Health Personnel Limited

Gunnery Terrace

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 the 6 July 2017 and was announced. The provider was given 48 hours' notice because the location provides a supported living service that is run from an office location and we needed to be sure someone was there to facilitate our inspection. This was the first inspection of this service since it was registered with the Care Quality Commission. The service provided support with personal care in a supported living environment to 14 people with learning disabilities who lived in five different properties.

The service had a registered manager in place. 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.

There were enough staff working at the service to meet people's needs and robust staff recruitment procedures were in place. Appropriate safeguarding procedures were in place. Risk assessments provided information about how to support people in a safe manner. Medicines were managed in a safe way. Systems were in place to protect people from the risk of financial abuse.

Staff received on-going training to support them in their role. People were able to make choices for themselves and the service operated within the spirit of the Mental Capacity Act 2005. People told us they enjoyed the food. People were supported to access relevant health care professionals.

People told us they were treated with respect and that staff were caring. Staff had a good understanding of how to promote people's privacy, independence and dignity.

Care plans were in place which set out how to meet people's individual needs. Care plans were subject to regular review. People were supported to engage in various activities. The service had a complaints procedure in place and people knew how to make a complaint.

Staff and people spoke positively about the senior staff at the service. Quality assurance and monitoring systems were in place which included seeking the views of people who used 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. Appropriate safeguarding procedures were in place and staff understood their responsibility for reporting any safeguarding allegations.

Risk assessments were in place which provided information about how to support people in a safe manner.

The service had enough staff to support people in a safe manner and robust staff recruitment procedures were in place.

Medicines were managed in a safe manner.

Is the service effective?

Good

The service was effective. Staff undertook regular training to support them in their role. Staff had regular one to one supervision meetings.

People were able to make choices about their care and the service operated within the spirit of the Mental Capacity Act 2005.

People were able to choose what they ate and drank and they told us they liked the food.

People were supported to access relevant health care professionals if required.

Is the service caring?

Good

The service was caring. People told us they were treated with respect by staff and that staff were friendly and caring.

Staff had a good understanding of how to promote people's dignity, privacy and independence.

Is the service responsive?

Good

The service was responsive. Care plans were in place which set out how to meet people's needs in a personalised manner. Care plans were subject to regular review.

People were supported to engage in various activities in the home.

The service had a complaints procedure in place and people knew how to make a complaint.

Is the service well-led?

Good

The service was well-led. People and staff told us they found senior staff to be supportive and helpful. There was a registered manager in place.

Systems were in place for monitoring the quality of care and support at the service. Some of these included seeking the views of people using the service.

Gunnery Terrace

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 the 6 July 2017 and was announced. The provider was given 48 hours' notice because the location provides a supported living service that is run from an office location and we needed to be sure someone was there to facilitate our inspection. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we already held about this service. This included details of its registration and any notifications they had sent us. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority with responsibility for commissioning care from the service to seek their views.

During the inspection we spoke with three people who used the service and five members of staff. This included the registered manager, the team manager, a team leader and two care and support workers. We observed how staff interacted with people. We reviewed various documentation including four sets of care plans and risk assessments, staff recruitment, training and supervision records, medicines records, team meeting minutes, quality assurance systems and policies and procedures.

Good

Is the service safe?

Our findings

People told us they felt safe. One person replied, "Yeah" when asked if they felt safe with the staff support.

The service had a safeguarding adult's procedure in place. This made clear the services responsibility for reporting any allegations of abuse to the local authority and the Care Quality Commission. The service also had a whistleblowing policy in place which made clear staff had the right to whistle blow to outside agencies as appropriate. Records confirmed that allegations of abuse had been reported to relevant agencies. Staff had a good understanding of issues relating to safeguarding and had undertaken training in this area. They were knowledgeable about the different types of abuse that may occur in care settings and about their responsibility for reporting any allegations of abuse. One staff member told us if they suspected abuse, "I will let my manager know so that something can be done about it." Another staff member said, "I would let the manager know about it immediately."

Where the service held money on behalf of people there were systems in place to reduce the risk of financial abuse occurring. Monies were held in locked safes that only the senior member of staff on duty had access to. When monies were spent on behalf of people records and receipts were kept and two staff signed each time money was spent. The team manager carried out monthly audits of all financial transaction involving people's money and we saw records of these audits.

