St Martins Housing Trust

Highwater 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

This inspection took place on 11 February 2016 and was unannounced.

Highwater House is a residential care home that can accommodate up to 22 people who have been homeless or are at risk of being homeless. People also have a mental health disorder and a drug and/or alcohol dependency. It does not provide nursing care and is one of the two residential care homes that are owned and operated by St Martin's Housing Trust.

There was a registered manager in post. 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 protected from harm by staff who understood the importance of preventing, recognising and reporting potential signs of abuse.

Risks to people in all areas of their lives were identified when they started using the service and were regularly reviewed to ensure that the management of the risk remained appropriate.

People were supported by staff who were well training and competent. They had undergone the appropriate recruitment checks to ensure they were safe to work in health and social care. There were consistently enough staff to meet people's needs and keep them safe. The service also had plans in place to further develop staff's skills and knowledge.

People received their medicine when they needed it and the service managed medicines safely and appropriately.

The Care Quality Commission is required to monitor the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and report on what we find. People were not being deprived of their liberty unlawfully. Staff understood about people's capacity to consent to care and had a good understanding of the MCA and DoLS which they put into practice. At the time of our inspection none of the people living at Highwater house were subject to DoLS.

People living in the home were supported to have enough to eat and drink and they were supported to make choices about what they ate and how they lived their lives

People living in the home were registered with local health services and were supported to attend any necessary health appointments.

People benefited from a staff team who were motivated, worked well as a team and felt supported. Staff were happy in their work and supported people with kindness, compassion and thoughtfulness. Staff had good knowledge of the people they supported and they maintained people's independence and dignity whilst encouraging choice. Staff supported people in their likes and dislikes and people were encouraged to be involved in decisions around the care and support they received.

People's plans of care were developed around the individual. Care plans gave staff full and clear guidance on how people wished to be supported. People's developing needs were regularly assessed and the plans updated accordingly.

The service had an open, supportive and transparent culture and people felt they were listened to. People's views and feedback was encouraged in order to improve and develop the service. Suggestions were listened to and actioned where appropriate.

Regular audits were completed effectively and contributed to the development of the service.

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.

Staff understood the importance of preventing, recognising and reporting abuse and how to report it.

Potential risks to people had been identified and assessed in order to protect people from avoidable harm.

There were enough staff to keep people safe and meet people's needs. Recruitment processes ensured that the staff employed were safe and suitable to work in care.

People received their medication in a safe manner and as prescribed.
Medication was appropriately managed, stored and disposed of.

Is the service effective?

Good

The service was effective.

People were cared for by trained staff who demonstrated the appropriate skills and knowledge required.

Staff assisted people in a way that protected their human rights. Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People had sufficient amounts to eat and drink and chose what food and drink they wanted.

People were supported to maintain their health and wellbeing and had access to a variety of healthcare professionals when needed.

Is the service caring?

Good

The service was caring.

People were supported by thoughtful, compassionate and

attentive staff who knew them well.

Staff supported people in a way that maintained their dignity, respect and privacy.

Staff involved people in decisions about their care and support

Is the service responsive?

Good

The service was responsive

Assessments were completed prior to admission, to ensure people's needs could be met and people were involved in planning their care.

People were able to choose what they wanted to do and where they wanted to spend their time.

People were able to voice their concerns or make a complaint if needed and were listened to with appropriate responses and action taken where possible.

Is the service well-led?

Good

The service was well led.

People received continuity in their care due to staff working in a coordinated and organised way.

The service had an open approach that encouraged people to become involved in its development.

The registered manager was well supported in their role by the provider in terms of resources and supervision.

There were a number of systems in place to ensure that the quality of the service provided was regularly monitored.

Highwater 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 February 2016 and was unannounced. Our visit was carried out by one inspector and one specialist advisor.

Before we carried out the inspection we reviewed the information we hold about the service. This included statutory notifications that had been sent to us in the last year. A statutory notification contains information about important events that affect people's safety, which the provider is required to send to us by law.

We contacted the local safeguarding team and the local authority quality assurance team for their views about the service. We also gained feedback from health and social care professionals prior to our visit. During our visit we spoke with the registered manager, the deputy manager and three members of the care staff.

