

Aspects 2 Limited Hannacott

Inspection report

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Date of inspection visit:
11 December 2019
12 December 2019

Date of publication:
24 January 2020

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Hannacott is a residential care home providing personal care to six people with a learning disability at the time of the inspection. The service can support up to six people in one purpose built building.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion.

Staff and management understood how to protect people from harm and abuse. Risks to people's safety were identified, assessed and appropriate action taken and their medicines were safely managed. People were supported by sufficient staff recruited using robust procedures.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received individualised care which reflected their personal preferences, wishes and routines. There were arrangements to investigate and respond to complaints.

Quality checks were made with the aim of constantly improving the service in response to people's needs. At the time of our inspection visit, Hannacott did not have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. The current manager was planning to apply for registration with the CQC.

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

The last rating for this service was Outstanding (report published 6 July 2017). At this inspection the rating for this service is now Good.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Hannacott

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

Hannacott 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service, a relative, the manager, the regional operations manager, the regional quality manager and five members of staff. We reviewed a range of records. This included three people's care records and medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with four relatives of people using the service. We sought and obtained feedback from professionals involved with people using the service.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse because staff had the knowledge and understanding to safeguard people.
- People were protected from financial abuse through appropriate arrangements to manage their money.
- Staff demonstrated a clear awareness and understanding of whistleblowing procedures. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

Assessing risk, safety monitoring and management

- People were protected against identified risks. Risk assessments identified the potential risks to each person and described the measures in place to manage and minimise these risks.
- People were protected from risks associated with legionella, fire, electrical and gas systems, through regular checks and management of identified risks. Equipment for moving people had been regularly serviced. Staff had received fire safety training. The premises of the care home were well maintained.
- A plan for dealing with any emergencies that may interrupt the service provided was in place. People had personal emergency evacuation plans.
- Where bed rails were in use, risk assessments had been completed and discussions with people's representatives recorded.

Staffing and recruitment

- Adequate staffing levels were maintained. The registered manager explained how the staffing was arranged to meet the needs of people using the service. Agency staff had been used recently although recruitment of regular staff was in progress.
- People were protected against the employment of unsuitable staff because robust recruitment procedures were followed.

Using medicines safely

- People received their medicines as prescribed. Medicines were stored securely with monitoring in place to ensure correct storage temperatures. We found storage guidelines on two items had not been followed. We brought this to the attention of the manager. They took immediate action and provided us with information following our inspection visit of improvements to prevent a reoccurrence. To ensure the safe management of people's medicines, regular audits took place of medicine administration records and stock levels. Staff had received training and competency checks to support people with taking their medicines.

Preventing and controlling infection

- When we visited we found the care home was clean. Staff had completed infection control training and infection control audits were completed on a six-monthly basis with no significant shortfalls found.
- The latest inspection of food hygiene by the local authority in June 2018 had resulted in the highest score possible. Staff had completed food safety training and we observed they wore gloves and aprons when serving people's meals.

Learning lessons when things go wrong

- A system was in place to investigate and learn from accidents and incidents. Incidents were recorded on an event form and discussed at management meetings. Learning had taken place about how staff responded when a person was unwell.

Is the service effective?

Our findings

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

At the last inspection this key question was rated outstanding because it was innovative in providing a high level of personalised care to people. Since then, this service's practices have been adopted by other similar services and they are no longer out of the ordinary. At this inspection the service has been rated as Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were fully assessed which included ongoing involvement of their close relatives and if needed, health and social care professionals.
- Staff worked closely with the local learning disabilities team to ensure people's needs were met through appropriate care and support. Recognised assessment tools were in use for example to assess people's risk of developing pressure ulcers.

Staff support: induction, training, skills and experience

- People using the service were supported by staff who had received training for their role.
- Staff had completed training such as, effective communication, working in a person-centred way and first aid. Training specific to the needs of people using the service had also been completed such as epilepsy and diabetes. One member of staff had received an introduction to their role through completing the care certificate qualification. Staff told us they received enough training for their role.
- Staff had regular individual meetings called supervision sessions with senior staff. These were to identify any development needs and support they might require to effectively support people using the service.
- The effectiveness of a core of staff, ensuring people received consistent support strongly emerged from the feedback we received from people's relatives.

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

- People were provided with a choice of meals based on their dietary needs and known preferences with a menu changed weekly.
- We observed lunch which was cooked by staff and served in a relaxed atmosphere by attentive staff checking and respecting people's choices.
- People received individual support to eat their meals in response to their needs.

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

- The environment at Hannacott was designed to meet the needs of people using the service in terms of personal care, mobility and moving and handling. The design of the garden enabled access for people using wheelchairs.

