

Headroomgate Limited

Headroomgate

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

About the service

Headroomgate is registered to provide personal care for 19 older people whose needs are associated with their mental health, ageing, physical disabilities, or dementia. The home is a large house with mainly single bedrooms on each floor. There are gardens and parking on site and the home is situated in a residential area, close to public transport. 18 people lived at Headroomgate when we inspected.

People's experience of using this service and what we found

People told us they felt they were looked after safely by the staff team. Staff assessed and managed avoidable risks so people were able to remain as independent as safely possible. Staff supported people with their medicines as prescribed. The registered manager had a thorough recruitment system and there were enough staff to meet people's care and support needs. The home was clean and staff practised good infection control.

People had enough food and drink and staff were familiar with their dietary and nutritional needs. Staff supported people to see healthcare professionals promptly to make sure their health and wellbeing needs were met. People were helped to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff assessed people's capacity to make decisions. The home was comfortable and suitable for people's needs. Staff had been trained, were supported and had the skills, knowledge and experience to provide good care.

The provider had a complaints policy and most people and their families felt able to discuss any concerns or complaints. Staff had assessed, were familiar with and reported on people's specific communication needs. People were supported to be involved in activities in house and in the local community. They could remain at Headroomgate, with familiar people to support them, when needing end of life care.

People told us they liked living at Headroomgate and were treated with respect and consideration. Staff were respectful and provided care that met people's diverse needs and preferences. People, and if appropriate their relatives, were involved in planning their care. They were encouraged to make choices and decisions.

People said staff involved them in decisions about the home such as the planning of meals and social events. The registered manager monitored the service to check on the quality and to make sure staff were providing good care. They understood and acted on legal obligations, including conditions of CQC registration and those of other organisations. They worked in partnership with other services and organisations to make sure they followed good practice and people in their care were safe.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection:

At the last inspection the service was rated good (published 15 September 2017).

Why we inspected

This was a planned inspection based on the rating at the last inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Headroomgate

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

The inspection team

This inspection was carried out by two inspectors 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.

Service and service type

Headroomgate is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did before inspection

We completed our planning tool and reviewed information we had received about the service since the last inspection. This included notifications we had received from the provider, about incidents that affected the health, safety and welfare of people supported by the service. We looked at previous inspection reports. We also sought feedback from partner agencies and health and social care professionals. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with six people who lived at Headroomgate and four relatives. We spoke with the registered manager, deputy manager, cook and three care staff.

To gather information, we looked at a variety of records. This included medicines records and parts of three people's care records. We also looked at other information related to the management of the service. We did this to ensure the management team had oversight of the service and they could respond to any concerns highlighted or lead in ongoing improvements. We walked around the building to check the home was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- People were protected from the risk of abuse and avoidable harm. They said they felt safe because there were always staff present and security of the house was good. Relatives told us they felt reassured, knowing their family member was safe and their needs were met.
- Senior staff completed risk assessments to make sure people were safe. Staff supported people to be as independent as possible, while keeping them safe from avoidable risks.
- Staff were trained in safeguarding vulnerable adults and knew what to do if they felt someone was being harmed or abused. They had arrangements in place to support people in emergency or unexpected situations.

Learning lessons when things go wrong

- Staff learnt from situations that did not go as well as planned. They reported and documented accidents, incidents and near misses. The registered manager reviewed and reflected with staff and took action where improvements were needed. This reduced the risks of similar incidents.
- The registered manager was aware of their responsibility to report any issues to the relevant external agencies and did so promptly.

Using medicines safely; Preventing and controlling infection

- Staff continued to manage medicines safely, as prescribed and in line with good practice guidance. Relatives told us, "A medication review, organised by the manager, proved to be invaluable to my [family member's] health." And, "[Family member] had their medication reviewed when they arrived at the home. What a change in them. Their mental health is lots better now."
- People supported, staff and visitors were protected from potential infection because staff were trained in and followed safe infection control practices. The home was clean and hygienic.

Staffing and recruitment

- Staff recruitment remained robust and safe. The registered manager made recruitment checks before any new staff member could work at the home.
- There were sufficient, suitably skilled and experienced staff to meet people's needs. People told us there were enough staff to provide the care they needed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

- The provider had made sure the home was maintained and suitable for people. Where people needed mobility equipment this was provided to meet their specific needs.
- Staff had encouraged people to personalise their bedrooms to their individual taste. One person said, "I can have my room as I choose."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The staff team worked closely and effectively with health and social care professionals. They were familiar with people's health conditions and gave them support to attend appointments and receive health care promptly. One person said they had a specific health condition. They told us, "The staff know my needs and take care of them for me. I don't have to worry."
- The registered manager worked in partnership with other health care professionals, sought guidance and support as needed and shared relevant information with the staff team.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff continued to provide people with sufficient food and drink and helped people to have appropriate nutritional care and support. People told us the food was excellent and they got plenty of choice. One person told us "I enjoy most of my meals. The kitchen staff are very obliging. If we don't like the meal on offer they will offer you an alternative." Another person said, "The food is excellent. We get plenty of choice."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff support: induction, training, skills and experience

- Staff completed informative assessments that assisted staff in providing the right care. They encouraged people to be involved in this.
- Staff completed training in care to help develop their skills and knowledge. People told us staff were capable and competent. The staff team had frequent training, supervision, appraisal and staff meetings, to help them provide suitable care. One staff member said, "I think we are well trained and new training is always on offer."
- Staff applied learning effectively in line with best practice. This helped them to provide care that met people's needs.

