

Dame Hannah Rogers Trust

Hannahwood Mews

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

Hannahwood Mews is a care home providing accommodation and support to young adults with significant physical disabilities and associated sensory, communication and learning difficulties. People who lived in the home required substantial nursing care and were highly depended on staff support.

The service is registered to provide support with accommodation and nursing care for a maximum of 14 people. Hannahwood Mews is located on the same site as Dame Hannah Rogers' school and is run by the Dame Hannah Rogers Trust which is a charity organisation supporting children and adults with physical and learning disabilities.

The home had a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This service was registered in March 2015 and this was its first inspection.

This inspection took place on 17 March 2017 and was unannounced. At the time of our inspection there were 8 people living in Hannahwood Mews. The service met people's different needs by offering full time nursing care and temporary respite care. People using the services had a range of needs. All the young adults who were living at Hannahwood Mews at the time of our inspection had learning disabilities and highly complex physical disabilities and healthcare needs. People living at the service were widely referred to by relatives, staff and the registered manager as 'young adults' and we have therefore used this on a number of occasions through the report.

Some comments made by relatives included "It is as caring as any residential establishment can be. All the staff are respectful towards [name of person] and his needs and all care is carried out with his needs and privacy in mind. The staff seem to know when [name of person] needs his own space or when he needs some extra care and this is provided" and "The service in the Mews is well run, caring and above all safe."

Strong values underpinned the work carried out at Hannahwood Transition. The Trust's mission statement was "Our mission is to empower, advocate and enrich the lives of children and adults with disabilities". Their core values included "Providing education, training, advocacy, work opportunities, care and other support services for children, young people and adults in needs, their families, carers and associated professionals".

The service achieved these values through the constant striving for excellence and improvement, through continually seeking people's views and enabling people to have happy lives filled with activities and the promoting of skills development. The service had cultivated a warm, welcoming and inclusive culture where people and staff felt encouraged to express themselves and share their views. All levels of staff focussed on

delivering a clear vision of working alongside people to enrich their lives.

The Trust worked hard to create strong links with the local community in order to increase awareness and integration. The Trust held strong values relating to providing people with disabilities with as many opportunities as possible in order to improve their lives. Every relative and healthcare professional we spoke with told us how impressed they were with the caring nature of the staff and their attitudes. They all spoke of the staff with high admiration and praised them for the caring ways in which they supported people. Staff told us that being caring and kind was a fundamental requirement of their job and was their focus. During our inspection we saw positive and caring interactions between people and staff. Staff knew people's needs, preferences, likes and dislikes and spoke about people with respect and admiration.

The Trust and Hannahwood Mews worked hard to ensure people felt empowered and involved in all aspects of their care. The service was continually working towards improving the service and making it more person centred. They had recently introduced a number of projects, procedures, forms and meetings focussed on gaining people's views about the service. People were involved in creating a monthly newsletter which celebrated people's interests and achievements. A strong focus was on improving people's skills, enabling their independence and empowering them to have a voice. People were supported to understand and make decisions through the use of different communication methods and devices.

Staff knew how to recognise possible signs of abuse which also helped protect people. Staff knew what signs to look out for and the procedures to follow should they need to report concerns. Safeguarding information and contact numbers for the relevant bodies were available. Staff told us they felt comfortable raising concerns and felt these would be dealt with appropriately.

People were protected from risks relating to their health, mobility, medicines, nutrition and behaviours. Staff had assessed individual risks to people and had taken action to seek guidance and minimise identified risks. Where accidents and incidents had taken place, these had been reviewed and action had been taken to reduce the risks of reoccurrence. Staff supported people to take their medicines safely and as prescribed by their doctor.

Recruitment procedures were in place to help ensure only people of good character were employed by the home. Staff underwent Disclosure and Barring Service (police record) checks before they started work in order to ensure they were suitable to work with people who were potentially vulnerable.

Staffing numbers at the service were sufficient to meet people's needs and provide them with the care and support they required. Staff had the competencies and information they required in order to meet people's needs. Staff received thorough and ongoing training as well as regular supervision and appraisal. The service had a strong focus on investing in staff and encouraging them to develop in their careers. Staff were provided with and encouraged to undertake further training in areas which interested them. This helped ensure each staff member was able to reach and sustain excellent standards of care for people. It also ensured people who lived in the service were supported by staff who were continually enabled to learn, progress and specialise in order to help them in their daily lives.

Staff had a good understanding of the principles of the Mental Capacity Act 2005 (MCA) and put it into practice. Where people had been unable to make a particular decision at a particular time, their capacity had been assessed and best interests decisions had taken place and had been recorded. Where people were being deprived of their liberty for their own safety the registered manager had made Deprivation of Liberty Safeguard (DoLS) applications to the local authority.

People were supported to have enough to eat and drink in ways that met their needs and preferences. People were supported to make choices about what they wanted to eat and food was presented in ways which met people's individual needs.

The service was responsive to people's varied and changing needs. People's care plans contained highly detailed information about their histories, interests, individual needs and preferences. These were regularly reviewed with people and their relatives. People had access to a wide range of activities which met their social, emotional, physical and intellectual needs. People took part in a number of activities on site, at another of The Trust's sites and out in the community. People were encouraged to suggest further ideas for activities and were supported to follow their passions and wishes.

There was open and effective management at Hannahwood Mews. The registered manager, senior management, deputy managers and team leaders led by example to ensure best practice was followed, outstanding performance was recognised and the values of the service were delivered. People, relatives, staff and healthcare professionals were asked for their feedback and suggestions in order to improve the service. There were effective systems in place to assess, monitor and improve the quality and safety of the care and support being delivered.

