Hestia Housing & Support

Talgarth Road

Inspection report

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Ratings

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

Overall summary

The inspection took place on the 11 and 15 December 2015. At our previous inspection on 11 April 2014 we found the provider was meeting regulations in relation to the outcomes we inspected. Talgarth Road is registered with the Care Quality Commission to provide care and accommodation for up to 10 people with mental health problems. The service was at full occupancy at the time of our inspection and the age group of people using the service ranged from adults in their 30's through to their 70's.

There are 10 single occupancy bedrooms, which do not have en-suite facilities. There are communal sitting rooms, a dining room, bathrooms and shower rooms. There is a garden at the rear of the premises. The building is three storeys and does not have a passenger lift.

There was a registered manager in post, who had worked at the service for several years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

People were not able to safely access support from the night time support worker because they could not reach the office. People told us they had to go into the rear garden and bang on a window or use their mobile telephone and ring for assistance.

We found that people had limited access to food during the night time and had to ask staff for access to some food items during the day if they wanted to make a nutritious snack.

Staff had received training about how to protect people from abuse and described how they would report any concerns. We observed areas of the premises that needed to be improved and saw that the provider had established a schedule of required improvements for the environment, which was taking place at the time of this inspection. The four care plans we looked at contained risk assessments, which showed that any risks to their safety and welfare had been assessed and planned for. There were sufficient staff to support people, however we observed that preparation for meal times was a busy time for staff and did not consistently involve people using the service. Medicines were stored, administered and disposed of safely. Staff undertook appropriate medicines training and could describe their duties in regard to the safe management of medicines.

Staff had regular supervision and training, including training about how to meet the needs of people with mental health difficulties. This meant that people were supported by staff with suitable knowledge and skills to meet their needs.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005, Deprivation of Liberty Safeguards (DoLS) and to report upon our findings. DoLS are in place to protect people where they do not have capacity to make decisions and where it is regarded as necessary to restrict their freedom in some way, to protect themselves or others. We found that staff understood the provider's policy and could explain how they protected people's rights.

We saw that people had positive relationships with staff, who spoke with them in a kind and respectful manner. Relatives and health care professionals told us that staff were caring. People's privacy was maintained, for example we saw staff knock on bedroom doors and await permission to enter and people were given their mail directly.

People using the service told us they were happy with their care and we received positive remarks from their families. Care plans reflected people's needs as identified at their Care Planning Approach meetings and were up to date, although some people said they would like more support for working towards a more independent lifestyle. People were encouraged to get involved with the planning and reviewing of their goals, and relatives told us they were consulted about their family member's care and support. People accessed community medical and healthcare facilities and staff attended appointments with them, if required.

People's relatives told us they liked how the service was managed and they described the registered manager as being "a wonderful man" and "very caring". We observed the registered manager interacting well with people who used the service and staff, and staff told us they felt properly supported by him. There were systems in place for the ongoing monitoring of the quality and effectiveness of the service. However, this monitoring was not consistently effective.

We found two breaches of regulations relating to the safety and suitability of the premises and nutrition. You can see what actions we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Some aspects of the service were not safe.

People were not able to easily access support from staff at night.

The provider carried out effective recruitment checks.

Staff understood the provider's safeguarding policy and procedures and had completed training to keep people safe.

Is the service effective?

Requires Improvement

Some aspects of the service were not effective.

People did not always have access to a choice of suitable and nutritious food and drink.

Staff had the training they needed to meet people's care and support needs.

Staff understood the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). The safeguards are used to protect the rights of people who lack the ability to make certain decisions for themselves and make sure that their freedom is not inappropriately restricted.

Is the service caring?

Good

The service was caring.

People using the service, their relatives and care professionals commented positively on the staff and registered manager.

People were encouraged to be involved in planning the care and support they received.

Is the service responsive?

Requires Improvement

Some aspects of the service were not responsive.

Staff worked with people to support them to set goals and evaluate their own progress.

We recommend the service finds out more about how to involve people who have mental health needs in fulfilling activities and how to involve them more in their local community.

The provider and registered manager responded appropriately to any complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Summary of findings

People using the service, their relatives and health care professionals told us the service was well managed.

The provider sought the views of people and their representatives.

The provider and registered manager carried out checks and audits on the running of the home, but did not always robustly ensure that necessary improvements were implemented.

Talgarth Road

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 registered 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.