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

- People were supported to maintain their health, they were registered with a local GP and a dentist. A GP visited people on a monthly basis.
- People received input from specialist healthcare professionals where required. A health care professional told us "staff appear to know the clients (people) well and will ask for support when they have problems or concerns."
- People had health action plans and hospital passports. These were written in an individualised style and described how people would be best supported in the event of admission to hospital or to maintain contact with health services.
- People had oral health care plans to ensure staff knew people's oral health care needs and preferred routines. Staff assisted and prompted people to maintain good oral health care.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Assessments had been completed of people's capacity to consent to receive care and support.
- Where people lacked mental capacity best interest decisions had been documented for example for managing a person's finances and using a lap-belt when using a wheelchair.
- Applications for authorisation to deprive five people of their liberty had been approved. There were no conditions relating to the authorisation of these applications.

Is the service caring?

Our findings

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

At the last inspection this key question was rated outstanding because it was innovative in providing a high level of personalised care to people. Since then, this service's practices have been adopted by other similar services and they are no longer out of the ordinary. The service has now been rated as Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We observed people were treated in a caring way by staff who used a warm and friendly approach with them. A person's relative described "caring and compassionate staff". Another relative commented, "They do generally care about the people they support." People's appearance indicated they were cared for and they were well-presented.
- We noted staff spoke to people to check on their wellbeing, engaged with them and responded to their requests.
- People's needs in respect of their religious beliefs were known and understood and staff had received training in equality and diversity.

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

- People and their relatives were involved with the review of people's support plans. Staff held monthly meetings with people to check their satisfaction with the service. One person showed us how they had access to a version of their support plan on their electronic tablet device.
- People had previously made use of advocates. Advocates help people to express their views, so they can be heard.

Respecting and promoting people's privacy, dignity and independence

- Staff checked with people if they were happy for us to view their rooms and ensured their privacy when we looked over the home. One person told us staff knocked on their door before entering and confirmed they respected their privacy.
- People's preference for the gender of staff supporting them with personal care was known and respected. Staff had completed training in privacy and dignity.
- People were able to keep in touch with family and friends, receiving visitors with no unnecessary restrictions. People's relatives told us they were made to feel welcome when visiting. Staff enabled a person to see their relative by giving them a lift where transport was a problem. People's relatives told us they were made to feel welcome when visiting Hannacott. A meal for people's relatives was being organised before Christmas.
- People were supported to develop independence with staff guided through detailed support plans. One person was supported to help to manage their own laundry. Risk assessments supported people's independence.

Is the service responsive?

Our findings

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

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

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

- People received care that was personalised and responsive to their needs. People had detailed person-centred support plans to guide staff in providing personalised support. Information was provided for staff reference about a person such as their likes and dislikes.
- People were supported to take part in activities and interests both in the home and in the wider community. This included visits to social clubs, fitness sessions, shopping, concerts, swimming, ice skating and music therapy. A New Year's Eve party was planned with a neighbouring care home. People had been supported by staff on holidays both as a group using an adapted hotel and individually. One person proudly showed us the Christmas card they had designed which had won first prize in a competition held by the provider.
- Staff supported one person to express their cultural identity through choice of clothing and meals.

Meeting people's communication needs

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

- The manager was aware of the AIS and information had been prepared in a suitable format for people where a need had been identified.
- People's individual communication needs were known to staff. Staff supported a person to choose their outer clothing through use of touch. Another person's support plan gave examples of how the person would communicate if they were unhappy and how staff should respond.

Improving care quality in response to complaints or concerns

- No complaints had been received since before the previous inspection. A system was in place to manage complaints appropriately. Information about how to make a complaint had been provided to people and their representatives. When we received some concerns from a person's relative about aspects of the support the person received. We contacted the relative and they intended to take the concerns to the manager of Hannacott.

End of life care and support

- End of life care was not currently being provided.
- Peoples wishes and plans for the end of their life had been recorded for future reference where this was

known.

Is the service well-led?

Our findings

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

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The manager described their vision for the service. This included finding new activities such as outdoor activities for people, working more closely with a neighbouring care home and involving a person in staff recruitment interviews.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- At the time of our inspection visit a new manager had been in post for just over a week. They were the fourth manager in post since our previous inspection and were intending to make an application for registered manager.
- The provider ensured they met CQC's registration requirements by continuing to meet all necessary regulations, by displaying the home's current inspection rating and completing and forwarding all required notifications to support our ongoing monitoring of the service.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- Regular audits were taking place to support the manager to meet the regulatory requirements and identify shortfalls in the service.
- A service improvement plan was in operation using various sources including internal audits and surveys of people's representatives. Progress with action on identified areas for improvement was recorded and monitored. Areas of the plan completed included, updating people's support plans to reflect specific nutritional needs and updating people's medicine records.
- Positive relationships had been established with the local community learning disabilities team and health care professionals to ensure people received the support they needed. Links with a local charitable trust had provided funding for one person.