The service had a policy on supporting people with their finances which made clear staff were not allowed to accept gifts from people or be involved in helping people to draw up a will. However, the policy did not cover other areas that might lead to abuse. For example, there was no policy in place which explicitly set out that staff could not lend or borrow money from people or buy and sell goods with them. We discussed this with the registered manager who told us they would implement a policy which covered these areas to help protect people from the risk of abuse.

Risk assessments were in place for people. These assessed each risk people faced as either low medium or high and included information about how to manage and mitigate the risks people faced. Risk assessments were personalised to the risks individuals faced. For example, one person's risk assessment covered risks associated with the consumption of large quantities of fizzy drinks and a medical condition that the person had. Other risks covered included moving and handling, self-neglect, risk to others and risk faced whilst in the community.

Risk assessments were in place about supporting people who on occasions exhibited behaviours that challenged the service. These included indicators that the person was becoming distressed and strategies to support them. For example, the risk assessment for one person stated, "I like humour, this will de-escalate the situation sometimes. Listen, talk and communicate with me, but you need to do this in small chunks. Re-focus my attention and offer me choices, ask me if I want to go for a walk."

Staff had a good understanding about how to support people who exhibited behaviours that challenged the service. We observed one person becoming distressed and agitated and saw that the staff member reacted

quickly and was able to help the person to become calm in a sensitive and caring manner. Staff were able to explain the behaviours that people exhibited and how they worked to support the person overcome their anxiety in line with guidance in care plans.

People and staff told us there were enough staff to meet peoples assessed needs. Staff told us they had enough time to carry out all their duties. One member of staff said, "Presently there are enough staff." Another staff member said, "Oh yeah, more than enough staff."

Staff told us and records confirmed that the service carried out checks on prospective staff before they commenced working at the service. One staff member said, "I did references, I did DBS." DBS stands for Disclosure and Barring Service and is a check to see if staff have any criminal convictions that would make them unsuitable to work in a care setting. Records showed that various checks were carried out on prospective staff, including right to work in the UK, proof of identification, employment references and a record of past employment history. DBS checks were carried out on staff. For one person we saw that they did not have an up to date DBS check in place. The registered manager told us this was due to an administrative error on their part and that it was an 'oversight'. We noted that they carried out a DBS check on the relevant staff member during the course of our inspection.

Where the service supported people with medicines this was done with their consent. Staff undertook training before they were able to provide support with medicines and had a good understanding of what action to take if they made an error with medicines. Medicine administration record (MAR) charts were completed which provided details of the name, strength, dose and time of each medicine that was administered. Staff signed the MAR chart after they administered a medicine so there was a clear record of medicines given. The team manager carried out an audit of the MAR charts to ensure medicines were administered in a safe way and we saw records of these audits. We examined MAR charts and found that these had been completed accurately and they were up to date. This meant people received safe and appropriate support with taking their medicines.

Good

Is the service effective?

Our findings

Staff undertook an induction training programme on commencing work at the service. This involved classroom based training which covered first aid, health and safety, safeguarding adults, moving and handling and medicines administration. A staff member told us, "I did the mandatory training at my induction, basic care, manual handling, first aid, medication." New staff also spent time shadowing experienced staff which enabled them to learn how to meet the needs of individuals. Staff completed the Care Certificate as part of their induction. The Care Certificate is a training programme designed specifically for staff who are new to working in the care sector.

Staff told us they had access to on-going training. One staff member said, "I had moving and handling, health and safety, medicines, safeguarding and MCA training." The registered manager told us that staff were expected to undertake refresher training on an annual basis in a number of subjects. This included training about moving and handling, food hygiene, safeguarding adults, first aid and infection control. The training matrix showed that most training was up to date. Not all staff had undertaken training about the Mental Capacity Act 2005. The registered manager was aware of this shortfall and had plans to ensure all staff undertook this training in the near future.

Staff told us and records confirmed that they had regular one to one supervision with a senior member of staff. The registered manager told us that it was their expectation that staff received supervision every two months and records showed this was the case. A staff member said of their supervision, "They come and have a one to one with me. They talk about how I'm coping with the clients and if I think there are any improvements that can be made." Another staff member said, "I had one [supervision] on Monday. He asked about the wellbeing of the clients and the activities they do and if there is any training I need." Records showed supervision included discussions about people who used the service, any challenges staff had and progress they had made with their work objectives.

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 had signed consent forms to give permission to the service to carry out a number of activities. Each individual activity was consented to so the person was able to make choices about what they gave consent to. These included permission to administer first aid, to call for a GP if required and to enter the person's property to carry out agreed care duties. People also signed consent forms to agree to the service sharing information about the person with relevant parties such as the regulator of care services and health and social care professionals.

