

Miss Y Wakefield

High Lea House

Inspection report

High Lea House
Lanforda Rise
Oswestry
Shropshire
SY11 1SY

Tel: 01691654090

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16 October 2017

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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

High Lea House is a residential care home which provides accommodation and personal care for up to 29 older people. At the time of our inspection, 21 people were living at the home.

The provider is registered as an individual and therefore is not required by law to have a separate registered manager. 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.

At the last inspection, the service was rated Good. At this inspection, we found the service remained Good.

People still felt safe living at High Lea House. Staff understood how to recognise, respond to and report abuse. The risks to people had been assessed, recorded and plans were in place to manage these and keep people safe. Staffing arrangements at the home meant people's individual needs could be met flexibly and safely. People received their medicines safely and as prescribed from trained staff.

Staff received the training and support required to work safely and effectively. People's consent to care was sought by staff and their wishes respected. People had enough to eat and drink and were supported to choose amongst the range of food and drink on offer. People had support to access healthcare services when needed.

Staff adopted a kind and compassionate approach to their work at High Lea House. People's involvement in decision-making that affected them was encouraged. People's rights to privacy and dignity were understood and promoted by staff.

People received care and support that reflected their individual needs and requirements. They were supported to spend time in ways they found enjoyable and stimulating. People and their relatives knew how to raise complaints with the provider, and felt comfortable doing so.

People, their relatives and the community professionals involved in people's care had open communication with the provider and staff team. Staff felt valued, well supported and clear what was expected of them at work. The management team completed audits and checks to monitor and improve the quality of the service people received.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

High Lea 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 16 October 2017 and was unannounced.

The inspection team consisted of one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our 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 took this information into account during our inspection of the service.

As part of our inspection, we reviewed the information we held about the service. We contacted representatives from the local authority and Healthwatch for their views about the service and looked at the statutory notifications the provider had sent us. Healthwatch are an independent national champion for people who use health and social care services. A statutory notification is information about important events, which the provider is required to send to us by law.

During the inspection visit, we spoke with 12 people who used the service and two relatives. We also spoke with a local GP, a social worker, two district nurses and a community mental health nurse. In addition, we spoke with the provider, the cook, three senior care staff and two care staff.

We looked at two people's care records, medicines records, accident and incidents records, staff training records and three staff members' recruitment records.

We also spent time in the communal areas of the home to observe how staff supported and responded to people.

Is the service safe?

Our findings

People still felt safe living at High Lea House. Some people explained their feelings of security were linked to the reassuring manner and caring attitude of staff. Others described how staff gave them the prompt and consistent help they needed to stay safe as, for example, they moved around the home. One person told us, "It is lovely here; I am so glad I came. Because I kept falling, I needed to be somewhere safe and I am kept safe and well looked after here." Another person said, "The staff are more like family to us and that's why we feel safe; they know us."

The provider continued to protect people from avoidable harm and abuse. Staff had received training in how to recognise, respond to and report abuse. One member of staff told us, "I would go straight to the manager with any (abuse) concerns." The provider had procedures in place to ensure any information about suspected or actual abuse was shared with appropriate external agencies, such as the local authority, police and CQC.

The provider had assessed, recorded and reviewed the potential risks to people's safety and wellbeing, including pressure ulcer prevention and any risk of falls. Plans were in place to manage these risks and keep people safe. One person explained, "They (staff) keep an eye on me here, because of my falls history. They run a very fine balance here between protection and freedom." The provider monitored any accidents or incidents involving people living at the home, on an ongoing basis, to learn from these and prevent things from happening again.

People, their relatives and staff felt the staffing levels maintained at the home meant people's individual needs could be met safely. One person told us, "If you need help, it is always there and we never have to wait especially if it's a personal thing like the toilet." A staff member said, "Even on a busy day, you can cope with the (current) amount of staff. [Provider] looks at them (staffing levels) pretty regularly. They've always said if we need extra staff, they will put them on." We saw there were enough staff on duty, throughout our time at the home, to respond to people's needs and requests in a timely manner. The provider adhered to safe recruitment practices to ensure prospective staff were suitable to work with people at the home.

People told us staff helped them take their medicines safely and as prescribed. One person said, "Everything is done for you, including your tablets, which is good as I tended to forget when I lived on my own." We saw people's medicines were stored securely and administered by trained staff whose continuing competence was checked on a regular basis. A healthcare professional told us, "The medication management is very good at the home. They will seek advice if they have any issues with people's medication."

Is the service effective?

Our findings

People, their relatives and community professionals had confidence in the knowledge and skills of the staff employed at High Lea House, and their ability to meet people's individual care and support needs. One person's relative told us, "They (staff) are all very good at their jobs." A healthcare professional said, "I think they (staff) are managing people's needs well. They know people very well and know where to get support from."

New staff completed the provider's induction training to prepare them for their new job roles. As part of this, they worked alongside more experienced colleagues, and were given time to read and ask questions about people's care plans. Following induction, staff underwent a rolling programme of training and refresher training. Staff spoke highly of the training provided to enable them to fulfil their job roles. One staff member told us, "It (training) is excellent. It's ongoing and there's always a course to do. [Provider] always asks if you want to do anything else." Another staff member described how in-depth training on diabetes had helped them better understand how to help people with the condition maintain a healthy diet. Staff also attended regular one-to-one meetings with the provider to receive feedback on their work, and discuss any additional support they may need.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. The provider and staff had an appropriate understanding of people's rights under the MCA. They explained that the people currently living at the home were able to make their own decisions, and we saw completed consent forms in the care files we looked at. The provider understood the purpose of, and process for, applying for DoLS authorisations, should these be required.

