South Tyneside MBC

Hagan Hall

Inspection report

Wardens Flat
103 Durham Drive
Jarrow
Tyne and Wear
NE32 4PR

Tel: 01915369156
Website: www.southtyneside.info

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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

The inspection took place on 27 and 28 September 2017 and was announced. This meant we gave the provider 48 hours' notice of our intended visit to ensure someone would be available in the office to meet us.

The service was last inspected in June 2015, at which time the service was compliant with all CQC regulations. At the previous inspection we rated the service good. At this inspection the service remained good.

Hagan Hall is an on-site domiciliary care and support service for people who are tenants within the Hagan Hall sheltered housing scheme. The service has twenty four self-contained flats. There were 15 people using the service at the time of our inspection.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found care was delivered safely by staff who were appropriately trained. There were sufficient numbers of staff to meet the needs of people who used the service.

New staff underwent pre-employment Disclosure and Barring Service (DBS) and other checks to ensure they were suitable to work with people who may be vulnerable.

Risks were managed through pre-assessment and ongoing assessment. Staff displayed a good knowledge of the risks people faced and how to help them reduce these risks.

There were no medicines errors on the Medication Administration Records (MAR) we viewed and staff had received medicines administration training. Their competence was assessed annually. The registered manager undertook medicines audits and we found no concerns in this regard.

New staff received an induction and all staff completed mandatory training, including safeguarding, health and safety, fire safety, infection control and food hygiene. Not all staff had received training in dementia awareness – the registered manager agreed to address this to ensure the service was better prepared to meet the needs of people who may develop dementias.

Staff told us they were well supported and we saw supervisions and appraisals were in place, as well as regular meetings. Team morale was strong and staff told us they felt confident in raising and questions or concerns openly.

People consistently told us they were happy with how staff supported them with their choice of meals although we noted the service could do more to promote people choosing and preparing healthier alternatives.

External professionals we spoke with agreed the care they had observed was to a good standard and that people were treated in a dignified way that respected their individualities.

People contributed to their own care planning and were involved in reviews, with family members also involved. Where people's needs changed, external professionals told us that staff worked with them to ensure people's needs were met.

Care plans contained sufficient person-centred information for staff to have a good knowledge of people's backgrounds, whilst the keyworker system meant staff were generally able to speak in detail about people's individual likes, dislikes and histories.

The service had a complaints policy in place and people who used the service knew how to complain and who to, should the need arise. People had been supported to make complaints about matters important to them.

People who used the service and staff told us the registered manager was fair, approachable and supportive. We found them and the service manager to have a clear vision about how the service could continue to improve and focus on supporting people to achieve specific outcomes in the future.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remained good.	**Good**
Is the service effective? The service remained good.	**Good**
Is the service caring? The service remained good.	**Good**
Is the service responsive? The service remained good.	**Good**
Is the service well-led? The service remained good.	**Good**

Hagan Hall

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 27 and 28 September 2017 and was announced. This meant we gave the provider 48 hours' notice of our intended visit to ensure someone would be available in the office to meet us.

The inspection team consisted of one adult social care inspector and one expert by experience. An expert by experience is a person who has relevant experience of this type of care service. The expert in this case had experience in domiciliary care for older people.

Before our inspection we reviewed all the information we held about the service. We examined notifications received by the Care Quality Commission and previous inspection information. We spoke with professionals in local authority commissioning, safeguarding teams and Healthwatch. Healthwatch are a consumer group who champion the rights of people using healthcare services.

During the inspection we reviewed five people's care files, looked at three staff records and reviewed a range of policies and procedures. We spoke with six people who used the service, in communal areas and in their own flats. We observed interactions between staff and people who used the service during a coffee morning. We also spoke with eight members of staff: the registered manager, the service manager, the senior carer, four carers and a volunteer. Following the inspection, we spoke with relatives of three people who used the service and three external health and social care professionals.

Good

Is the service safe?

Our findings

People who used the service and their relatives expressed no concerns about their safety and told us staff helped keep them safe. One person who used the service said, "When I come back from a trip and I feel a little wobbly the staff will always calm me down." Another said, "How could I not feel safe? All I need is here, the staff have everything I need in case I have a panic attack."

We saw each person had a pre-assessment completed, which identified key areas of risk associated with people's needs and ensured the provider could meet people's needs. Staff then completed more comprehensive risk assessments, aligned to the relevant care plans. For example, where people smoked we saw there were clear plans in place for how staff could help them minimise the risk of causing a fire. One person had a 'missing person plan' in place, as they had previously left the service without telling staff. This included known likely sources of anxiety to avoid in the first instance and, should the person go missing, details regarding places the person may visit, key contacts and information to share with other agencies.

