South Tyneside MBC

Hagan Hall

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

This was an announced inspection which took place over two days, 2 and 3 June 2015. The last inspection took place on 6 November 2013. At that time, the service was meeting the regulations inspected.

Hagan Hall is registered with the Care Quality Commission for the regulated activity of personal care. It provides an on-site domiciliary care and support service to people who are tenants within the Hagan Hall sheltered housing scheme. The scheme has twenty four self-contained flats. At the time of inspection there were 18 people receiving the service.

Hagan Hall has a registered manager who is long standing. 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.

We found that people's care was delivered safely and in a way of their choosing. They were supported in a manner that reflected their wishes and supported them to remain as independent as possible.

People's medicines were managed well. Staff watched for potential side effects and sought medical advice as needed when people's conditions changed.

Summary of findings

We found the turnover of staff was low and staff felt they were well trained and encouraged to look for ways to improve their work. Staff felt valued and this was reflected in the way they talked about the service and the people they worked with.

Relatives and visitors were all complimentary of the service, and were included and involved by the staff and registered manager. They said their relatives could not be supported anywhere better and they had improved since using the service.

People were supported to maintain a healthy diet and have good nutrition. They were supported to lose weight if they wished or to access professional advice to maintain their health.

Staff were caring and often volunteered or did extra work within the service to improve the environment, and raise funds to buy things such as a vehicle for the service.

When people's needs changed staff took action, seeking external professional help and incorporating any changes into care plans and their working practices. Staff worked to support people's long term relationships and keep them involved in activities that mattered to them. Relatives thought that staff were open and transparent with them about issues and sought their advice and input regularly.

The registered manager was seen as a good leader, by both staff and people using the service. They were trusted and had created a strong sense of community in the service.

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?

Good

The service was safe. Staff knew how to act to keep people safe and prevent harm from occurring. The staff were confident they could raise any concerns about potential abuse or harm, and that these would be addressed to ensure people were protected from harm. People in the service felt safe and able to raise any concerns.

The staffing was organised to ensure people received appropriate support to meet their needs. Recruitment records demonstrated there were systems in place to ensure staff were suitable to work with vulnerable people.

People's medicines were managed well. Staff were trained and monitored to make sure people received their medicines as required.

Is the service effective?

Good

The service was effective. Staff received on-going support to ensure they carried out their role effectively. Formal induction and supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs. Staff attended the provider's training, as well as accessing local resources as required.

People were given support to shop for and prepare meals where this was needed and to maintain a healthy diet.

Arrangements were in place to request health and social care services to help keep people well. External professionals' advice was sought when needed.

Staff had an awareness and knowledge of the Mental Capacity Act 2005, which meant they could support people to make choices and decisions where they did not have capacity, or had fluctuating capacity.

Is the service caring?

Good

The service was caring. Care was provided with kindness and compassion. People could make choices about how they wanted to be supported and staff listened to what they had to say.

People were treated with respect. Staff understood how to provide care in a dignified manner and respected people's right to privacy and choice.

The staff knew the care and support needs of people well and took an interest in people and their families to provide individualised care.

Is the service responsive?

Good

The service was responsive. People had their needs assessed and staff knew how to support people in a caring and sensitive manner. The care records showed that changes were made in response to requests from people using the service and external professionals.

People who used the service and visitors were supported to take part in recreational and social activities in the scheme and the community.

People could raise any concerns and felt confident these would be addressed promptly.

Summary of findings

Is the service well-led?

Good

The service was well led. The service has a registered manager. There were systems in place to make sure the staff learnt from events such as accidents and incidents. This helped to reduce the risks to the people who used the service and helped the service to continually improve and develop.

The provider had notified us of any incidents that occurred as required.

People were able to comment on the service provided to influence service delivery.

The people, relatives and staff we spoke with all felt the manager was caring, approachable, responsive and person centred.

Hagan Hall

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 2 and 3 June 2015 and was announced. We gave the service 48 hours' notice as it is a domiciliary service and we needed to be sure people would be available. The visit was undertaken by an adult social care 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.

Before the inspection we reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also reviewed information the provider has sent to us about their service, called a Provider Information Return. We sent out questionnaires and one person who used the service, five staff and one external professional returned them.

During the visit we spoke with eight staff including the registered manager, five people who used the service and two relatives or visitors. We also spoke with one volunteer at the service. We observed interactions between people and the staff and the staff handover between shifts We also spoke with two external professionals who regularly visited the service.

Six care records were reviewed as was the staff training planner. Other records reviewed included, safeguarding adult's records and accidents/ incidents. We also reviewed complaints records, three staff recruitment/induction/ supervision and training files, and staff meeting minutes. The registered manager's action planning process was discussed with them as was learning from accident/ incident records.