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.

People received their medicines as prescribed. The systems in place for the management of medicines were safe and protected people who lived in the home.

Risks to people had been identified and action had been taken to minimise these risks.

People were protected from the risk of abuse as staff understood the signs of abuse and how to report concerns.

People were supported by sufficient numbers of staff to meet their needs.

Is the service effective?

Good 

The service was effective.

People's rights were respected. Staff had clear understanding of the principles of the Mental Capacity Act 2005.

Staff encouraged and enabled people to make informed decisions where they were able. People were supported to understand and make decisions through the use of different communication methods and devices.

Staff had completed thorough training to give them the skills they needed to meet people's individual care needs. The service employed skilled healthcare professionals and nurses who could meet people's needs and were supported to seek training and continuous development.

People were supported to have enough to eat and drink. People were supported to eat in a personalised way which met their needs and preferences.

The environment was fully adapted to enable people to move as freely as possible around their home and the wider site.

Is the service caring?

Good 

The service was caring.

Staff displayed caring attitudes towards people and spoke about people with affection and respect. Staff told us that being caring and kind was a fundamental requirement of their job and was their focus.

Every relative and healthcare professional we spoke with expressed how impressed they were with the exceptionally caring nature of the staff and their attitudes.

Staff knew people's histories, their preferences, likes and dislikes.

People were treated with dignity and respect.

The service worked hard to ensure people felt empowered and involved in all aspects of their care. A strong focus was on improving people's skills, enabling their independence and empowering them to have a voice.

Is the service responsive?

Good ●

The service was responsive.

People's care plans were personalised with their individual preferences and wishes taken into account.

Staff were responsive to people's individual needs and these needs were regularly reviewed.

People benefited from meaningful activities which reflected their interests.

People and their relatives felt able to raise any complaints or concerns they had about the service and felt these would be dealt with in a timely way.

Is the service well-led?

Good ●

The service was well led.

Relatives and staff were very positive about the management of the service

The service cultivated a warm, welcoming and inclusive culture where people and staff felt encouraged to express themselves and share their views.

All levels of the Trust focussed on delivering a clear vision of working alongside people to enrich their lives.

There were robust quality monitoring systems in place to ensure provision continued to meet the needs of people.

The Trust worked hard to create strong links with the local community in order to increase awareness and integration.

People's records were their own, up to date, comprehensive and well maintained.

Hannahwood Mews

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 checked whether the provider was 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 visit took place on 17 March 2017 and was unannounced. The inspection was carried out by one adult social care inspector. Prior to the inspection we reviewed the information we had about the home, including notifications of events the home is required by law to send us.

During the inspection we spoke with or spent time with six people who lived in Hannahwood Mews. We also spoke with the registered manager and five members of staff, including a team leader and two registered nurses. We received feedback from three people's relatives and although we sought feedback from a number of healthcare professionals we only received detailed feedback from one of them.

People who lived at the home were unable to share their experiences with us verbally because they had special communication needs. On this occasion we did not conduct a short observational framework for inspection (SOFI) during our inspection. SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us. We did not do this as people were coming in and out of the service on a regular basis taking part in their daily lives. We did however use the principles of SOFI when carrying out observations in the service.

We looked around the service, spent time with people in the dining room and in people's bedrooms where we were invited. We also spent time in the main Hannahwood building where various activities took place. We observed how staff interacted with people throughout the inspection. We spent time with people over the lunchtime meal period.

We looked at the way in which people were being supported and looked at the way in which medicines were recorded, stored and administered to people. We also looked at the way in which meals were prepared and served. We looked in detail at the care provided to four people, including looking at their care files and other

records. We looked at the recruitment files for three staff members and other records relating to the operation of the home such as risk assessments, policies and procedures.

Is the service safe?

Our findings

People who lived in Hannahwood Mews were unable to tell us verbally whether they felt safe. We therefore spent time with people, observing their interactions with staff. We saw people smiling, reaching out to staff, laughing and looking comfortable. This indicated people felt safe in staffs' company. People's relatives all told us they felt their loved one was safe at the service. Comments included "Yes, we do feel the service is safe" and "Yes I believe it is."

Hannahwood Mews promoted positive risk taking and ensured people were able to lead fulfilling lives. Hannahwood Mews provided support and accommodation to people who had varying levels of need relating to their physical health conditions, mobility, nutrition and hydration, skin integrity, communication and their learning disabilities. People's needs and abilities had been assessed prior to moving into Hannahwood Mews and detailed care plans and risk assessments had been put in place to guide staff on how to protect people from risks. The potential risks to each person's health, safety and welfare had been identified and staff had used specialist guidance to ensure these risks were minimised. Action was taken to minimise any potential risks to people but still ensured they had access to the life of their choosing. For example, one person was at risk of choking at certain times because of their physical health conditions. At other times they were able to enjoy their food without severe difficulties. Prior to the person receiving support from Hannahwood staff, specialist speech and language therapists (SALT) working for Dame Hannah Rogers Trust (the Trust) had completed detailed risk assessments and emergency plans. They had provided staff with detailed guidance on how to support this person's eating in order to ensure they enjoyed their food as much as possible whilst also keeping them safe. This ensured the person's risk of harm through potential choking was minimised as soon as they moved into the service. Staff told us they felt confident they understood how to meet this person's specific needs and follow the guidance.

