# Hightown Housing Association Limited

# Haslewood Avenue

## Inspection report

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02 February 2018

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## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |

| | |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Requires Improvement |
| Is the service well-led? | Requires Improvement |

# Summary of findings

## Overall summary

This inspection was carried out on 30 January 2018 and 02 February 2018 and was unannounced. At their last inspection on 26 April 2016, they were found to be meeting the standards we inspected. At this inspection we found that they had continued to meet all the standards, however there were areas that required improvements.

Haslewood Avenue is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Haslewood Avenue accommodates eight people in one adapted building. At the time of the inspection there were seven people living there.

The care service had been developed and designed by the provider in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. However, the management team spoken with on the day of inspection were not familiar with this policy.

The service had a manager who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run. However, the registered manager was absent during the time of inspection and the service was being supported by an interim manager with support from a senior management team.

There were systems in place to monitor the quality of the service but these had not been used effectively. The registered manager was absent at the time of inspection and the home was being supported by an acting manager with support from a senior management team. The change to management support in the home and this meant that shortfalls were being addressed. Staff spoke positively of the recent changes.

People were supported by staff who knew how recognise and report abuse. Individual risks were assessed and staff knew how to work safely. Accidents and incidents were being reviewed by the operations manager. People's medicines were managed safely and there were appropriate infection control processes in place.

Training was not all up to date but the provider had scheduled updates for staff. We found that staff supervision had recently commenced. A review of people's capacity assessments and best interest decisions was in progress. People were able to choose what food they wanted to eat and they had access to healthcare professionals as needed.

People were treated with kindness and respect. We found that dignity and confidentiality were promoted. Visitors told us that they were welcome in the home.

Most people received care that met their needs and most care plans included information to ensure staff could meet people's needs safely. However, one person needed to have their needs and care plan reviewed. There were activities provided but these were under review to ensure that they took into account people's hobbies and interests. There were no recent complaints recorded but people were reminded how to raise concerns if they needed to.

## 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 were supported by staff who knew how recognise and report abuse.

Individual risks were assessed and staff knew how to work safely.

Accidents and incidents were being reviewed by the operations manager.

People's medicines were managed safely.

There were appropriate infection control processes in place.

### Is the service effective?

Good

The service was effective.

Training was not all up to date but the provider had scheduled updates for staff.

Staff supervision had recently commenced.

A review of people's capacity assessments and best interest decisions was in progress.

People were able to choose what food they wanted to eat.

People had access to healthcare professionals as needed.

### Is the service caring?

Good

The service was caring.

People were treated with kindness and respect.

Dignity and confidentiality were promoted.

Visitors were welcome in the home.

## Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Most people received care that met their needs.

Most care plans included information to ensure staff could meet people's needs safely.

There were activities provided but these were under review.

There were no recent complaints recorded but people were reminded how to raise concerns if they needed to.

## Is the service well-led?

Requires Improvement

The service was not consistently well led.

There were systems in place to monitor the quality of the service but these had not been used effectively.

The registered manager was absent at the time of inspection and the home was being supported by an acting manager with support from a senior management team.

There was a change to management support in the home and this meant that shortfalls were being addressed. Staff spoke positively of the recent changes.

# Haslewood Avenue

**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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

The inspection was unannounced and carried out by two inspectors.

During the inspection we spoke with one person who used the service, three relatives, four staff members, the interim manager, the operations manager and the regional manager. We received information from service commissioners and health and social care professionals. We viewed information relating to two people's care and support and also reviewed records relating to the management of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us due to their complex health needs.

Good

# Our findings

Most people were unable to communicate with us due to their complex needs. However, one person was able to tell us they did feel safe. We observed how people responded to staff and showed by their actions that they were comfortable with them. Relatives told us that they felt people were safe. One relative told us, "Oh yes, definitely."

People were supported by staff who knew how to keep people safe. This included how to recognise and report abuse. Staff had not received regular training and updates, however the provider had now addressed this and planned for the training updates. There was information displayed around the home about reporting abuse.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly. Risk assessments were in place for areas including falls, skin integrity, the use of equipment and going out. People were involved in the assessment process to help ensure that they were happy with the control measures put in place to mitigate risk, while not impacting on their right to live their lives. This included the use of lap belts in wheelchairs for example so that a person could move around freely and was helped to maintain their safety. We noted that all accidents and incidents were logged on the provider's system. They were reviewed by the senior management team to ensure all remedial actions had been taken and the risk of a further incident was reduced. However, we did note that one unexplained bruise had not been investigated to ensure that it was not as a result of abuse. We discussed this with the management team who assured us that going forward all unexplained injuries would be logged and fully investigated.