People told us they were able to make choices about their daily lives. One person said, "I choose my own clothes. I like my sandals [referring to their footwear during the inspection]." Another person said, "I can go

out on my own, I go to the shops." Staff told us how they supported people to make choices. One staff member said, "I will show them various options for food and clothes and they will touch the one they want." Care plans showed people were supported to make choices where they were able to. For example, the care plan for one person stated, "I am able to make small decisions for myself. For example, I can choose my own clothes and select items while out shopping. However, if I need to make more advanced decisions I will require family involvement."

The initial assessment of people's needs included a comprehensive list of different food types and recorded whether the person liked each one of these or not. People were able to choose what they ate and drank. One person said, "I choose [what I eat]." People said they enjoyed the food provided. One person described it as "nice". Another person said, "I like chips" and told us staff cooked them for her. Staff told us they gave people's choices about what they ate and drank. One staff member said, "I ask him 'what would you like for breakfast' and he will tell me.

People were supported to develop independent living skills with regard to cooking. This was covered in care plans. For example, the care plan for one person stated, "I am able to prepare simple snacks and meals for myself. I can use the microwave, toaster and simple stove based cooking. I need help to read information on food packaging." The care plan for another person stated, "[Person] is able to prepare light snacks but requires staff support to cook her main meals."

Records showed that people were supported to access health care professionals as appropriate. This included GP's, dentists, opticians and Ear Nose and Throat services. People told us the service supported them to make and attend medical appointments. One person said, "They help me with that [arranging medical appointments]." Care plans included information about medical conditions people had. This enabled staff to familiarise themselves with these conditions and how they impacted upon people so they were better able to support them.

Good

Is the service caring?

Our findings

People told us staff treated them well and that they were caring. One person said of a staff member, "She is nice, I like her." Another person described their support staff as "nice." A third person said staff were, "kind."

Care plans included information about people's life history, including where they grew up, their family and details of their education. This information was helpful to staff to be able to understand the person and to help the building of good relationships with people.

Care plans included information about supporting people with their communication needs. This included information about the person's verbal and physical communication, their listening skills, group interaction and one to one interaction. The care plan was personalised around the needs of the individual. For example, the care plan for one person stated, "[Person] requires information to be broken down into manageable chunks. It is important that he is given opportunities to show that he understands what is been said to him, as he will sometimes insist that he does understand but through further exploration it appears that he hasn't." The care plan for another person stated, [Person] is able to understand what most people say to her. However, staff need to speak with her in a slow, low calm voice for her to process and understand information."

The service sought to promote people's independence and care plans included information about this. For example, the care plan for one person stated, "[Person] is able to clean her teeth by herself and choose her own clothes. She is able to use the toilet independently but sometimes requires prompting to wash her hands after using the toilet. She is able to do her personal care independently but requires support when washing her hair to ensure that all the shampoo has been washed out." The care plan for a third person stated, "I am largely independent with my personal care but need some prompting and may need some support to wash my back and lower body area." Staff were aware of the importance of promoting people's independence. One staff member said, "Some of them just need prompting and they can do things for themselves." Another staff member told us, "Sometimes they can't do things properly so I will say 'can I help you with your back'." A third staff member said, "She can put the shoes on but we need to do the lace or buckle."

Staff had a good understanding of how to promote people's dignity and privacy and choice when supporting them with personal care. One staff member said, "I need to seek their consent and tell them what I am going to do. As I give the care I tell them as I go along what I am going to do." Another staff member said, "I make sure I close the curtains and the door [when providing support with personal care]." Another staff member said, "We wait outside when she is using the toilet and when she is finished she will call you in." A third member of staff said, "We make sure we do it [personal care] behind closed doors and the window blinds are closed."

The service sought to meet people's needs in relation to equality and diversity issues. Several people were supported to attend places of worship and one person was supported to buy and wear clothes that reflected their ethnic origin. Staff were knowledgeable about how to prepare traditional foods that people

liked. People were supported to maintain friends and relationships with others, including sexual relationships. We saw that people's sexual orientation was recorded as part of their initial assessment. The registered manager told us that none of the current service users identified as being LGBT.

Good

Is the service responsive?

Our findings

People told us they were satisfied with the service. One person said, "I am happy" while another person said, "Yes, I'm happy."