Where people had specific healthcare needs that presented risks to their wellbeing there were detailed assessments and plans in place for staff to follow. For example, where one person had specific needs relating to their epilepsy, detailed plans had been created which ensured staff knew how to support the person safely, including when to access emergency support. With the person's relatives consent, an audio monitoring system had been installed in their bedroom in order to alert staff to any potential seizures the person experienced during the night. This helped ensure staff had guidance and knowledge to minimise the risks to this person's safety.

People were protected by staff who knew how to recognise signs of possible abuse. Staff told us they had received training in how to recognise harm or abuse and knew where to access information if they needed it. Staff told us they felt the registered manager would listen to their concerns and respond to these. Staff told us they understood the service's whistle blowing process and knew how to escalate their concerns outside the home. Staff told us they felt people were safe and well cared for. Where safeguarding concerns had been raised, action had been taken. For example, where a recent safeguarding concern had been identified, the registered manager had taken action in order to ensure people's safety and had worked together with other agencies.

Safeguarding training was delivered within an e-learning training package for staff and the trust also arranged for staff from the county council to attend the service on a regular basis to deliver face to face training. Safeguarding was regularly discussed at team meetings and during staff supervisions. During staff supervisions, staff were asked questions about the process to follow should they have any safeguarding concerns. This ensured staff knowledge and understanding was tested and further training needs were identified and responded to.

There were enough staff to care for people in the ways they needed. Although the service had recently had difficulties with staffing numbers, these were improving and staff commented positively on the changes. The recent drop in numbers had not affected people's care or access to activities. There had been recent difficulties in recruiting nursing staff and agency nurses had been used regularly to cover certain shifts. A new lead nurse had just been appointed and was starting work on the day of our inspection. The nurse we spoke with told us how this appointment would be making a big difference to the current workload. Although there had been shortages a nurse said "We have still been running things well and everyone still has all their needs met". Each person who lived in Hannahwood Mews required one to one or two staff each to support their care and this was provided accordingly. Extra staff were needed to enable people to take part in activities and these were in the form of 'floating staff' who went between Hannahwood Mews and Hannahwood Transitions (other accommodation for people on the same site) in order to meet people's schedules and preferences. The service had nurses on site in order to meet people's nursing needs and be on call for any emergencies. The service also had a team leader, an activities coordinator, office staff and two deputy managers. The trust employed healthcare professionals such as speech and language therapists, occupational therapist and physiotherapists who helped provide specialist guidance and therapies to people who lived at the service. During our inspection we found each person was supported by staff who met their needs in an unhurried manner. People received the staffing numbers they required and we saw people taking part in a large number of activities, on and off the site.

Recruitment practices ensured, as far as possible, that only suitable staff were employed at the service. Staff files showed the relevant checks had been completed to ensure staff employed were suitable to work with people who were potentially vulnerable. This included a disclosure and barring service check (police record check). Proof of identity and references were obtained as well as full employment histories; this helped to protect people from the risks associated with employing unsuitable staff. The registered manager told us they only employed staff who displayed a caring attitude and that staff were carefully monitored during their induction period in order to make sure they were suitable for the people in the service.

All the people living at the service required support from staff to take their medicines. Records of medicines administered confirmed people had received their medicines as they had been prescribed by their doctors. Only nurses and specially trained staff administered people's medicines. Staff competencies relating to medicines were regularly checked in order to ensure they were knowledgeable and up to date with regards with medicines. Nurses carried out regular medicine audits and medicine records were checked daily. This was to ensure people had received their medicines and any potential errors were picked up without delay. Medicines were stored safely in the home within a locked cupboard. Medicines were clearly labelled with people's names. Where medicines required storing at a specific temperature this was maintained and checked daily. There was a photograph of each person on the front of their medicine administration record (MAR) which is in line with good practice. Where people required staff to be trained to administer emergency medicines, such as epilepsy medicines, this training had been provided and staff competencies were regularly checked.

The premises and equipment were well maintained to help ensure people were kept safe. Regular checks were undertaken in relation to the environment and the maintenance and safety of equipment. The Trust

employed maintenance workers who ensured any outstanding work was completed. Good infection control practices were in use and there were specific infection control measures used in the kitchen and in the delivery of people's personal care. The home had fire extinguishers, fire protection equipment and clearly signposted fire exits to assist people in the event of a fire. There were emergency plans in place and a nurse and management on call system at all hours to ensure any urgent issue could be dealt with. Spot checks were carried out by management at weekends and overnight in order to check practice and oversee any potential issues. The Trust employed a security company who carried out night time security checks of the site seven nights a week.

Where accidents and incidents had taken place, the registered manager had reviewed these to ensure the risks to people were minimised. Regular audits of accidents and incidents were completed during which any trends, patterns and learning were sought.

Is the service effective?

Our findings

Some comments made by relatives included "I feel the centre fits [name of loved one]'s needs and try their best to meet these" and "[Name of loved one] has access to the services he needs such as physio, OT and Hydro as well as attending college.". People who lived in the service were unable to share their views with us verbally, but we observed people looking comfortable and happy.

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. We checked whether the service was working within the principles of the MCA.

The registered manager and staff had received training in the MCA and displayed a thorough understanding of its principles. Where people had been identified as not having the capacity to make a specific decision at a specific time, staff had followed the principles of the MCA, had discussed the decision needing to be made with relevant parties and had made decisions in the best interests of the person. These had been recorded when applicable. For example, where staff supported some people with their medicines specific best interest decisions had been made on people's behalf for this to take place as they were unable to make the decision themselves.