People told us they had enough to eat and drink, and that they enjoyed the food and drink on offer at High Lea House. One person said, "All the food here is so delicious and it's all home-cooked. It is always so good; I always eat well." Another person told us, "The food is superb here and very well prepared. Plus, they (staff) always cater to you if you want something else." Staff helped people to choose between the available options at mealtimes. The lunchtime meal was a very sociable, relaxed affair, following which staff checked people had eaten well and enjoyed their food.

Staff monitored people's general health, and helped them seek professional medical advice and treatment if they were unwell. One person explained, "I don't have to see the doctor, because I keep well. But if I needed him, they (staff) would organise it for me." Healthcare professionals spoke highly of experiences of working with the provider and staff team. They said they received appropriate, timely referrals and were accommodated during visits to people at the home.

Is the service caring?

Our findings

People, their relatives and community professionals felt staff adopted a kind and caring approach towards their work. One person told us, "The staff all care greatly about us all and nothing is ever too much trouble." Another person said, "It is an excellent place and they (staff) have all looked after me splendidly. The staff are all without exception really good and care unreservedly." A relative told us, "The carers are lovely; they couldn't be better. I like the way they speak to them (people)."

We saw staff greeted people warmly upon seeing them for the first time that day, and took the time to chat with them and ask how they were feeling. People were clearly at ease at in the presence of staff, who they approached freely. Staff showed their concern for people's safety and wellbeing as, for example, they patiently supported individuals to move around the home safely. A healthcare professional told us, "They (provider) always listen to their residents."

The provider and staff supported people's involvement in decisions that affected them. People's care files provided evidence of their participation in care planning and gave staff guidance on how to promote effective communication. Throughout our time at the home, we saw staff consulting with people about their routine care, such as how they wanted to spend their time or where they wanted to go next. The provider held 'residents' meetings' to provide people with another means of sharing their views on the service, as a group.

People and their relatives told us staff respected people's rights to privacy and dignity. We saw staff spoke to and treated people in a professional and respectful manner, meeting their personal care needs discreetly. One person told us, "They (staff) come and help me to the toilet, because I am so unsteady and I am never embarrassed or awkward." Staff were able to tell us how they promoted people's rights to privacy and dignity on a day-to-day basis. On this subject, one staff member said, "I like the word 'support', because I don't like to take anyone's independence away." Another staff member told us, "I always imagine it was my mother I'm looking after."

Is the service responsive?

Our findings

People continued to receive care and support at High Lea House that was shaped around their individual needs and requirements. One person told us, "They (staff) look after your every need. If you need anything at any time you just ring and they come." Another person said, "They (staff) help me have a bath when I want one and I enjoy that. I could have one every day if I wanted." We saw staff listened to people, prioritised their needs and requests and adapted the support provided to suit the individual.

People had been involved in developing care plans that were individual to them and covered a range of needs. Along with guidance for staff on how to support people safely and effectively, care plans included information about people's life history and preferences. Staff recognised the need to work in accordance with people's care plans to provide safe and consistent care.

People were supported and enabled to spend time in ways they enjoyed, and to pursue their interests. A range of activities were organised at the home, which people could choose to join in with, if they wished. One person told us, "I have never felt bored here - not for one minute. There is always something going on and someone to talk to, which I enjoy." We saw people were receiving a hand massage, whilst others were chatting with one another, using social media to keep in contact with loved ones or listening to music. People's religious cultural needs had been assessed and, as a result, Holy Communion was held at the home on a monthly basis.

People and their relatives knew how to raise concerns and complaints with the provider, but told us they had never had the need to do so. The provider had a complaints procedure in place to ensure any complaints received were handled fairly and investigated.

Is the service well-led?

Our findings

During our inspection, we met with the provider, who was responsible for the day-to-day management of the home. The provider had a good understanding of the duties and responsibilities associated with their position, including the need to submit statutory notifications to CQC in accordance with their registration with us. We saw the provider maintained a visible presence around the home, interacting with people and visitors in a friendly, relaxed manner.

People, their relatives and community professionals spoke positively about the management of the service and their interactions with the provider. People described an open and inclusive culture within the service, where their views and opinions were welcomed by the provider. Community professional praised the provider and staff team's knowledge of the people they supported, and the provider's commitment to meeting people's needs. A social care professional told us, "When there is a deterioration in people physically or mentally, [provider] has approached us and the family in a timely manner to discuss how their needs can be best met." They went on to say, "I think [provider] genuinely puts the needs of people first."

Staff felt they had the support and direction they needed from the provider to succeed in their work. They found the provider approachable, and willing to listen and act on any work-related issues or concerns. One staff member told us, "This is the best home I've worked in. [Provider] is fair to staff and lovely to the residents." Staff felt able to challenge the provider's decisions if they felt these impacted adversely on people's care. One staff member said, "If I went to [provider] and said something wouldn't work, we would have a discussion to agree the best way of doing it."

The provider completed audits and checks to enable them to monitor and improve the quality of people's care at High Lea House. As part of this, they checked the health and safety arrangements at the home, current infection control measures and procedures for the management of people's medicines. These quality assurance activities had resulted in improvements in the service. These included significant developments in staff training, to better reflect people's current care and support needs, and the introduction of a new programme to help people maintain their mobility.