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High Hurlands Community Homes

Inspection report

Gentles Lane
Passfield
Liphook
Hampshire
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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 09 August 2018 and was unannounced which meant the staff and provider did not know we would be visiting.

High Hurlands Community Homes is a collection of five individual cottages providing accommodation and support for 15 people with a learning disability, some of whom also have physical disabilities, in a small village set in the countryside on the outskirts of Liphook in Hampshire. High Hurlands Community Homes are set in the grounds of High Hurlands Nursing Home which is a separate service operated by the same provider. The people living at the Community Homes had access to the facilities available at the nursing home, which included a sensory room, a hydro pool and specialist activity rooms.

At this inspection we found that evidence continued to support the overall rating of good, and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Policies, procedures and staff training were in place to protect people from avoidable harm and abuse. Staff had identified risks to people and these were managed safely. Recruitment processes were followed to ensure suitable staffing levels and the provider had thorough pre-employment checks in place to ensure staff were suitable to support people with a learning disability. Arrangements were in place to receive, record, store and administer medicines safely and securely.

People were cared for by staff who had received comprehensive training, support and supervision in their role. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People were supported to eat and drink sufficiently for their needs. Staff supported people to see a range of healthcare professionals in order to maintain good health and wellbeing.

Staff treated people with kindness and compassion. Staff supported people to make choices about their lives. Staff treated people with respect and upheld their dignity and human rights when delivering their care.

People had a comprehensive assessment of their support needs and guidelines were produced for staff about how to meet their individual needs and preferences. Support plans were reviewed with people and their families and relevant changes made where needed. Staff encouraged people to be as independent as possible. Activities that were appropriate to each person were offered and encouraged. Processes were in place to enable people to make complaints and these were responded to appropriately.

The provider had effective governance processes in place. People, their families, staff and professionals were encouraged to be actively involved in the development and continuous improvement of the home. The provider had robust quality assurance systems which operated across all levels of the service. Staff had

worked effectively in partnership with other agencies such as social workers, occupational therapists, physiotherapists, GP's, and pharmacies to promote positive outcomes for people.

The service was last inspected in May 2016 where one breach of regulations was found.

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 has improved to Good.

People were safeguarded from the risk of abuse and risks to people had been identified, assessed and managed to ensure their safety.

The provider operated robust recruitment practices and there were sufficient staff.

People received their medicines safely.

People were protected from the risk of acquiring an infection during the provision of their care.

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 Hurlands Community Homes

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 09 August 2018 and was unannounced. The inspection was carried out by two inspectors.

Before the inspection we reviewed information we had about the service, this included previous inspection reports and notifications the provider sent to us. A notification is information about important events which the provider is required to tell us about by law. Before the inspection, the provider completed a Provider Information Return. 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.

During the inspection we spoke with four care staff, the training manager, an external professional and the registered manager. Following the inspection we spoke with four relatives and received written feedback from two professionals. Not everyone was able to fully share with us their experiences of life at the service, therefore we spent time observing people receiving care and support from staff in communal areas.

We reviewed records which included eight people's care plans, five staff recruitment and supervision records, the provider's policies and procedures, incident reports, staff training records, staff rotas and quality assurance processes and procedures.

Is the service safe?

Our findings

Relatives and staff we spoke with felt people were safe living at High Hurlands Community Homes. One relative told us; "[Loved one] is well looked after and kept safe, staff are always with [loved one] to supervise and make sure no harm comes to [loved one]".

At our inspection of 31 May and 1 June 2016, we found the provider had failed to ensure there were robust recruitment processes. Staff had not always provided a full employment history. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection, the provider sent us an action plan informing us they would meet regulatory requirements by the end of July 2016. At this inspection we found the requirements of this regulation had been met. Staff records reviewed contained staff's full employment history Other checks included a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff were required to provide suitable references which we were shown evidence of; staff's identity had been checked and their right to work in the UK where required. The provider operated thorough recruitment processes to ensure suitable staff were recruited.

There were sufficient staff to support people safely in the home and take them to activities and external health appointments. Staff told us their workload was manageable, and we saw they could carry out their duties in a timely manner. One staff member told us they felt there were enough staff to meet people's needs. They said, "Yes, it's almost one to one really. We have enough time to give people a good quality of life".

Policies, procedures and staff training were in place to protect people from risks including avoidable harm and abuse. Staff were knowledgeable about the types of abuse and associated risks, and of how to report concerns should they have any. Staff were confident they would be able to raise any concerns, which would be handled effectively by the registered manager.