Staff went to great lengths to encourage and help people to make informed decisions where they were able. People were supported to understand and make decisions through the use of different communication methods and devices. For example, staff used picture cards, picture books, Makaton (a type of sign language) and facial expressions to understand and communicate with people. During our inspection we observed numerous times where staff went out of their way to ensure people made their own decisions, from what music they wanted to listen to, to what activities they wanted to take part in and the meals they wanted to eat. We saw staff using pictures, electronic devices, showing people options and speaking to them in ways which met their personal needs. Staff sought people's views in every aspect of their lives and used different communication techniques to communicate with people. For example, we saw staff using pictures and an electronic communication device to ask a person what music they wanted to listen to. The person chose a song from their favourite band and smiled. Staff strongly praised them for their choice and ability to pick.

People were supported to communicate with their peers and with the wider community through the use of assistive technology. A number of people used electronic equipment to communicate their feelings, needs and opinions. Some people had pictures on their communication devices they could press to express whether they were happy or sad or express yes and no. Staff had supported some people to programme sentences into their equipment which enabled them to be able to press a button and ask for a drink or ask a shop keeper how much something cost. This enabled people to communicate with each other and with the wider community. We observed three people in the main building being supported by staff to communicate and listen to music. One person was being supported to select songs whilst the others were being supported

to say whether they liked that particular song or not. Staff had also helped some people create picture books containing photographs of people they lived with, their loved ones, staff members and items they may want. People could point to these pictures in order to start conversations on their chosen topics or to ask for a specific person or item. This demonstrated people were supported wherever possible to express themselves and use assisted communication devices or other formats to have their voices heard. During our inspection we observed staff using pictures from one person's book to start conversations with them but also to tell them the nurse was preparing their medicines. This ensured the person was fully involved in any actions that were taking place with regards to their care.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made the appropriate DoLS applications to the local authority. All people at the service were under constant supervision and were not able to leave the service unescorted in order to keep them safe. DoLS applications and authorisations had been made for the people who lacked mental capacity to make the decision to stay at the service and receive care. The majority of these applications were awaiting authorisation. Where one application had been approved, staff were aware of its contents and how it affected that person.

The service provided care to people with highly complex needs. To ensure people's needs were met in an effective manner, the service was committed to training their staff to specialised levels to meet people's specialised needs. Staff were knowledgeable about people's care needs and benefitted from thorough training and support which helped them meet the needs of each person. Staff were able to describe people's needs, personalities, likes and dislikes in ways which demonstrated they had good knowledge about individuals they supported. Staff we spoke with told us they knew how to interpret people's body language because they knew them well. During our inspection we observed one person made a noise which staff interpreted as them being uncomfortable. Staff spoke to the person and went through each part of their body until the person smiled when the staff member said 'feet'. This prompted the staff member to take off the person's shoes and rub their feet. This demonstrated staff knew people's needs and how to meet them.

Staff had undertaken training in areas which included communication, safeguarding adults, fire safety, first aid, health and safety, infection control, the Mental Capacity Act 2005, learning disability, eating and drinking and medicines. Support staff had been provided with specialised training in a number of areas in order to meet each person's individual needs. For example, one person regularly used Makaton to communicate. When the person moved into Hannahwood Mews the in house speech and language therapists provided training to the staff team to ensure they were proficient in Makaton to help enable the person to communicate. The person's relatives told us they were pleased this training had been organised and provided, although they felt perhaps this communication method was not being used as much as they would like. Support staff had also received specialised training in epilepsy, emergency medicines and a number of other specialised physical health conditions. One external healthcare professional said "I regularly train members of staff and have no concerns about their understanding".

As well as having access to support staff with thorough knowledge and training, people who lived in Hannahwood Mews also had access to trained healthcare professionals within the service. The Trust employed their own physiotherapists, occupational therapists, speech and language therapists (SALT) and nurses. These members of staff completed assessments of people's needs, personalised guidance for staff, training for staff and individual physical therapy programmes and activities for people to meet their needs. For example, people received specialised SALT programmes which included a facial oral tract therapy group. People who took part in this group were introduced to a range of sensory opportunities which

provided stimulation within the mouth through the use of chewy tubes, gum massages and therapeutic teeth cleaning. Records showed that people who took part in these groups greatly benefited from them.

Staff spoke highly of the training they received and told us they had been provided with sufficient training to care for people effectively. They told us they had received a thorough induction and spoke highly of it. They also told us they were able to request more training when they wished, either in order to reinforce their knowledge or to develop their skills in other areas. Comments from support staff included "We have constant updates and refreshers", "Last week we had professional boundaries training, best interest and capacity training" and "We can always ask for more if we want". We spoke with a nurse who told us they were provided with regular training as well as regular opportunities to seek outside courses and ways to keep up to date with their skills. They said "We do training out of house and they always free you up. I feel like they put a high value on training". One nurse also said "We teach our care staff. We check their competencies regularly to enable people to go out and get on with their lives".

The Care Certificate had been introduced as part of the induction programme. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. New staff had opportunities to shadow more experienced staff. This enabled them to get to know people and how they liked to be cared for. We met with a new member of staff who had recently started working at the service. They told us "If I needed anything they would help. I'm not left on my own. The people here are really nice, it's really friendly".

Staff received regular supervision which included observations and yearly appraisals. During supervision staff had the opportunity to sit down in a one to one session with their line manager to talk about their job role and discuss any issues they may have. A nurse also told us the registered manager had organised for the nurses to receive regular external supervisions in order to ensure they were up to date and were following best practice.

