if required.

Staff were aware of the whistleblowing policy and procedures within the service and were able to describe the actions they would take if they felt it appropriate. This meant that anyone could raise a concern confidentially at any time.

Information held by CQC showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way. Copies of these records had been kept.

Staff told us that meetings were held regularly and we saw the minutes for a recent meeting which discussed a variety of issues, training and development and ideas in respect of service improvement. Meetings were an opportunity to raise ideas and staff told us their opinions were listened to and ideas and suggestions taken into account when planning people's care and support. Staff also said that communication was good and they could influence the running of the service.

We found there was positive leadership in place at the service which meant that staff were aware of their roles and responsibilities. None of the staff we spoke with had any issues or concerns about how the service was being run and were very positive about the leadership in place, describing to us how the service had improved. We found staff to be well motivated, caring and trained to an appropriate standard, to meet the needs of people using the service.

Staff handover meetings took place at the beginning of each shift. This informed staff coming on duty of any problems or changes in the support people required in order to ensure that people received consistent care.

The interim manager told us there were processes in place to monitor the quality of the service. The provider had a variety of quality monitoring processes in place, designed to enhance daily practice and drive future improvement. We found that frequent audits had been completed and records confirmed that audits had been completed in areas, such as infection prevention and control, medicines administration and fire safety. Where action was required to be taken, it was so as to improve the service for people. Maintenance records confirmed that health and safety checks were carried out regularly to identify any areas for improvement. Where improvements were required, actions had been identified and completed to improve the quality of the care given.