Risks to people in relation to their personal care, health, mobility, risk of falls, skin integrity, continence, moving and handling and from their environment had been assessed. Where risks had been identified, measures were in place to minimise them, such as the use of walking aids. One person required specialist footwear to support their ankles and prevent rolling, staff ensured these were fitted correctly and when needed.

We noted there were Personal Emergency Evacuation Plans (PEEP) in care plans, which outlined how people could be evacuated or kept safe in the event of an emergency, such as in the event of a fire or flood.

Arrangements were in place to receive, record, store and administer medicines safely and securely. People's medicines were administered by staff who had undertaken the relevant training to enable them to do so safely, for example; to support people when they were experiencing an epileptic seizure. Staff's competency to administer people's medicines had been assessed annually to ensure continuity of knowledge and skills.

Processes, procedures and staff training were in place to protect people from the risk of acquiring an infection. Staff understood their responsibilities in relation to infection control and followed the guidance provided. We noted the provider put preventative measures in place where necessary, for example, ensuring the adequate provision of personal protective equipment (PPE) for staff, such as gowns and gloves. These processes were overseen by the provider's Health and Safety and Infection Control committee. We looked at the minutes of the latest meeting of this group and noted there were clear lines of accountability and responsibility in place.

Is the service effective?

Our findings

Relatives and staff told us that the service was effective. One relative told us, "Staff are great and know what [loved one] wants and needs". One staff member told us; "the training is great, the provider is helping me to access further qualifications".

People received a comprehensive assessment of their support needs and from this a detailed care plan was created. Care plans included 'Hospital Passports' which contained up to date facts about people if they needed to attend hospital. This ensured that information about people's needs and support was available to other healthcare professionals to ensure continuity of care. We noted communication preferences were detailed in people's care plans. Staff told us they spent time reading people's support plans to enable them to provide people's care effectively.

New staff undertook a comprehensive induction programme delivered by the training manager which was mapped to the Care Certificate standards. The Care Certificate is the industry standard which staff working in adult social care need to meet before they can safely work unsupervised. Staff's competence was assessed by the registered manager regularly as well as assessed and discussed in regular supervisions. Additional training modules had recently been introduced which included e-learning. The training manager was in the process of securing some extra funding to enable the staff to access further qualifications.

People's records identified if they required support with their meals or drinks as well as their food and drink preferences. People's care plans reflected the high level of staff awareness of the importance of good nutrition and hydration. They contained information and advice for staff on healthy living. Records we reviewed showed the subject was frequently raised in care review meetings. There was detailed guidance for staff, including if a person had a choking risk or required food prepared in a certain way for example; food with a softer consistency.

People saw a variety of health professionals both within the homes and externally. Health meetings were held with the clinical lead to discuss any health concerns or changes and how best to manage these. The clinical lead was also available to support and advise staff when needed.

The provider worked closely with a variety of health and social care professionals such as social workers, GP's, dentist, dieticians, speech and language therapists, physiotherapists, a neurologist and occupational therapists. People's health care needs were well supported. Support was given to access appointments with regards to transport.

Adaptations had been made to the buildings to accommodate the needs of people. There was ample space for wheelchairs to be able to move without restrictions and bedrooms had been personalised with people's preferred décor and content including personal belongings. In communal areas there were statues and art and craft that people had made. There were also photographs of people, activities and holidays they had attended.

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 (MCA) 2005. The procedures for this in care homes are called the Deprivation of Liberty Safeguards. The registered manager and staff were appropriately trained and understood their responsibilities under the MCA 2005. The registered manager had applied for authorisation under the safeguards where they considered a person might be deprived of their liberty. Processes were in place to ensure people received their care and risks to them were managed in the least restrictive manner possible.

Is the service caring?

Our findings

Relatives and staff were consistently positive about the quality of care in the service. One relative told us; "the staff are so lovely, they really do care and treat [loved one] with kindness". One staff member told us; "I love working here. We get to be a big part of their lives and can make a real difference".

Staff knew the people they cared for very well and people appeared relaxed and happy in their company. Staff did not rush people with their care, and were sensitive to people's moods and intervened to ensure people received the emotional support they required. We observed one staff member calmly speak with a person who became anxious and distressed, the staff member knew what the person needed to reassure and calm them, the person trusted them. One staff member told us; "I love working here. We get to be a big part of their lives and can make a real difference".

Some people used Makaton, which is a sign language used by people with a learning disability and staff used this or an adapted version of this to communicate with people. People were supported to use pictorial symbols and planners to communicate and these enabled them to understand and respond to information given. Staff were provided with guidance about what people's non-verbal communications might mean and demonstrated a good understanding of people's vocalisations, gestures and eye movements. Records of contact with family members were kept. The provider also held six monthly care reviews, attended by staff, people and their parents, representatives or advocates. We noted care plans were altered when necessary to reflect the content of these meetings. Where a person was limited to be able to have an input in their care planning, relatives were involved in decisions about the person's care.