The environment at Hannahwood Mews was comfortable and sociable. The bungalows were set within the grounds of the Dame Hannah Rogers School, which gave people who lived there access to the school amenities such as the school restaurant, the swimming pool and activity rooms. The adult services area, located within a short walk from the home resembled a large common room at a college or university campus. There was high quality graffiti on the walls, contemporary music playing, a bar, coffee shop area, a seating area, television and computer games. This environment was well suited to the young adults who lived at the service and wanted to enjoy a vibrant and youthful life. The environment had been adapted to meet people's specific mobility needs. All areas were wheelchair accessible, people's bedrooms and bathrooms had overhead tracking fitted throughout to enable people's accessibility and kitchen surfaces were low and moveable in order to encourage people to access and interact with all areas of their home. The adult services area also had a computer/office room that people could use and had been adapted to meet their needs.

People were supported to have enough to eat and drink in ways which met their needs and preferences. During our inspection we observed one lunchtime meal in the home. Meals were organised depending on people's needs, their preferences and their choices. We observed five people who ate their meals through the use of a tube into their stomach. These meals had strict timescales and people were provided with these at the times required. Staff explained to people what actions they were taking at each step of the way and regularly checked people were happy and comfortable. Other people were able to eat more varied foods with limited amounts of help. People could eat their meals in their home or out and about when taking part in activities. There was a school kitchen on site which cooked high quality meals people could choose to order up to their home if they wanted.

People's nutrition and hydration needs were explored by speech and language therapists who helped design detailed plans for people. Each person had a personalised plan which contained information about their needs, their goals relating to food and drink, any special equipment they may need, pictures of the equipment they needed, what assistance was required, detailed guidance on the support needed and their likes and dislikes. This ensured all staff had quick access to people's needs and preferences around food whenever they helped them eat anything.

People were supported by staff to see healthcare professionals such as GPs, specialist nurses, psychologists, district nurses, occupational health practitioners, opticians and dentists. People were referred to outside professionals without delay and the advice provided by these professionals was listened to and used to plan people's care. One external healthcare professional said "The young adults look cared for. The records that I need are up to date. Information I need is always to hand. I have no concerns".

Is the service caring?

Our findings

Every relative and healthcare professional we spoke with expressed how impressed they were with the exceptionally caring nature of the staff and their attitudes. They all spoke of the staff with high admiration and praised them for the caring ways in which they supported people. Comments from relatives included "The staff are always very friendly and welcoming to [name of person] and her family on visits. They are pleasant in manner, kind and speak very nicely to [name of person] and employ lots of good humour which she enjoys. Parents' observations are that they do look after her in a caring and compassionate way" and "It is as caring as any residential establishment can be. All the staff are respectful towards [name of person] and his needs and all care is carried out with his needs and privacy in mind. The staff seem to know when [name of person] needs his own space or when he needs some extra care and this is provided".

The Trust strongly believed and demonstrated the principles of equality and diversity in that people should not be discriminated against or excluded from any part of life because of their individual characteristics and disabilities. These principles were the basis for the Trust's values and objectives which were to enable people to be completely integrated, for there to be no separation between people with disabilities and those without and to educate the wider public. Prior to our inspection the Trust had invested in a professional recruitment video which had been made available on their website. This video focussed on existing staff and people who lived in the service, what the role entailed, what was expected and the impact staff could have on people's lives. This video demonstrated the values of the service which are "Hannahs is dedicated to empowering children, young people and adults with profound physical and learning disabilities, providing them with life-changing opportunities and advocating their needs. We are committed to challenging societal beliefs and cultural acceptances surrounding disabled people with the aim of making disability incidental". The video ensured any potential applicants understood the service's values, how rewarding it was to support people to lead fulfilling lives and what was important to people. This helped attract the right people for the job.

Staff spoke highly of the calibre of the staff teams at the service and their caring natures. Staff comments included "I feel very confident in the practice of staff", "The staff team are lovely" and "We have a very good staff team here. We all have a caring nature". Staff told us that being caring and kind was a fundamental requirement of their job and was their focus. They said "The one to one care and the environment is great. They can go out and do what they want to do. You can't ask for anything better than that. The opportunities are there for young people to live the lives they deserve". This helped people feel comfortable and happy around staff who continuously made people smile and laugh. During our inspection it was clear staff focussed solely on making people happy, always making people laugh and giving them their full attention. People's care plans contained highly detailed information about people's moods and how best to support these. Staff spoke with affection and respect about the people they cared for. Comments from staff included "It's so rewarding. They're all such good characters", "I love her smile" and "Oh she's so funny". This demonstrated people were cared for by staff who felt genuine affection for them.

Staff's behaviours and demeanours were continuously being monitored to ensure they met the Trust's values. Regular supervisions of staff took place and these included staff observations. A new form had

recently been introduced and this included sections the member of staff was tested and monitored on. These sections included "Shows warmth, is respectful and enabling, offers choices and supports the young adult in their decisions and can clearly demonstrate an understanding of what is important to individuals". There was also a section on each form dedicated to asking the person for their views on the member of staff. This demonstrated a focus on ensuring staff behaviours reflected the values of the service and met people's needs in a caring way. A new professional boundaries policy had recently been introduced which staff understood and talked about positively.