Specific risks such as self-neglect and financial mismanagement or vulnerability were managed well, with staff appropriately trained. One person told us, "My keyworker is really amazing helping me with debt issues which I could not do myself."

We observed people who used the service interacting comfortably with staff throughout the inspection, whilst all completed surveys indicated people had no concerns regarding their safety. External professionals we spoke with raised no concerns about people's safety or areas of poor practice.

We saw staff had received safeguarding training and there were appropriate policies in place. Their knowledge of what to do should they have any concerns regarding the safety of people who used the service was good and in line with local authority safeguarding guidance. Each staff file had a signed whistleblower statement in it and staff we spoke with were comfortable raising concerns if they had any. Whistleblowing means when a staff member raises concerns about the organisation externally.

The registered manager kept a log of incidents, accidents and any safeguarding concerns. We saw they referred any concerns to relevant external agencies, for example the local safeguarding team when there had been a medication error. They also reviewed such instances over time to see if there were any patterns or trends.

We reviewed the recruitment files of three staff and saw pre-employment checks were in place, such as Disclosure and Barring Service (DBS) checks, requests for references and identity checks. A checklist on the front of each staff file helped to ensure this information had been consistently sought prior to employment.

People received support from staff who worked on site and we found no evidence of missed care calls. Relative told us, "There are always enough staff," and people who used the service agreed, telling us, "The pull cords take all the worry away as one pull and they come running."

All staff we spoke with felt staffing levels were appropriate, although some noted there were times they could be, "A bit stretched" due to unforeseen circumstances. This meant that people had not been placed at risk of neglect through understaffing.

We reviewed procedures for the administration of medicines and sampled recent Medication Administration Reports (MARs). There were no errors in the records we reviewed. The registered manager undertook monthly audits of medicines and assessed staff competency in this regard on an annual basis. Where an error was identified the registered manager took action. For example, one person's supply of medicines had been found to be two paracetamol short one month. The agreed outcome between the person and staff was that they would keep their medicines in a locked cupboard in their flat. All staff had received appropriate medicines administration training. They agreed to review the latest guidance from National Institute for Health and Clinical Excellence (NICE) regarding the administration of medicines in people's homes, as the registered manager was not aware of this best practice guidance.

Infection control was well managed, with specific training for all staff and additional observations undertaken by the registered manager to ensure staff adhered to hand washing protocols and the use of personal protective equipment (PPE), for example gloves and aprons.

Good

Is the service effective?

Our findings

People who used the service told us staff knew them well and helped them access external healthcare professionals. One person during the inspection raised concerns about their hearing aids and the senior carer resolved the matter during the inspection.

All people who used the service we spoke with said they were impressed with the support they received and the way in which they felt involved with decisions. One person told us, "Staff took time and put a lot of effort into finding out why I do and say things and what makes me the person I am."

One relative told us, "They are well trained I think and seem to cope with his ups and downs very well." When we spoke with external professionals they confirmed staff communicated well with them to ensure people got the support they needed.

We saw people were encouraged to attend appointments such as hospital, GP, dental, chiropody and optician appointments. Where people chose not to attend such appointments, this was clearly documented.

Staff had been appropriately trained to meet the needs of people who used the service. Mandatory training included safeguarding, moving and handling, infection control, first aid, fire safety, food hygiene and Mental Capacity Act (MCA) awareness. The registered manager used a training matrix to manage when staff needed to refresh training courses and we found this to be effective. We found the induction to give a comprehensive overview of the service's policies and procedures. Additional training had been delivered where staff required skills to help meet people's needs. For example, staff had received self-neglect training and dementia training. Whilst not all staff had received this latter training the registered manager confirmed they planned for all staff to receive such training and that, in the meantime, only staff with training in dementia awareness would support people living with dementia.

The senior carer or the registered manager planned the rota and we found it to be effective in ensuring people's needs were met. As the service was located on one site, this meant staff could be relatively flexible in meeting people's changing needs. The service manager acknowledged that, if the service moved towards being full, the scheduling of care calls would need to become more rigidly planned.

Care records we reviewed were sufficiently detailed to ensure staff working on different shifts could meet people's needs and visiting professionals could access the necessary information about people. 'Transfer to hospital' forms were also in place to help external professionals have access to the necessary information about people's medical conditions and preferences.