There were regular checks of fire safety equipment and fire drills were completed. Staff had a clear understanding of what to do in the event of a fire. People had individual evacuation plans for all areas of the house and the night staff had a separate plan to follow when they were at reduced numbers.
As part of a recent meeting, a staff member had developed a presentation based on 'Safe'. The ways in which staff should work to promote people's safety was shared and discussed with staff.

People were unable to tell us if there were enough staff to meet their needs. People's relatives told us that there were enough staff available to meet people's needs. One relative told us, "There always has been every time we go." Throughout the course of the inspection we noted that there was a calm atmosphere and that people received their care and support when they needed it and wanted it. Staff told us at times they were short staffed in the event of staff sickness. Shifts were covered by staff who were not on duty and other

homes of the provider in the area. We reviewed the rota and saw that most shifts were recorded as being covered and the operations manager told us that this was the case. However we asked them to review this as staff had given us conflicting information.

Safe and effective recruitment practices were followed to help make sure that all staff were suitable for working in a care setting. These were managed at provider level so some references were not available to view. However the operations manager told us that the provider ensured all required documentation was received before a member of staff commenced employment. This included written references and criminal record checks.

People's medicines were managed safely. Medicines were stored safely and administered by trained staff. We checked a random sample of boxed medicines and those in the pharmacy blister packs and found that stocks were accurate with the records. Control measures were in place to ensure these were managed safely. Staff received had recently received training and competency assessments. People received regular reviews to help ensure medicines they were taking were still appropriate for their needs.

There were systems in place to help promote infection control. These included cleaning regimes and schedules and training for staff. We saw that staff used gloves and aprons and the home was clean and fresh on the day of our inspection. We noted that the cleanliness and systems in the kitchen were also kept to a good standard.

Lessons learned had previously not been shared. However, due to additional support with the management structure they were now starting to be shared at team meetings, supervisions or as needed. We saw that at a recent team meeting staff had been given feedback and actions arising from the survey completed by people living at the service.

Good

# Our findings

People's relatives told us that they felt staff were skilled and knowledgeable to support people living at the home. One relative said, "100 per cent confident they have the skills." Another relative told us, "Yes I think they do a good job."

Staff had recently started receiving updates to their training to support them to be able to care for people safely. This included training such as moving and handling and first aid as well as specific training modules such as communication and epilepsy. Staff told us that they felt supported and were able to approach the management team for additional support at any time. One staff member said, "I feel supported and I have had supervision recently. We also have a good team here."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The regional manager demonstrated a clear understanding of when it was necessary to apply for an authority to deprive somebody of their liberty in order to keep them safe. They had a good awareness of what steps needed to be followed to protect people's best interests and how to ensure that any restrictions placed on a person's liberty was lawful and they had their human rights to freedom protected. They had recently ensured that all the appropriate applications had been made and were reviewing and updating all documentation that was in place.

People were given choices throughout the day. We heard staff offering a choice between a bath or shower, if they wanted to go out and what breakfast they wanted. One staff member told us, "You have to respect people's choices. You can't force anything on people such as food, medicines or to go out. You can encourage but it is their choice. The way you approach people makes a huge difference."
People lived individualised lives. Everyone had a different routine for the day and staff were aware of these. Preferences and lifestyles were respected and staff supported people in a way that demonstrated this.

The home was designed in a way so that people could move around easily, whether this is independently or

with the use of mobility aids. Equipment was well situated in bedrooms and bathrooms to enable people to be independent where possible. There was a large comfortable lounge with amble seating for everyone and a large dining table so people could enjoy a meal together if they wished.  Bedrooms were personalised and homely.

People were supported to enjoy with a variety of food and their individual likes, dislikes and dietary needs were well known by staff. Only one person was able to give their views on the food and they told us they liked what they had. Assessments had been undertaken to identify if people were at risk from of not eating or drinking enough and if they were at risk of choking. We observed staff supporting people appropriately.

People's day to day health needs were met in a timely way and they had access to health care and social care professionals when necessary. For example, GP, speech and language team (SALT) and the district nurses.

Good

# Our findings

People were not all able to tell us if staff were kind and caring. One person told us that they liked the staff. Relatives told us that staff were kind. One relative said, "They are very good, [person] is happy there." Another relative told us, "It seems like we are part of the family there now."