The Trust and Hannahwood Mews worked hard to ensure people felt empowered and involved in all aspects of their care. A strong focus was on improving people's skills, enabling their independence and empowering them to have a voice. People were encouraged to be as independent as possible and learn new skills. Within the main building there was a bar/café area. People took turns working in the café making and selling hot drinks and snacks. This involved staff supporting them where necessary and giving people skills relating to making drinks, taking money, communicating with customers and getting work experience. Visitors, relatives and other people who used the service regularly used the café which was open around an hour or two a day. Every effort had been made to enable every person to participate. People could pick pictures which represented different snacks and drinks and these were shown to the person working. With support the person would make the order and take the money from people. The till was set up to respond to pictures which matched those used when ordering. Some people also used assisted communication technology to order or take orders. During our inspection we observed one person working at the café and we ordered a drink from them. They were being supported by a highly enthusiastic member of staff who made the person laugh and we saw the person thoroughly enjoyed the experience and felt happy. People's care plans contained detailed information of every activity or task people could accomplish on their own and how to support them to retain these and to develop more skills.

In order to keep the focus on empowerment and develop this further, the registered manager had recently introduced an empowerment project. This was aimed at empowering both staff and people who used the service. Different methods were being used within this project to develop ideas around empowerment. These included providing all staff with questionnaires asking them what they thought was important to their clients, what was important to them, what ideas they had in order to enrich people's lives, ideas to help breakdown any barriers that may be in place to stop people enjoying their lives and how to make the service more person centred. These topics were also discussed within staff team meetings in order to seek out further ideas. As part of this empowerment project a newsletter was started. This newsletter included a number of sections dedicated to people's individual skills and interests. For example, the most recent newsletter contained pages dedicated to people sharing their interests and passions, such as photography, music, favourite jokes, favourite activities and groups they were part of. This newsletter was shared with people's relatives and brought people pride, empowerment and a greater sense of belonging.

People's skills, abilities, achievements and successes were highlighted and celebrated by staff who understood the importance of this. Staff told us how they worked hard to continually boost people's self-esteem and praise them for their efforts. Each person's care plan contained information about what people could do for themselves and how staff were to encourage them to do these. For example, where people were able to take part in some aspects of their personal care people were encouraged to retain these skills. We saw in one person's care plan that they had gone with staff to help complete the food shopping in the supermarket. The member of staff had praised the person for their help with the task and had helped them take a photograph of themselves at the shop to send back to their relatives. This had ensured the person felt pride for their accomplishment and felt valued.

During our inspection we also observed a number of people using the sensory room. The registered

manager told us how the activity coordinator had worked hard the previous year to raise money to have the room built. They had organised charity events and sponsorships in order to be able to provide this service for people because they understood how valuable and important this facility could be. The room was equipped with all the necessary assistive technology to enable people to use it fully. The room catered for auditory, visual and tactile sensory stimulation. Throughout our inspection we saw people using the room regularly during the day and evening. People highly benefited and enjoyed this room.

The atmosphere at the service was warm and welcoming. Each interaction we observed between staff and people was kind, caring, respectful and affectionate. We observed staff absentmindedly stroking people's faces and hair whilst smiling at them warmly. Staff stroked people's arms, held their hands and spent their time talking to people and smiling at them. People showed happiness and excitement when they saw staff members and responded warmly to their touch. Within the home and within the main building we saw and heard pleasant conversations, laughter and warmth between people and staff. The environment in the home was comfortable and although some improvements could be made to make the communal areas more homely, each person's bedroom was personalised to match the people who lived there.

Staff treated people with dignity and respect. People were given as much privacy as possible. People's bedrooms were their own personal spaces and staff told us they never entered people's rooms without knocking and getting a response. People's care plans clearly detailed the situations in which people could safely be left on their own and for these situations to be encouraged. Hannahwood Mews had a policy whereby only staff members of the same sex as the person being supported could assist with personal care. This ensured people always felt comfortable. People's care plans were their own and were kept in their bedrooms. Each time we asked to see a person's care plan a member of staff would ask them if that was alright before providing them to us. This strengthened the idea that people's notes were their own and that their permission needed to be sought.

People were encouraged and supported to maintain relationships with their loved ones and to make friends. Each person's care plan detailed their needs in relation to social needs and family contact. People were supported to go and see their families with the support of staff, to use specialised technology to make contact with them and to call regularly. Relatives felt welcome to come to the home at any time and told us they were always treated warmly.

Is the service responsive?

Our findings

People who lived in the service had a variety of needs and required varying levels of support relating to their physical health, their learning disabilities, communication and wellbeing. People's individual needs had been thoroughly assessed with input from people and their relatives and from these assessments, care plans had been created for each person. Each person's care plan was regularly reviewed and care review meetings took place. People and their relatives were fully involved in these meetings alongside staff and specialist healthcare professionals. Each aspect of their care was reviewed and their opinions, views and ideas were sought. Relatives made comments including "[Name of relative] was heavily involved initially in planning [name of loved one]'s care and had supplied lots of written information to the Adult Service prior to [name of loved one]'s arrival, which was transposed to Hannahwood care plans and nursing records etc. I was invited to read through and check the care plans once they had been transposed. I have attended all of [name of loved one]'s clinics and meetings at Dame Hannah's. I also feel that I have been kept well informed by them when changes have been needed" and "Both [name of loved one] and I have been involved as much as possible in the preparation and application of her care programme."

We looked in detail at the care and support plans and other records for four people living at the home. People's care plans contained highly detailed information about their specific needs, personal preferences, preferred routines, personalities, abilities, and how staff should minimise any risks to them. People's care plans evidenced that all areas of people's needs had been considered and planned for, including people's needs with regards to family contact, activities and social needs. Step by step guidance was provided for staff which ensured they fully understood people's needs and helped ensure people were supported in a consistent manner. This was particularly important as most people who lived in the service had communication challenges.