Staff told us they were well supported by the registered manager and the senior carer. We saw supervisions took place regularly and that these were themed to ensure there were regular discussions about topics such as, for example, safeguarding, mental capacity, medicines and workloads. Staff confirmed they found these conversations an opportunity to raise any concerns openly.

Some people who used the service had specialised diets, for example a fork mashable diet, and we saw staff supported people to prepare these. We also saw information from the Speech and Language Therapy (SALT) team was incorporated into people's care planning to ensure nutritional plans were consistent with that advice.

With regard to nutrition, all staff had received appropriate training. At the previous inspection we saw staff had cooked a meal each lunchtime so that people in the adjoining flats had the option to share a communal meal if they wished. At this inspection the registered manager confirmed this practice had stopped as it risked the lunchtime becoming institutionalised. They acknowledged more had to be done to encourage people who used the service to become independent with regard to food preparation. The majority of people who used the service chose to have ready meals delivered from an external agency. Some people had been encouraged to choose healthier options via this service but the registered manager acknowledged more could be done to encourage people's ability to prepare healthier foods.

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 saw people's consent to care was documented in each care plan we reviewed and, when we spoke with people and their relatives, they confirmed they were asked to consent to aspects of care regularly and that staff valued their right to choose. One person told us, "I can do what I want when I want and no one bothers me at all." We saw staff received Mental Capacity Act (MCA) training and staff we spoke with were aware of the principles of, for example, presuming people have capacity unless shown otherwise.

Good

Is the service caring?

Our findings

People who used the service consistently told us they found staff to be friendly and helpful. One person who used the service said, "My key worker is with me for my care plan chat and the thing is I trust all of them to look after me and do the best for me." Another person told us about how staff took time to get to know them, stating, "The new staff are introduced and they take time to find out about us because we are all different." The majority of relatives were similarly pleased with the support and patience demonstrated by staff, stating, for example, "All the staff are great – they're always encouraging and the place is bustling."

One external professional told us, "I've always found the staff to be kind and caring towards people," and cited an occasion when a person using the service was in hospital for a prolonged period of time; staff visited them regularly to ensure they were supported.

Another professional we spoke with said, "They have people's interests and needs at the forefront."

Some staff we spoke with had been at the service for a number of years. We found there was a consensus of opinion that the positive, trusting relationships formed between people who used the service and staff were due partly to the levels of continuity achieved by the service.

Surveys we reviewed indicated that all respondents thought highly of staff, providing comments such as, "Friendly and caring," "Class!" and, "Excellent!". We also saw a range of recent thank-you cards, with comments including, "We can't thank you enough for all of your kindness and help," and, "Mum loved being at Hagan Hall where she felt at home and it was reassuring to us that she was being cared for so well." These helped demonstrate that the culture established at the service was a genuinely caring one.

People were involved in their care planning. We saw people had signed relevant care plans and were involved in reviews of their care. Relatives similarly confirmed they were involved in people's reviews, along with relevant clinicians and social workers. This meant the service ensured they reviewed people's needs in line with their wishes and preferences, involving people who knew them best.

We observed people being spoken with in a dignified way throughout our inspection, whilst people who used the service told us staff treated them with respect. People confirmed staff respected their privacy and never intruded. We saw each person had a 'Equality, Diversity and Religion' plan in place. One person, for example, was a practicing Catholic who regularly attended church in Jarrow. They stated, "My carers respect my differences."

Each person had in place and End of life care plan, setting out their preferences should they approach the end of their lives whilst using the service. These plans included people's preferences regarding where they wanted to be, what type of service they would like and who they wanted to be involved. This meant staff had ensured people had the opportunity to discuss and document how they wanted to be supported if their health deteriorated and they need support at the end of their lives.

We saw that new staff all signed the provider's confidentiality statement. People's sensitive personal information was stored securely in locked cabinets in the staff area. This meant that people's confidential information was stored securely.

Good

Is the service responsive?

Our findings

People who used the service we spoke with confirmed their needs were regularly reviewed and that changes were made where necessary. For example, one person's mobility needs changed. We saw this was reviewed with them and an occupational therapist to ensure they could access more appropriate accommodation.

People were supported to make day-to-day choices as well as to plan for longer term goals, such as holidays and other trips. Staff completed a 'Summary of personal outcomes, preferences and achievements' record each month, although we found these to lack detail. They were intended to document and reinforce people's positive achievements whilst working towards increased levels of independence. The service manager stated they did not currently use a 'goal-based' approach to supporting people's activities and independence and acknowledged the service needed to improve how it helped people build greater levels of independence.