Staff were calm and friendly with people and we observed them interact with people in a warm and caring way. Staff listened to people and gave people time when it took time for them to verbalise what they were communicating.

Staff respected people and supported them with dignity. Reviews to people's care involved people and relatives where appropriate. One relative told us, "They always phone me with anything I need to know." Plans detailed ways in which staff could try to encourage people's involvement by offering choices.

We also noted that people's belongings were cared for respectfully. This included the tidiness of people's rooms and the way clothes were put away. We noted when staff were in people's bedroom drawers how neat and tidy they were. However, we did noted that gloves, aprons and wipes were often on display to make them more accessible to staff when they were using them to support people. However, we discussed this with the management team, and they agreed it does not always promote dignity when these items are visible.

People living at the service, and many of the staff supporting them, had been there for a number of years. This was evident in how people responded to staff and the awareness staff had about people's needs, life histories and preferences. They were able to tell us about people's health, families and important relationships and their interests. People and their relatives were involved in decisions about their care. However one relative told us, "I trust them, I leave it to them as they are the professionals." They went on to tell us that staff always communicated important information to them.

People's records were stored in a lockable office in order to promote confidentiality for people who used the service.

People were encouraged maintain relationships with family members and friends Relatives and friends of people who used the service were encouraged to visit at any time. One relative told us, "I've been told I can go anytime, I don't have to arrange and they are welcoming and always offer me a cup of tea." Another relative said, "We are quite a big family and they never mind us going in." We also noted that when a visitor

arrived who was not known to the home, confirmation by a family member who the staff did know, was sought prior to giving the person the freedom to visit a person in their bed. The person would not have been able to verbalise if they wanted to accept this visitor so the staff acted in a way to promote their privacy, dignity and safety.

Requires Improvement

# Our findings

People's care plans were detailed and in some cases person centred. They included information that enabled staff to promote independence where people were able and provide care in a way people preferred. For example, '[Person] prefers to be lying on their back to have eye drops given' and 'When washing [person's] hair be careful not to splash as they don't like it'. We asked about preferences such as what time people like to get up. One staff member said, "We don't wake anyone up, people are treated as individuals." However we also noted that some could benefit from being more detailed to ensure staff had access to up to date and helpful information. For example, how to use a sling when supporting a person with a hoist. The provider told us this had already been identified by the provider as an area for improvement.

In addition, for a person who suffered pressure ulcers, there was no management plan to help encourage the healing of this ulcer. There was a preventative plan, which also lacked detail about frequency of repositioning and mattress settings, but it did not detail how to manage the current pressure ulcer. We discussed this with the staff team who told us that they no longer repositioned this person as it was agreed with the nurse that it was better for other health concerns that the person stayed in an upright position. However, this decision was not documented in the care plan. We asked staff about the mattress setting and they told us that they did not check it, the nurse who visited checked it. We noted that it was set to the wrong setting for the person's previously recorded weight. We asked a health professional about these decisions and they told us that staff were expected to check the mattress settings and assure it was set to the person's weight and that the person did need to be repositioned two to three hourly. The person's care plan also stated that they were to be offered food and drink on a spoon. This was last reviewed December 2017. However, in July 2017, speech and language team stated the person must not have anything orally due to risk of infection or aspiration. Staff told us that they had not been giving this person anything orally but the care plans was not up to date. We also noted that this person had not been weighed since October 2017 so the weight recorded may not be accurate as they had suffered a decline in health. The care in relation to this person was an area that required improvement.

During the inspection we observed staff being prompt in supporting people and responding to their needs in a way that confirmed they knew people well. This included ensuring they had items around them that they enjoyed using and personal care at a time that suited them. A relative said, "I am very satisfied with the care [person] has, [they] always like nice and comfortable."

The service did not provide nursing care and the registered manager told us that they had not yet needed to

provide end of life care for people. However, they had prepared for it by ensuring people had their wishes documented in their support plans.

People were supported to participate in activities in and outside of the home which reflected hobbies, interests and preferences. We noted that one person was supported to go to the Vera Lynn show at the local theatre. Other examples of in-house entertainment included cook and eat sessions, Play-Doh and reading magazines. Local outings took place to the library to go into town for coffee to go to the cinema and to catch a bus to a local town. On the day of this inspection some people was supported to go out for a walk. However, we did not see any in-house activities taking place, although one person was doing word searches and another had gone out with a day service.