After receiving an initial referral either the registered manager or the team manager carried out an assessment of the person's needs to determine if the service was able to meet those needs. The registered manager told us this was a holistic process looking at all the person's needs and involving different relevant persons. The registered manager said, "If there is family involved or any advocates we invite them to the assessment." The registered manager told us they would refuse a placement if it was assessed as unsuitable and gave an example of where they had done so recently.

After it was agreed that the person would move in to the supported living scheme the service implemented a transition plan to facilitate a smooth move for the person. This involved the person visiting the service on several occasions gradually building up the length of the visits to include overnight and weekend visits. The transition plan also included coordinating with other agencies involved with the person. For example, if they attended college making sure transport arrangements were put in place so they were able to carry on attending college as soon as they started using the service. The registered manager told us that the people using the service were able to meet with the new person and express a view on their suitability and that people were able to change their mind about using the service after visiting it. Records showed a review meeting was held with the local authority and the person six weeks after they commenced using the service to check how things were progressing and if any changes were required.

Care plans were developed based on the initial assessment and on-going work with the person. People and relatives were able to be involved in developing care plans to help ensure they reflected what was important to the person and we saw people had signed their care plans to indicate they agreed with their contents. Care plans covered health needs, communication, medical history, decision making, personal care, finances and social activities.

The service supported people to take part in various activities. One person said, "I do ICT at college. Sometimes I go out to swimming and bowling." Another person said, "I like bowling" and told us staff took her. The registered manager told us and records confirmed that people were supported to participate in various activities. One person had unpaid employment at a bakery. Several people attended colleges and day services and the service supported people to engage in activities including dancing, choir, horse riding, bowling, the gym and the cinema.

The service had a complaints procedure in place. This included timescales for responding to any complaints received. However, it did not include accurate details about whom people could complain to if they were not satisfied with the response from the service. We discussed this with the registered manager who told us they would amend the policy accordingly. Records showed that complaints made had been dealt with in line with the complaints procedure and to the satisfaction of the person. For example, one person made a complaint that their bedroom was cold and a heater was subsequently purchased for their room. People

were provided with a copy of the complaints procedure and were aware of how to make a complaint. One person said they would "tell staff" if they were unhappy about anything.

The service kept records of compliments received from relatives and professionals. One relative wrote, "I would like to say how glad I am that [person] had such dedicated care for her last few months." A professional wrote, "Thank you to you and your team for the excellent support you gave to our mutual client. I was very impressed with the standard of individual bespoke care."

Good

Is the service well-led?

Our findings

The service had a registered manager in place. They were supported in the running of the service by a team manager and two administrative staff. In addition, each of the five houses were care was provided had a senior care worker in place. Staff spoke positively of the senior staff. One staff member said, "They are always there when we need them. They have the clients and staff at heart. They listen to us." Another staff member said, "[Team manager] is outstanding. He makes sure he knows what is going on with each service user. He is very helpful and approachable. He listens to your concerns and takes action." A third staff member said, "They [senior staff] are very supportive. They are easy to approach, they give advice on how to do things better."

The team leader carried out spot checks to ensure staff were providing appropriate support to people. A member of staff said, "They do spot checks with me. They come and see me working with the client to know how I am doing the job." Records showed that monthly spot checks were carried out with each staff member. The team leader told us, "The purpose of the spot checks is to determine if the staff are able to carry out their duties. I will speak with the service user to determine if they are happy with the support been given. Typically I check if staff are punctual, the client files are up to date. I also check that staff are wearing gloves when administering medicines."

An annual 'Review of Customer Care' was carried out with each person. This looked at how happy the person was with the service provided and if they wanted to make any changes. The review looked specifically at if people were supported to make choices and if staff respected those choices, if people feel staff listen to them, if people were happy with the activities provided and if the times that support was provided is right for the person.

The service employed an outside agency to carry out an annual survey of people, relatives, staff and professionals involved in supporting people. The report of the most recent survey was produced in December 2016. This sought the views of people on issues such as how involved they are in planning and choosing their care and how much their independence is promoted. The overall results of the survey were very positive with people indicating they were happy with the support provided. The service also employed an outside agency to carry out a health and safety audit to check care and support was provided in a safe manner.

Staff told us and records confirmed that the service held regular team meetings. One member of staff said, "We do have team meetings once a month. They want to know if we have any problems, any issues with the clients, everybody contributed." They told us that issues raised by staff were followed up on by management, for example the staff sleep-in quarters were made more comfortable. Another staff member said of team meetings, "We will discuss about the clients, about their appointments and about the service generally." A third member of staff said, "We talk about service users and what support we want from management."