We did however see a range of good outcomes for people who used the service, for example one person described it as their "Dream" to own a dog and we saw staff supported them to do this through ongoing prompts and detailed care planning. The pet also meant the person spent more time outside and met more new people. One relative told us, "They used to spend a lot of time on their own but staff encourage them. They've been getting involved and meeting people more recently." Another said, "They like people to mingle and are good like that – there's plenty to get involved with."

One external professional told us "I have also been impressed by the activities they provide for example singing entertainment, theme nights and exercise classes and when it's some ones birthday they provide a party for every." We found, whilst the service was registered to provide personal care to people in their own flats, the communal space was being trialled as a hub for a day service. This had a positive impact on people's access to regular social gatherings. One person told us, "I would not change a thing - the social evenings are good, meeting all the other people - just like a family gathering."

Care plans we reviewed contained sufficient levels of person-centred information. Person centred means putting people's likes, dislikes, interests and goals at the forefront of care planning. Each file had an 'About Me' profile in, with details about the person's life history, relationships, likes and dislikes. When we spoke with staff they demonstrated a good knowledge regarding people's individualities. The service used a keyworker system, meaning each member of staff was responsible for ensuring one or two people who used the service were up to date in terms of any appointments they needed to attend, for example.

People who used the service were encouraged to take part in surveys and attend tenants' meetings, where they discussed a range of topics, including potential group trips, and the use of communal spaces for a day centre session. This had been running for two months at the time of the inspection and there was unanimous support for it from people who used the service, relatives and staff. We found the hosting of the day centre in the communal area at Hagan Hall meant people who used the service had an opportunity to engage in a range of on-site activities and make new friendships with people who did not use the service. The service manager described the day centre as an integral part in supporting people, who lived in their

own flats around a central hub, to begin to access the community more regularly and independently. They acknowledged the service needed to ensure it focussed on supporting people to develop their independence and skills.

People who used the service and relatives all stated that there had been a lack of activities previous to the day centre starting, but that there was ample choice and variety available to people now. There was also a consensus that that the service's minibus was not used as often as people would like as there were only a limited number of staff who were licensed to drive it.

There had been no recent complaints but the service had a complaints policy in place and clear information about how to complain in the Service User Guide. We also saw one person had been supported by staff to make a complaint about an external service they had received. People who used the service we spoke with, and their relatives, knew how to complain and to whom if they needed to.

When we spoke with external professionals there was a consensus that staff were well engaged in people's care and the need for health and social care providers to work together. One told us, "They attended all the MDT meetings at the hospital and were in regular contact with us and the family – the family were really impressed, so was I." Another said, "They work really well with people in my experience," and "They do seek advice and contact me when it's been needed and I've been able to respond quite quickly."

Good

Is the service well-led?

Our findings

At the time of our inspection, the service had a registered manager in place. A registered manager is a person who has registered with the CQC to manage the service. The registered manager took over the service in April 2016 and demonstrated a sound knowledge of the service's policies and procedures, as well as the needs of people who used the service. They had relevant social care experience and, along with the service manager, could set out a coherent vision for how the service would improve the way it supported people to maintain their independence in future.

People who used the service we spoke with and their relatives confirmed they knew who the registered manager was, or another senior member of staff, and that they had regular contact from the management team. One person said, "The staff are amazing and the manager is brilliant-100% always there for you," and another, "We can go to any staff member and know we are in safe hands."

Staff we spoke with had confidence in the management of the service and interacted well with senior staff and each other. They described the registered manager as, "Fair" and, "Supportive," stating, "They are always either on hand or at the end of the phone – you can ask anything."

External professionals we spoke with expressed confidence in the ability of the registered manager and staff more generally and we found the culture to be open and supportive.

With regard to oversight of the service and service improvement, the registered manager delegated some responsibilities but undertook the majority of audits. These included medicines audits, care plan audits and financial audits. We saw these had been completed consistently and had identified errors or areas for improvement in record keeping. This meant the service had in place adequate quality assurance systems.

We found staff morale to be high and staff told us they felt valued by the organisation. They told us they felt part of a team and we saw regular team meetings were held, along with senior team meetings. One member of staff told us, "There is always someone at the end of the phone if I need help. We aren't left alone."

Documentation we reviewed was up to date, contemporaneous and accurate.

We found staff to have a consistent understanding of the policies relevant to their roles. The registered manager was receptive to reviewing policies in line with recent best practice to ensure people who used the service were able to benefit from this.

We found the registered manager and care staff had successfully delivered the aims and objectives set out in the service user guide, namely a focus on people who used the service and enabling them to live independently.