Hannahwood Mews worked hard to continually improve on involving people and making the service more 'person centred'. A new empowerment project had been started which focussed on gaining the views of people and staff. New staff observations sheets had been introduced which sought people's views on staff performance and also sought to assess how staff communicated with people and sought their views. A new 'service user forum' was also being set up and people's views were being sought in all areas of the service, ranging from activity ideas to staff recruitment. A new member of staff had also recently been recruited as a support coordinator and their role was to review people's care plans in order to check these were person centred and improve on them where required. They were meeting with people, relatives and staff in order to review each one. People held their own care plans and these were presented in ways people could understand, such as in picture format.

People had access to a wide range of activities which met their social, emotional, physical and intellectual needs. The Trust offered a number of activities on site which people had access to but also enabled people to attend a large number of activities in the community. Hannahwood Adult Services' main building hosted a number of daily activities that people who lived at the home or visited the home on respite or day service could use. In the main building were a large music room, a sensory room, an art room which was in the process of being expanded into an art room/kitchen for people to access, a bar, a café and a lounge room

equipped with video games and a television. Also on site were a hydrotherapy pool and a 'rebound' room. Rebound was an activity whereby people could gently bounce on trampolines to bring about enjoyment and physical stimulation and exercise. Plymouth City College also attended the site weekly to provide classes to people attending daily living skills courses.

A large number of additional activities took place on site, including weekly 'lads and girls' nights. One person we spent time with said they would be attending 'lads night' that evening and were very excited about this. These nights consisted of the young adults spending evenings watching films, watching and discussing sports or being pampered. People could choose to attend whichever evening they preferred and nobody was excluded. These evenings enabled people to spend time with and bond with their peers. These activities were highly popular and people regularly attended these. Other activities included yoga, exercises, dancing and music.

The Trust also had another site a few miles away which provided a number of activities, such as pet therapy, drama club, theatre productions, digital photography and horticulture. This site also provided people with the opportunity to take part in a radio show. People and their relatives were able to listen to these shows which they were very proud of and enjoyed.

Relatives and staff spoke highly about the activities people were engaged in. Comments included "We are aware that [name of loved one] has quite a busy week - she attends a post-19 education scheme, attends regular therapy sessions - standing, rebound & hydro therapy; music therapy; goes on trips both as part of her post-19 course and as social trips both with other clients and also 1:1 with her keyworker in [name of loved one]'s own Motability vehicle; attends social activities and events in 'Planet Hannahwood'." Although relatives identified people had access to varied activities which benefited their health and wellbeing, they felt these could be expanded further. One relative commented on the fact their loved one's favourite activities were only available during term time and another on the fact they felt their loved one and others spent too much time in the home. One relative told us staff were working with them to improve on their loved one's social plan and schedule at the time of the inspection. Although improvements could be made, people had access to a varied number of activities designed to meet their personal preferences and needs. During our inspection we observed people taking part in a number of activities, including using the sensory room, going for walks, going shopping, watching a film, daily exercises and going to yoga. People's care plans demonstrated they attended a number of other activities including playing memory games, painting, having their nails painted and foot massages.

Staff told us activities for people were a priority for The Trust and the registered manager. They told us they were encouraged to think of new activity ideas and use every opportunity to engage people in enjoyable and stimulating pastimes. This ensured they were still receiving stimulation and being involved wherever and however they could.

A complaints policy was in place at the service. People had access to the complaints procedure and were encouraged to make complaints should they wish to. People were able to access picture cards which told staff they had a complaint or a concern and these were then responded to. Where people wanted they were encouraged to report their concerns directly to the registered manager who listened to people and responded. Relatives told us they were encouraged to raise concerns and felt comfortable speaking with staff and the registered manager. Comments included "Where I have had concerns these have been acted on in a timely manner" and "I am aware of the complaints procedure but feel confident that any major queries or concerns that I may have would be dealt with quickly and professionally".

Is the service well-led?

Our findings

Relatives, staff and healthcare professionals gave positive feedback about the leadership of the service. Comments from people and relatives included "The service in the Mews is well run, caring and above all safe" and "[Name of team leader], the manager we have most contact with is amazing. She is understanding and appears to know what is happening around her and staff seem happy".

Strong values underpinned the work carried out at Hannahwood Mews and the Trust. The Trust's mission statement was "Our mission is to empower, advocate and enrich the lives of children and adults with disabilities". Their core values included "Providing education, training, advocacy, work opportunities, care and other support services for children, young people and adults in need, their families, carers and associated professionals". They told us they achieved this through the constant striving for excellence and improvement, through continually seeking people's views and enabling people to have happy lives filled with activities and skills development.

Every relative we spoke with praised the staff team at the service and commented on how well they cared for their loved ones and demonstrated the values of the service. Staff could clearly tell us what their focus was and how this was influenced by the service's core values and mission. When asked about their role staff simply told us they were at work to enable people to have a fantastic day each day. They told us the service wanted them to focus solely on people's happiness and enjoyment of life and that almost every day this was achieved. From feedback we received from relatives, healthcare professionals and staff, and from our observations during the inspection, it was clear these values were being displayed in the way people were supported.