We met with two people using the service who were able to tell us directly about the care they received.

We viewed the care records for two people. We also looked at records in relation to the management of the home including staff recruitment files, health & safety records, quality monitoring audits and staff training records.

Good

Our findings

The two people that we spoke with both told us that they felt safe at the home.

The staff we spoke with understood how to protect people from the risk of abuse. They told us that they felt confident to report any concerns about potential abuse to their manager and the relevant authorities. Staff we spoke with showed clear understanding of safeguarding procedures and who to report concerns to. They were well trained in recognising signs of abuse and avoidable harm. Staff told us that they received training in safeguarding and that the service adopted a positive approach to risk taking for people living at the home. Staff told us that people living at the home had experienced lifestyles that involved high levels of risk and had been vulnerable to abuse. Most of the people still lived with a high level of risk and staff worked with them to try to minimise the impact of the risk. They also clearly knew the people living in the home well enough to recognise any indications of abuse for instance they told us that they were aware of any changes in behaviours, mental health or the physical presentation of people.

The service had robust risk assessments in place. The care plans we viewed demonstrated that risks to people had been identified, assessed and were reviewed on a regular basis. Staff told us that risk assessments had been completed for people when they joined the service and that these were continually reviewed during the person's stay both with the person and by staff in discussion with each other. The service provided care to people who had multiple and complex needs. Risks to their health and welfare were being managed and mitigated by knowing them well, communicating as effectively as possible with them and other agencies and monitoring behaviours. For instance, to help people keep safe, the home had a 'wet lounge' where people could consume alcohol in a safe environment. Staff also carried out welfare checks twice each day with people and communicated very effectively with each other regarding any concerns that they had about people's welfare. For instance, the chef that we spoke with told us that they noted any changes in the eating habits of people and communicated this to care staff.

The service maintained strong links with all services relevant to people living at the home including the police, mental health services, drug and alcohol treatment services and homelessness services. The registered manager told us that they considered it vital to maintain these links to provide local intelligence to support their risk management.

There were sufficient numbers of staff available to meet the needs of the people who lived at the home. We were told that staffing numbers were determined by the needs and routines of the people living there at any particular time. We saw staff rotas which showed adequate numbers of staff were present for all parts of the

day. The registered manager told us that they did not use a specific dependency tool but knew how many staff were needed at any particular time.

Staff were very visible in the unit at the time of our inspection. They were aware of people's needs and how to approach them. One person told us that staff were always available and " this place changed my life, I'd be on the streets". This person also told us that they would want to stay living at the home until the end of their life.

We looked at the files for two staff which showed that good recruitment practices had been used. For instance, police checks had been carried out and there were photocopies of identification documents and references.

Administration of medicines was safe. We saw records that demonstrated how stocks of medicines and their administration were regularly audited and they were kept safely and secure.

We observed staff administering medicines to people living at the home. This administration was carried out safely in a purpose built clinic room away from other people by two members of staff. They carried out quality control checks at every medicines administration to ensure accuracy of the records and identify errors as quickly as possible.

We saw records of medicines administration. All the records were appropriately signed and dated and had all the relevant information available on them. Controlled medicines were stored appropriately and were administered by two staff at all times in accordance with current legislation. The registered manager told us that they audited the medicines records every day to make sure that people received their medicines when they needed them.

Good

Our findings

The staff records that we saw showed that training was high priority in this service. Staff had received extensive training in a wide range of topics. Topics covered included managing challenging behaviour, risk assessment, principles of care and the Mental Capacity Act 2005.

Staff told us that they received annual care training and training relevant to the needs of people living at the home. Staff were able to ask for additional specific training in areas that interested them for instance, counselling. Staff told us that they received an annual appraisal and supervisions every three months. They said that the registered manager had an open door policy where they could raise any issues or concerns they had.

The staff we spoke with were very aware of the needs of the people living at the home. Staff told us how they monitored the habits and presentation of people. They did this to reduce risks to their safety and to de-escalate challenging and disruptive behaviours that could impact on the individual, other people or staff. The care plans showed details of the likely triggers and strategies to assist people when they became upset or distressed.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In the care plans that we looked at, we saw evidence of how consent was given by people. We were told that no one at the home was subject to Deprivation of Liberty Safeguards (DoLS) at the time of our visit. The service monitored people's capacity to ensure that they were able to make appropriate decisions and where needed, supported them to do so. Staff were aware of the principles of the MCA and the DoLS to ensure that people's human rights were protected.