People and relatives told us that staff supported people to do things that they enjoyed. We spoke with one person who told us that they liked to go out up to the town and to do their needlework. We saw that some people were supported by visiting care agencies who took them out on a one to one basis. When at home there were opportunities for crafts and games. Staff knew what people enjoyed and facilitated this. People had individual monthly activity plans which they devised at their monthly one to one meetings so they knew what they had coming up. However, the management team told us that they felt the provision of opportunities could be improved and they included this in recent action plan. We saw a reviewed activities plan which included sessions for cooking and life skills, relaxation therapy, lunch out, visiting family and friends and movie nights.

There had been no recent complaints received. The management team felt that this was unusually low for a service of this type so people were reminded of how to raise concerns at a recent residents meeting. We also noted that staff were reminded at their recent meeting how to respond and document any complaints received. Relatives told us that they knew how to raise concerns but had not needed to. A relative told us, "I would just speak to any of the staff, they are all very helpful."

Staff told us there is a meeting with the people every week, two people were able to verbalise their choices and others indicate their choices from pictures. We saw these meeting notes and found that people's views and choices were documented. They discussed menus, activities, holidays and feedback about the service. There had also been a survey which was mainly positive with a couple of suggestions which were noted as actions to follow up on. We saw that these actions had been completed.

Requires Improvement

# Our findings

The registered manager was on extended leave at the time of the inspection and the home was being supported by the assistant manager with support from the operations manager and the regional manager.

Staff were positive about the recent changes to the management structure. One staff member said they needed someone to give them guidance to make sure they were doing their job right. They also said the current management that had been in place for the past three weeks had helped to show the staff team ways of doing their job better. Management support in recent times had been lacking and had resulted in staff not feeling confident. They told us, "We need a leader." Another staff member said, "It makes you feel good in yourself, you get support from the managers and the social worker has been good too." They told us how they had been meeting with social care professionals to ensure they all agreed on plans for people. This demonstrated that that staff recognised working in partnership with other agencies was beneficial to the home.

Relatives were positive about how the service was run. One relative said, "I don't know the manager but all the staff are very good." Another relative told us that they had met with the registered manager before they went on leave to discuss plans for their relative. As this hadn't been followed up yet we asked the current management team to look into this.

There were internal quality assurance systems in place. However, these had not been used consistently. As a result issues and shortfalls had not been found until the regional manager completed their audits. For example, gaps in regards to staff training, robust internal auditing and missing information in care plans.

There was a regular regional manager visit where they completed audits to ensure the home was working well. We saw that actions arising from these visits were shared with the home manager. However, we saw on the regional managers follow up visit, they identified that the required actions had not been taken and there was a new management structure put into place to help address these areas.

There were not regular team meetings for staff. However, with support from senior management the staff had recently had a meeting where they discussed changes to practice and any issues. The meeting included information to help staff remain informed about changes to the home and future plans.

We reviewed handover sheets and noted that overall these were informative providing details of doctor's appointments, maintenance issues and any health concerns. We also noted that people's personal monies

were physically checked counted and initialled for at each handover.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had not always informed the CQC of significant events in a timely way so that we could check that appropriate action had been taken. We found that there had been an event at the service which should have been notified, For example, an unexplained bruise. However, the management team providing support were aware of the need to send appropriate notifications and would ensure this was completed from now on.

We discussed with the management team the areas of governance that had not been completed and as a result, areas within the home that needed to be addressed. For example, gaps in care plans, staff training and supervision, best interests and mental capacity. These areas had already been identified by the management team and they told us that had developed an action plan to address the shortfalls. We asked for a copy of this action plan and received this following the inspection.

We saw that supervision had been completed and training was delivered or booked. We saw that best interest decisions and mental capacity assessments were in progress. In addition, support and guidance fir staff had been a positive outcome of recent developments in the staff team. However, as these areas were not yet completed, and as result there had been a lack of oversight in the home resulting in at least one person's care not being given appropriately, governance and management systems were an area that required improvement.

The management team were not aware of the 'Registering the Right Support' policy. Although we noted that the staff and management team worked in a way that enables people to live the lives they wanted, we encouraged the team to familiarise themselves with the policy which was developed in line with national guidance. However, they worked in conjunction with other agencies and professionals to ensure that people lived in a homely environment which was run using people's views to help the ensure the service was run with a people first approach and were working on ways to provide additional opportunities to live a full life. People living at the service enjoyed going out and holidays and there were plans to develop these further.