The service had developed a warm, positive culture which was person centred and empowering for both people and staff. This was largely due to the leadership of the registered manager, deputy managers and team leaders who received excellent feedback from people and relatives. Staff told us they felt supported by the registered manager, the deputy managers and the team leaders and told us they always made time to speak to them and discuss any issues. Staff we spoke with felt confident that if any issues were raised with the management team these would be addressed to their satisfaction. The registered manager stated "We pride ourselves on being open and transparent". Comments from staff included "I'm happy to go to [name of registered manager] and I know how to speak to the CEO", "[Name of registered manager] has listened and been responsive to any concerns", "[Name of registered manager] will always be there, always be an ear to listen to you" and "The doors are always open up there and they're always at the end of the phone".

A few months prior to our inspection, a complaint had been made which had included comments about the registered manager's performance and behaviours. The registered manager had shared this complaint with the senior management team who had organised for all staff to attend a meeting for them to express any concerns they may have generally about the service and the management. The CEO then held a number of open door sessions over a period of weeks in order to provide staff with the opportunity to feed back any potential concerns they may have about the registered manager's practice. A number of staff members took the opportunity to meet with the CEO and discuss issues but none of these related to the behaviours or

performance of the registered manager. This demonstrated the management team's willingness to investigate any complaints, seek views from staff and improve wherever possible.

The registered manager and the provider worked hard to develop and empower their staff team by acknowledging their talents and achievement. They understood the importance of valuing and investing in their staff. The registered manager spoke to us about their staff team with pride and admiration. Where positive feedback had been received either from a person, a relative, a healthcare professional or another member of staff, this was fed back to the individual member of staff. Staff and internal healthcare professionals were encouraged to provide feedback where they identified good practice or kind and caring behaviours. We saw examples of letters having been written praising certain members of staff for their performance, their behaviours and how they had made people feel by going above and beyond. This demonstrated staff and internal healthcare professionals also placed importance on acknowledging achievements and recognising outstanding practice. This message had come from the leadership of the service and had been understood and implemented by the rest of the staff team. Recently the registered manager had introduced a nominations system for good staff performance in order to be able to reward staff, in the form of a £25 voucher, where positive feedback was received.

The service also had a strong focus on investing in staff and encouraging them to develop in their careers. Staff were provided with and encouraged to undertake further training in areas which interested them. This included career development courses and training in order to either take on more responsibilities and management roles or become trained healthcare specialists. Some previous staff had been supported to become engineering technicians and physiotherapy assistants. One member of staff told us they had shown an interest in learning more about certain therapies and this was being organised for them. This demonstrated the importance The Trust placed on valuing staff and investing in staff development. This helped ensure each staff member was able to reach and sustain excellent standards of care for people and also ensured people who lived in the service were supported by staff who were continually enabled to learn, progress and specialise in order to help them in their daily lives.

The registered manager told us they regularly sought people's views in order to gain their feedback and their ideas in the hope of providing an even better service. Relatives were asked for their feedback during every review of their loved one's care and this was acted on when required. Relatives' coffee mornings had recently been introduced in order to encourage communication and sharing of information. Relatives we spoke with told us they felt encouraged and enabled to raise any concerns and felt confident these would be handled promptly and appropriately.

Young adults meetings took place regularly during which people were asked for their views on topics such as décor, staffing, activities and meals. A new 'service user forum' had been introduced and people were encouraged to join in and attend regular meetings. This forum had been advertised in the newsletter and on notice boards. These adverts were written in letter and picture format in order to attract as many people as possible.

Regular staff meetings took place, both within the home and in larger staff teams. Staff were asked to share their views, come up with ideas and express any concerns they may have. Any issues raised were acted on. For example, staff had recently raised concerns that the mobile phones available to take out when accompanying people on outings, activities or appointments did not always have credit on them. This issue was looked into and new procedures and safeguards were implemented to ensure this did not happen again. A staff forum had also recently been set up in order to seek more staff views. This forum had been advertised in the newsletter and stated "Sometimes staff have some great ideas and suggestions about how we can develop or improve as a Trust, and we want to involve you more in such things as your opinions are

important to us".

The service had developed strong links with the local community and was continually striving to find new ways of enabling people to integrate into the wider community, find new opportunities and influence the views of the public on disabilities. The Trust worked hard to be open and accessible to the public through the use of local charity shops and hosting events open to the public, such as comedy nights, theatre productions and a recent 'Harry Potter experience'. Hannahwood Adult Services also organised and hosted fun day events which were open to the public. The vision of The Trust was for the general public to increase their knowledge and understanding of physical and learning disabilities so that there were no barriers between people and a deeper cultural acceptance. With this in mind the Trust strived to increase awareness, promote research and fund new teaching programmes they were looking to have officially accredited.

The service was always looking for new ways to increase people's skills and enjoyment through connections with local businesses and community projects. A recent project Hannahwood Adult Services had signed up to, involved a large supermarket chain donating food to the service that was going to be used as part of cooking classes, work experience, cooking activities, producing cakes for the café and future bake sales and open days.

People benefited from a high standard of care because Hannahwood Mews had systems in place to assess, monitor and improve the quality of the safety of the care and support at the service. A programme of audits and checks were in place to monitor the safety of the premises, accidents and incidents, care plans, safeguarding, staffing and quality of care. The quality assurance system involved a number of people, including the senior management team, the registered manager, deputy managers and team leaders undertaking regular checks and audits. From these audits and checks action plans were created and action was taken by the registered manager or staff to improve any areas requiring improvement. This ensured issues were quickly identified, acted on and the risk of the reoccurring were minimised.

As far as we are aware, the provider met their statutory requirements to inform the relevant authorities of notifiable incidents. People's records were well maintained, secure and up to date.