People had access to sufficient food and drink to meet their needs and action was taken to make sure that people enjoyed their food. The chef told us that one person needed a nutritional supplement but didn't like

the taste of it. The chef offered to make a mousse using the supplement for the person. The person agreed to this and liked the result so was able to take the supplement in a form that they found more palatable.

People's food and drink intake was monitored by staff at the home to make sure that people received sufficient for their needs. The chef told us that they monitored what people ate and drank at every meal so that action could be taken when concerns were identified. We were told that catering staff had a book to record what people had to so that they could notice any change in eating habits. Any concerns were then reported to the care staff.

People had choices regarding what they ate and when they ate. The service was very aware of the nutritional risks for people with drug and alcohol dependencies. They prepared food according to people's needs and wishes. The chef told us that there was a three week rotating menu that was changed every few months. The chef talked to people to ascertain their likes and dislikes and catered for any allergies and other dietary requirements. There were regular residents meetings at which the food choices were discussed. The chef told us that people were very vocal about their choices of food and if any particular food was not liked then it was taken off the menu.

The service had strong links with local health services and ensured that people could access healthcare whenever they needed it. A chiropodist visited the home regularly. This service was described as a crucial element of people's health and care provision particularly those who lived with diabetes. People's medicines needs were regularly reviewed by the registered manager and a local GP who provided support to the service.

Good

Our findings

Care plans showed how some people had contributed to planning their care. People had been asked what level of support they needed and their preferences for various tasks that were to be delivered or carried out. The home was in the process of producing a new style of care plan and examples of these that we saw were very person centred. There was clear evidence that people had contributed to and signed their care plans which showed that they had been involved in compiling them. We were told that some people living at the home found it difficult to engage with this process and staff were respectful of these people's wishes. One person who we spoke to confirmed to us that they had been involved in planning their care provision and felt valued. Staff also worked in partnership with people's mental health professionals to form an accurate picture of the person's needs. We saw records of the assessments of people's needs and backgrounds that had been provided to the service by other services such as mental health support and drug and alcohol support agencies before they moved to the home. Staff used this information and gathered further information from people and observations of them to develop a person-centred care plan in partnership with them.

People told us that they felt confident that staff listened to them. One person told us that they felt valued and that they felt their opinion mattered. One person told us that their "problems are always listened to" and that staff are advocates for them. Another person told us that staff " can be helpful" and were helping them to get a flat.

The service was sensitive to individual people's preferences. For instance, everyone had the opportunity to have a cake with candles for their birthday. However, some of the people living in the home didn't enjoy the attention or for others birthdays invoked painful memories. The service discreetly found out from people their preferences and celebrated people's birthdays in accordance with their wishes.

Staff told us that if people wanted to move to independent living were supported to access the Under-1-Roof resource that offered facilities and courses designed to promote people's independence. Courses included cookery, IT, numeracy and literacy.

Staff treated people with respect, used their preferred name and adapted their approach to the needs of the person at any particular time. People told us that staff always knocked at the door before they entered their rooms. We saw how staff respected the privacy and wishes of the people living at the home by the way that they interacted with them. Some people had experienced a great deal of trauma before moving to the home and found it difficult to trust others. The staff acknowledged this and treated people accordingly until they

were more able to trust the staff.

People were enabled to live their lives how they wanted and develop their recovery at their own pace within the limits of the policies of the home, for instance the use of illicit drugs was not permitted at the home. Staff acknowledged the different needs of people and worked with them to develop a support plan for recovery if that was what the person wanted.

Good

Our findings

People received personalised care and were supported by staff who had good knowledge of their needs. The service adopted the Mental Health Recovery Star tool which enabled staff to support people to understand and evidence their current status and to plot their progress in areas such as managing mental health, physical health and self care, living skills and addictive behaviour. We saw evidence in people's care plans of how they had been involved in this process and how they had been supported by staff to identify areas that they wanted to improve and set appropriate goals. The person's progress was then reviewed every three months and the 'star' was replotted every six months. The outcome of this process was then included in the person's care plan.