Ensuring consent to care and treatment in line with law and guidance

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 care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager had made applications for DoLS where people did not have capacity and restrictions were placed upon them for their safety. Staff met any conditions where DoLS had been authorised.

- People had been asked for their consent to decisions where they were able to give this. Where people were unable to make a particular decision, relevant people were involved in best interests' decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff continued to be knowledgeable and respectful of people's rights, differences and diverse needs which helped them provide the right support. Relatives told us about staff taking their family member's needs and wishes into account. Comments included, "My [family member] has complex needs, but the home has cared for [them] impeccably." And, "Going to Mass is very important to my [family member's] life. The home has made visits to church easy and on a regular basis."
- People told us staff were kind and considerate and treated them in a sensitive and caring way. One person said, "I could not ask for kinder staff. They are just great."

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people's privacy and dignity. One person told us, "Staff support me in a way so I can still keep my dignity. I think the staff go beyond caring for us." One person said, how important being well groomed was to them. They told us, "Staff make sure I have my hair, nails and even my make-up taken care of."
- Staff helped people to be as independent as they were able. They assessed risks with people, encouraged people to avoid risky behaviours and to remain safe.
- People's care records were kept securely, and their confidentiality respected.

Supporting people to express their views and be involved in making decisions about their care

- People said they were encouraged to say how they want to be cared for and with making decisions about their lives. One person said, "I feel in control of what happens to me." Staff involved relatives, where appropriate, in discussions about their family member's care.
- People were given information about advocacy services, and help to contact them if needed, so an independent person was able to act on their behalf, if needed.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff gave care that met people's needs, respected their choices and helped their wellbeing. One person said, "I feel my life is my own here. There is never any pressure to go to bed or get up to please the staff." A relative told us, "Staff spend time reading to [family member] from the bible and this gives great comfort."
- People were encouraged to socialise and family and friends were welcomed to the home. One person told us, "The company I have here is very important. I am never lonely. Being lonely is not good for us." Relatives told us they were always made to feel welcome.
- People said they had the opportunity to take part in social and leisure activities, in house and the local community. These helped meet people's social, spiritual and emotional needs One person said, "We go out on trips and [activities coordinator] is brilliant. She is always looking for new ideas. Her enthusiasm is infectious." Another person told us, "Staff always make time to sit and chat with us, so we don't feel all alone."
- People were involved in reviewing their care plans which were informative and person-centred. One person said, "I can always talk to the staff if I want to change anything." A relative commented, "We as a family couldn't ask for more. We always feel very involved in [family member's] care."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff were aware of the AIS. They made sure people with a disability or sensory loss were given information in a way they could understand.
- Staff understood each person's communication needs, including where people needed extra support with speech, hearing, sight or understanding. This information was written in people's care plans.

Improving care quality in response to complaints or concerns

- Complaints information was available for people and their representatives. People told us they were aware of how to complain if they were unhappy with any part of their care and support. They said they hadn't needed to make a formal complaint but any concerns raised were dealt with quickly and without any fuss.

End of life care and support

- Staff supported people at the end of life. They knew the importance of providing good quality end of life care and caring for people in their familiar surroundings with staff they knew.
- Staff had explored people's preferences and choices in relation to end of life care where people were willing to discuss this. These were recorded in their care plans.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager, provider and staff team were open and transparent. They knew people and their support needs well and encouraged them to make decisions about their care and support.
- The registered manager sought people's views through informal discussions, meetings and surveys. People said she was friendly, easy to talk to, listened and took action on any requests or concerns. This assisted in people's wellbeing. One person said, "We do lots of laughing here. I wouldn't want to live anywhere else."
- Staff told us they felt supported by the registered manager and this increased their enjoyment of work, which in turn made the home a happy place to be. They told us the registered manager encouraged and acted on ideas and suggestions. They said they could discuss ideas in staff supervision, handover and team meetings and informal chats.
- The registered manager and provider met their responsibilities to apologise to people and/or their relatives when mistakes were made and act on their duty of candour. They told us there had been no recent events that had required such a response.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clear staffing structure and lines of responsibility and accountability which people understood. The registered manager worked alongside the staff team and with people supported.
- The registered manager carried out audits on the quality of the service. If shortfalls were found, they promptly made improvements. They met with the provider frequently to keep them informed about the management of the home.
- The registered manager followed current and relevant legislation along with best practice guidelines. They understood legal obligations, including conditions of CQC registration and those of other organisations.

Continuous learning and improving care; Working in partnership with others

- The registered manager encouraged continuous learning and development within the service through meetings, discussions and training to ensure good outcomes for people. They looked at current legislation, standards and evidence-based guidance. Where improvements could be made, these were discussed and acted on.

- The registered manager had systems to check people had good care and were supported as they should be. They evaluated any accidents and incidents to see if lessons could be learned and to reduce risks of similar events.
- The registered manager maintained good working relationships with partner agencies. This included working with commissioners and health and social care professionals. They were involved in the local community and made sure people were part of this by using local shops and other facilities and getting to know neighbours.