Good

Is the service safe?

Our findings

People told us they felt safe living at Hagan Hall. One person told us “I feel safe here, I am secure and I don't have to worry”. Two relatives of people also told us, “We know X is safe and secure”, and, “The whole family knows X is safe here, we couldn't ask for better”.

Staff we spoke with felt that safeguarding or other safety issues would be dealt with if reported. All the staff we spoke with were aware of safeguarding adults and whistle-blowing procedures and felt confident to use these. They felt confident that the registered manager would respond quickly to any concerns they raised.

Records were available to record significant incidents that had occurred for individuals. These were detailed and showed appropriate actions had been taken and that other professionals were involved as necessary. For example, where one person had increased falls a referral had been made for physiotherapy advice to source adaptations and additional equipment. Staff told us about some people who were vulnerable to exploitation and self-neglect and how they took steps to reduce these risks. For example, by working with a person to reduce their alcohol consumption, whilst working on improving their self-esteem and self-care skills.

The service had regular checks in place for the environment for anything that could be harmful or hazardous, so that action could be taken to reduce any risks. The building had recently undergone renovations as part of the ‘Decent Homes’ initiative. We saw from records that accidents were recorded and there were systems in place to monitor accidents and act upon any concerns identified.

The grounds were secure and the building accessed via a door buzzer system. People’s own flats had a call bell system in place connected to the staff office and the on-call at night.

There was a documented plan for the service that identified steps to be taken in the event of an emergency situation. There was a system of audits in place to monitor the safety of the environment for people, staff and visitors.

We looked at staffing rota’s during the day and overnight. We saw there were timed visits to each person’s flat to provide planned care, and that staff were also available to respond flexibly to any urgent needs. Staffing was available to support people to go on activities outside the service, such as shopping or medical appointments. At night, staff either slept in the service or were on call and lived nearby to respond quickly to any emergencies. Staff we spoke with all felt there were enough staff, and feedback from people and the service’s survey showed that people felt supported throughout the day and night.

We looked at the staff recruitment process. We looked at three recruitment files; these showed us that the provider followed a consistent process of application, interview, references and police checks when appointing new staff. Staff we spoke with told us they had been subject to application checks and had gone through an induction period. Most of the staff were long standing and there had been no recruitment in the last year.

From records we could see evidence that the registered manager took action to manage issues between staff members that might affect their performance and took positive action with staff to improve their performance where necessary. Staff we spoke with all felt the registered manager was firm, but fair in their approach.

We saw that people were supported individually with their medicines. People were encouraged to self-medicate and maintain their own well-being. One person told us, “I have my medications in a box, they come and remind me”. Where there were concerns, risk assessments identified how the staff were to support the person, whilst maintaining their independence. Staff we spoke with had all been trained in safe handling of medicines, and were aware of each person’s medicines and possible side effects. Staff completed additional medicines records in the office as well as the copy which each person kept in their flat. These records were audited by suitably trained staff to ensure people received their medicines safely.

We saw staff cleaning communal areas and they told us there were schedules in place to make sure all areas of the service were kept clean. Staff wore appropriate gloves or clothing when they were cleaning or assisting with personal care. People were supported to keep their flats clean, and this varied from prompting to physical assistance. Staff told us they had recently attending training on working with people who hoard possessions. They told us this had been

Good

Is the service safe?

useful in assisting people to reduce this behaviour. We saw that people who needed support with laundry and keeping themselves and their flats clean had clear care plans in place with the persons consent.

Good

Is the service effective?

Our findings

People at Hagan Hall told us they felt the service was effective. People told us, "I did my care plan with them, they wrote it all down though, I don't write well". Another person told us, "As I have memory loss they (the carers) have all my appointments in the office and remind me when I have to go, they come with me when I go". Relatives also felt the service was effective at meeting their family member's needs. One told us, "We were consulted about X's care plan, they ring us if X wants anything or they are worried". Another relative told us, "The meals are great, we do X's lunches but they do all the other meals. You can see how thin X is, they got the dietician in and the staff are on top of it with intake charts and stuff. They do X's medication for them".

We saw from records that people had access to support from health care professionals including GP's, district nurses, physiotherapy, and speech and language. One person told us, "I go to the doctors but they take me in the van and they come with me if it is anything important. I have fits you see, they are so good to me. I wouldn't manage on my own, but it's great here". We could see that people were encouraged and supported to access community health care support as they needed. We saw people had aids and equipment to help them move safely around the scheme.

From records of staff induction we could see that all staff went through a common induction process. We could see that all staff had attended mandatory training such as fire safety. The registered manager kept a record of all staff showing when refresher training was needed. From information provided we saw that staff also attended specialist training to meet the changing needs of people. Examples included working with people who use drugs and alcohol, oral healthcare and hoarding and self-neglect. Staff told us they could ask for additional training and it would then often be rolled out across the staff team to ensure a consistent approach. All staff were trained to a minimum level of National Vocational Qualification level two.