People were supported to take part in activities that were meaningful to them. We saw that people were able to access the Under-1-Roof facility that adjoined the home. The Under-1-Roof service was an informal learning centre operated by the provider. It offered a range of leisure activities including film nights, break dancing and art classes. We were told that the resource was available to all people receiving a service from the provider. One person told us that they went to the activity centre where they could participate in a range of activities including a dance studio, cooking and arts and crafts. People were encouraged to use the activity centre to participate in pastimes and learn skills if they were working towards independence. There was also computer access available for people to use to learn new skills or contact those important to them via social media.

People were able to decide what they wanted to do and when. We were told that people living in the home were able to leave the home when they wanted.

The home also organised activities held within the community for people including theatre trips, shopping trips and the provider had their own holiday chalet on the coast. This was used regularly for people to stay for periods of time during the summer months. In the home itself there was a small gym and a drum kit. A member of staff played the drums and people were able to join in when they felt comfortable to do so. The chef told us that they organised barbecues at the home when the people living there requested them.

During our visit one person became distressed and upset as a result of an argument with another person living at the home. Staff acted quickly to diffuse the situation and to calm the person sensitively and effectively. The registered manager told us that staff do not use restraint techniques but rely on de-escalation techniques and knowing the people who live at the home very well as a means to diffuse challenging situations. Staff told us that they observed people's presentation and through knowing them

well could predict their mood state and any likely impact on other people living at the home. They were then able to support the person in the best way for them and other people. This could have been asking the person to leave the home or going with them to a quiet part of the home to discuss any issues that might have been affecting them.

We looked at the complaints log that was kept at the home. People's complaints were encouraged, recorded and investigated. Complaints were taken seriously and responded to appropriately.

Good

Our findings

The manager demonstrated good leadership. During our inspection, the manager was visible on the floor and staff confirmed that the manager had an 'open door' policy and that they were very approachable. Staff said that they could raise concerns without any fear of recriminations and that they would feel confident that they would be listened to. One member of staff told us that they would raise any concerns with the registered manager but if the concern was about the manager, then they would feel confident to go to higher management.

From our discussions with the manager, we found that they clearly knew every person living at the home very well. The manager confirmed that they were available to staff at the home and used their queries as learning opportunities by asking them how they would answer their own question before dispensing advice to them.

We saw evidence of how incidents and accidents were recorded and analysed. We were told that this was a difficult area to manage due to the issues experienced by people living at the home. For instance, assaults were rarely reported by people living at the home and any reports that were made were often withdrawn. The use of illicit drugs was not allowed in the home and so any incidences of this were considered to be a serious matter. We saw evidence where a person living at the home was found to be using illicit drugs. The person was spoken to and reminded that their behaviour contravened the rules of the home. The person was found to continue to use illicit drugs on the premises and was consequently evicted.

Staff told us that they received debriefing and excellent support following serious incidents such as verbal abuse or threats. Senior staff told us that they received excellent support from the manager and felt comfortable challenging the manager and each other to improve practice and the service. We observed a handover meeting where all staff at work met to discuss any issues from the outgoing shift. All staff took part in and contributed to this meeting. We saw that the staff worked well as a team to provide care to people that they needed.

People living at the home told us that they felt listened to and that their opinions were valued. We saw evidence that resident, staff and catering meetings were held monthly. Records of the minutes of these meetings showed that people were able to freely contribute their opinions on how the home was run and make suggestions on how to improve things. We also saw that suggestions that arose from meetings had been used to improve the service, for instance changes in the menu where people did not like a particular food that was being provided. We also saw records of surveys that sought the views of people, the last one

was carried out in June 2015. We saw that people's views of the service were listened to and acted on accordingly.

We saw some quality assurance systems used at the home. There was evidence that checks were carried out in areas such as health and safety, food, the premises and the environment. We were told that the manager carried out their own checks of medicines management and the premises every morning. There was no documentary evidence of this and we advised that the manager produced a checklist in future to evidence the checks that they made.
Staff told us that the manager modelled best practice and encouraged staff to develop areas of expertise.