Staff were discrete and sensitive when helping people with personal care. One staff member told us "I will always knock before entering a person's room". Staff promoted people's independence and consistently provided people with explanations to make them aware of what was happening and alleviate any anxiety they may have. For example, we observed one staff member assisting a person with a visual impairment to eat. The staff member explained what the food was and when they were going to put the spoon in the persons hand. People where possible were encouraged to be independent.

Is the service responsive?

Our findings

Relatives and staff told us the service was responsive to people's needs. One relative told us; "[loved one] has a care plan which we are involved in which has detailed information of what [loved ones] needs". One staff member told us; "I would not hesitate to recommend High Hurlands to someone who is looking for a placement for a family member". Relatives were also clear about the pathway they had to follow for any issues to be resolved with regards to concerns or complaints.

People's choices and preferences were documented in their care plans. We noted there were extensive personal and social histories contained within them, it was possible to 'see the person' in people's care plans. The care staff we spoke with were extremely knowledgeable about the people they were caring for. The daily records we looked at were person centred; an insight into people's daily lives could be obtained by reading them.

In term time there was a day programme running at the service which included individual programmes to meet people's needs. Daily activities included use of High Hurland's facilities including the sensory room, pottery room, art room and hydrotherapy pool. Other activities included trips to museums, to the beach, bowling, the theatre and cooking. Many of these activities were available outside of term time also. People were supported to live full, interesting and active lives. People living in the service regularly went on holidays at specialist facilities who could cater for the needs of people with a learning disability.

The complaints procedure was available for all to view in communal areas. It contained information about how and to whom people and representatives should make a formal complaint. There were also contact details for external agencies, such as the Local Government Ombudsman should people want to contact them. We looked at how the provider managed complaints. The staff we spoke with were clear about their responsibilities in the management of complaints. We examined the provider's complaints log. We noted there had been no formal complaints in the past year.

Is the service well-led?

Our findings

Relatives and staff consistently stated that the service was well led. One Relative left feedback through the satisfaction survey saying, "The quality of care provided by staff has been maintained at the highest level for 20 years". Another relative stated, "I am particularly grateful that [loved one] resides within such an exemplary organisation". One staff member told us; "I wouldn't work anywhere else. Everyone is so friendly and approachable and the example is set by the senior staff."

The provider had a clear vision to deliver personal and individual care in the home, support was based on the organisation's values of empowerment, independence, choice, privacy, dignity, rights, fulfilment, security, privacy, inclusivity and diversity. We observed staff members following these values within their day-to-day work to a high standard. There was a positive culture within the staff team which helped achieve good outcomes for people. Staff told us they enjoyed working at the service, felt well supported and that the registered manager operated an 'open door' policy, which enabled them to raise any issues or concerns they may have.

There was a clear governance framework in place, and individual responsibilities were clear and understood. The registered manager was supported by a team, which included a recently appointed general manager, training manager, clinical lead, administrator and care staff. The provider also had a strong presence and supporting role.

People and staff were engaged with the service in a variety of ways. People and their relatives were sent six-monthly questionnaires to gather feedback on the service and identify areas for improvement. People were also able to meet with the registered manager to discuss any issues. Some comments from the survey included. 'The individual and personalised care that is provided to the residents is amazing'. Another read 'I believe the quality of care here is of an extremely high standard.'

Staff attended regular staff meetings and supervisions to express their views or discuss any concerns they may have. The provider also asked staff to complete satisfaction surveys to gain feedback on how they could improve as an employer. There was an 89% positive response. When we asked staff if they felt the service was well led one response was, "I think it's a great place to work. The managers and owners really look after the staff". Another staff member told us, "I wouldn't work anywhere else. Everyone is so friendly and approachable and the example is set by the senior staff."

There were robust processes in place to monitor and assess the quality of the service provided. In addition to questionnaires and meetings to seek people's views, there were regular reviews of people's care records to identify any areas that required attention. People's medicines administration records were audited regularly and any required improvement actions taken. The registered manager carried out regular analysis of any incidents to identify any trends such as in relation to medicines and where issues had been identified, such as a person taking a tablet out of their mouth and, action had been taken for people. Staff training, supervision and appraisals were monitored to ensure they were up to date.

The service worked in partnership with professionals from different agencies such as; social workers, occupational therapists, physiotherapists, GP's, and pharmacies to ensure people's needs were being met.