All staff were regularly supervised by senior staff and records showed us these included discussions about the needs of people as well as the performance and training needs of staff. Staff had an annual appraisal and were given feedback on their performance, as well as advice about external training that they could access. Records we looked at showed that supervision included discussion about how to improve the service as well as effective feedback on changes in the service delivery. Staff we spoke with about supervision all felt this helped them deliver a better service.

Records and minutes of staff meetings were looked at. These showed that staff were consulted and updated on changes in the service that affected the safety and well-being of people and staff. We could also see discussion coming from staff suggestions about how to improve the service further. For example about access to the scheme's garden area so people could more easily access the outside spaces.

Each person's care records had a consent form and this was signed by the person or, if they were not able, by their relative or representative. We saw that people who had court appointed deputies or lasting powers of attorney were still involved in decisions about their care where possible, and that their deputies were consulted appropriately by the service. There were records of advance decisions in people's care plans to ensure the individual's wishes about their future care were taken into account.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). These safeguards are part of the Mental Capacity Act 2005. They are a legal process followed to ensure that people are looked after in a way that does not inappropriately restrict their freedom. From talking with the registered manager and staff we could see that they had considered if this applied to any of the people using the service. No one was subject to a deprivation of liberty, but staff knew when a referral for assessment maybe required through the Court of Protection for approval. Where there had been concerns about peoples mental capacity to make certain decisions, their capacity had been assessed and external advice and advocacy sought when needed.

People were supported to shop, store food safely and prepare their own meals in their flats. We also saw that a daily meal was prepared in the scheme's communal kitchen area in order to offer choice if people did not want to cook or eat alone. All the people and relatives/visitors we spoke with mentioned this as a positive event. One relative told us, "X normally has their evening meal from them. We can't take X out on a Friday because they would miss fish and chips here. X stopped eating properly a little while ago

Good

Is the service effective?

and they changed their care plan and they check them now at mealtimes and prompt them to eat and drink". One person also told us, "I get my meals here, so nice and I get a choice. Sometimes I microwave a meal for myself if I want". We saw from records that where there were concerns about people's eating and drinking, referrals were made to healthcare professionals such as dieticians and their advice was added to care plans.

We saw evidence of good collaboration between the service and the local GP and community health professionals. We saw that people were supported to access these services by staff reminding them and supporting them to attend appointments. A community health professional we spoke with told us they found the staff pro-active and caring towards the people living at Hagan Hall.

The premises had recently undergone renovations as part of the 'Decent Homes' initiative. We saw that all the communal areas had been re-decorated with information for people available on a large screen television. There was a large communal lounge area, communal kitchen area and a conservatory area. There was a communal computer available for people. The building had a lift, and access to some communal garden areas which had been improved by staff to develop their appearance.

Good

Is the service caring?

Our findings

People told us that their care and support was delivered in a caring manner. One person told us, “I couldn't ask for better”, another said, “The girls (staff) are great, I don't know how they cope, they are so kind”. People told us how the staff took time to be with them. One said, “I have no contact with my family but they (staff) look after me. I have a good craic (chat) with everyone here, the other folk, but the girls (staff) are good, I couldn't ask for more”. Relatives we spoke with also agreed, one told us, “They are so good with X, the girls (staff) are grand”, another told us, “X likes just to sit now and remember the past but the girls come in and check on X, so good to them”.

We saw from records that some of the people using the service had come from problematic and isolated situations and had lost contact with friends and families in their past. From talking to people and their families we could see how the staff had assisted them to have more stable lives and feel part of their family or community. One person told us, “They are lovely, they do everything for me, they are so nice, I am so much better here, and my relatives come and see me when they want”. Staff also engaged with the local community, through fundraising and other events where the public were invited into the scheme. The staff team also volunteered at the service outside of their working hours to help organise and plan these activities. Whilst we were carrying out our inspection a new mini-bus was delivered to the scheme; the staff and people had fund raised to pay for this vehicle.

During the inspection staff acted in a professional and friendly manner, treating people with dignity and respect.

We observed people and staff talking to each other in a positive way. Staff talked to us about people using positive language, focussing on what they could do for themselves, or had achieved, as well as the support they offered.

A one page profile of each person was available in their records which helped to identify people’s preferences in their daily lives, their hobbies, and important facts about their previous lives. This helped staff to be able to provide support in an individualised way that respected people’s wishes. Staff we spoke with knew the details of people’s past histories.

We saw information was provided for people to inform them about services available in the local area. Photographs and pictures of recent events held in the scheme were also displayed, as well as information for upcoming activities or events.

We saw records that staff and people met regularly to discuss the service. There was evidence that people using the service were able to make changes to how the service was run, and that the registered manager and staff always responded positively to these ideas. People we spoke with said these meetings helped make the scheme more of a community and helped with social and fundraising activities.

Feedback from questionnaires we sent to people showed that the respondents were introduced to staff before they provided support. The respondent also said they were happy with the care they received and that staff treated them with dignity and respect.

We found that staff supported people to receive end of life care in their own home, and that people had made funeral plans with support from staff.

Good

Is the service responsive?

Our findings

People told us the service was responsive. One person told us, “I have fits; if I push my call button they are here pretty quick”. Relatives told us, “We are in contact with them (staff) all the time, they always ring us if X wants to tell us something, X is very deaf now so they communicate for them”. Another relative told us, “X has a good time here; they’ve got a better social life than I have. X was going down at home but now X has so many friends, I don't think they would still be here otherwise. We couldn't ask for better it’s champion, sometimes I think I should move in myself”. Relatives told us they felt welcomed and that they were consulted at all times, and if they asked for something to change, this happened quickly.

We looked at six people’s care records, including support plans about their care needs and choices. We saw the quality of recording was consistent and provided clear information about each individual. We saw that there were regular reviews of these care plans and that information from external professionals was added quickly. The records contained details about peoples past lives and gave the reader an insight into the person’s lifestyle and preferences.

Staff we spoke with knew people well. They could tell us about their past lives and their present care needs, as well as plans they had for the future.

People told us they helped to develop their care plans and had been consulted about how best to work with them. They told us they could choose what to do and knew how to complain if they were not happy. One person told us, “If I want I can just shut my door and not be bothered, but there are lots of things to do if you want. I would know how to complain if I had to, but I’ve never had to”.

Feedback from questionnaires we sent to people told us that they felt involved in decisions about their care and that the service involved other people they chose in important decisions. All respondents knew how to make a complaint and felt that staff responded well to complaints and concerns raised. The service had received three written compliments from people in the previous year. One complaint had been made and the registered manager had resolved this to the complainant’s satisfaction.

We talked with staff about activities, they told us about the daily meal offered by the service. Relatives told us about the gardens, the work that staff had undertaken (often in their own time) to improve the garden area for use by people and their visitors. We saw that staff fund-raised to pay for activities inside and outside the service, as well as funding for a vehicle for the service’s use.

Feedback from external professionals, both face to face and via questionnaires, was that the service acted on their advice and sought their input quickly when people’s needs changed. They told us staff were approachable and quick to think of new ways to meet people’s needs. One example was where a person was supported to lose weight and take exercise by dog walking.

Staff told us about a person who had been unwell and needed to go to hospital. They had been supporting them to seek medical assistance over a period of time before a final diagnosis was given. Whilst the person was in hospital staff visited them regularly and were working with professionals to adapt their care plan and environment in order that they could return home quickly. From talking to staff we could see they had gone the extra mile to make this happen and assist the person in their wish to remain in their own flat rather than move to alternative care accommodation.

Good

Is the service well-led?

Our findings

People told us that they trusted and appreciated the registered manager. One person told us, “The manager is so good and forward looking, always planning something new”. A relative told us, “They (the registered manager) tell us what’s happening and I know who to talk to when X needs me to ask something”. A staff member told us, “It’s a pleasure coming to work here with X in charge”.

The registered manager and their deputy reflected the values and ethos of the service, one of working with people’s individual needs and looking at practical ways to support people to improve their lives. All the staff we spoke with felt the registered manager was honest and thoughtful, suggesting ways to improve the scheme and the lives of the people using the service. Staff turnover was very low and staff felt this was because the registered manager kept them involved in how the service was developed and brought their skills into use.

We saw minutes of staff and tenant meetings. These clearly set out how the registered manager used the meetings to gather information about possible improvements and make changes to how the service was delivered. Staff told us, “(The registered manager) makes us a good team; we get on together, work as a team. We work hard, are good with the tenants and it’s a warm, friendly environment”.

Feedback from people during the inspection, and questionnaires, showed that everyone would feel able to raise any concerns, and felt the information they got from the service was clear and easy to understand.

We saw that the registered manager had a process of audits and checks across the service that included care planning and reviews of care. The provider had a series of regular visits by senior managers to check the service provision was meeting people’s needs. We saw records from these visits where good work was noted, and areas for improvement were followed up quickly by the registered manager. We saw that some of the people had been surveyed last year, and the registered manager was working on improving the response rate as the feedback was positive, but limited.

There was evidence in care plans and from talking to people and staff that the service worked well with families, and external professionals. Feedback from external professionals was that they felt the service was always trying to improve.