The inspection took place on 11 and 15 December 2014. The inspection was unannounced on the first day and we informed the service that we would be returning on the second day.

The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection we reviewed information contained in the PIR along with other information we held about the home. This included notifications of significant incidents reported to CQC and the last inspection report of 10 April 2013, which showed the service was meeting all regulations checked during the inspection.

We spoke with five people who used the service, three care staff, a student social worker on placement and the registered manager. We spoke with the relatives of four people after the inspection. We observed the support and care provided to people in the communal areas and looked around the premises. Three people showed us their bedrooms.

We reviewed four care plans and the accompanying risk assessments. We also looked at a range of documents including medicine administration record (MAR) sheets, four staff records, the complaints log, quality assurance audits and health and safety records.

We contacted health and social care professionals with knowledge of this service in order to find out their views about the quality of the service. We received feedback from two registered mental health community nurses who support people using the service. We used this shared information to assist our inspection.

Requires Improvement

Is the service safe?

Our findings

People told us they did not consistently feel safe at the service at night time. Whilst people told us the level of staffing during the day was sufficient, we were informed there was a problem with access to night staff. One person said, "It happened to me two weeks ago. I wanted to get medicine from the office. The doors were locked (door to dining/kitchen area that leads through to office used by night staff). I had to walk all the way round outside (out of one front door, along the pavement to the other front door) and banged on the window. The [dining/kitchen] door should be unlocked. It's very dangerous as you're out there in the middle of the night and in your bed stuff." We asked if they had spoken with staff about how they felt and were told, "The staff didn't respond, it is still the same system."

Another person told us, "There is one overnight [staff member]. They're down in the office, they sleep in there. The doors are locked and you have to bang on the door." We asked if there had ever been an occasion when the night time support worker did not respond to the banging. The person confirmed that this had happened and said, "You have to go outside to bang on the window." A third person commented that if they needed to get hold of the night staff member, "I just ring them from upstairs on my mobile because the doors are locked."

On the first day of this inspection we spoke with one member of staff about these concerns and were told that the door was not locked and people had full access to the one allocated sleeping-in support worker. Another member of staff told us the door was locked, which confirmed the information given by three people who used the service. We saw that the issue of locking the door leading to the office had been discussed in a team meeting and staff were told not to; however, there was no evidence to demonstrate that this had been monitored. We spoke with the registered manager about this practice on the second day of the inspection and he also confirmed that people did not have safe access to night staff.

This was a breach of Regulation 15 (1)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which corresponds with Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Following this inspection, we received written notice from the registered manager that this practice had ceased.

Parts of the communal areas were being refurbished and redecorated at the time of the inspection, which included five existing bathroom suites being replaced with new fixtures and fittings. One person told us that if they were in charge of improving the premises, they would "paint the walls", which they described as being "shabby". We observed in the dining area, several electric cables were attached to an extension which has been left at a tipped-up angle by the fridge. Cables trailed across the floor. During the inspection no staff member noticed this or made an attempt to rectify it.

People were not consistently provided with a well-maintained, homely and comfortable environment, although some communal areas and bedrooms were satisfactorily maintained.

We saw a mouse trap in the space between the residents' fridge in the dining area and a cupboard. When we asked the staff member who showed us around if there was a mouse problem, they said it was "ages ago.'' Quite severe damp was evident in several areas of the property, for example the hall area that lead from the kitchenette to the front door. Part of the flooring has been torn and/or removed to reveal the stone underneath, and cracked and blackened skirting boards showed damp. The damp extended upstairs to a bathroom which had severe damp on a window-sill with very cracked paint and wood work, and broken bath tiles.

We spoke with the registered manager about these environmental observations. We were told that an extensive refurbishment programme had been agreed by the housing association and were provided with a copy of the schedule for the planned work.

Records showed that the registered manager regularly audited the health and safety records to ensure that equipment and installations within the property were safely maintained. We looked at a sample of maintenance and monitoring records including landlord's gas safety, panic alarm system checks, portable electrical appliances testing, professional maintenance of fire equipment, a current fire risk assessment and evidence of regular fire drills.

People told us they felt safe during the day. One person told us, "The best thing is the people [other people using the service and staff]. They're like family." Another person commented, "I like the company" and a third person said,

Requires Improvement

Is the service safe?

"It [Talgarth Road] saved my life." Relatives told us they felt their family member was safe living at the service. One relative told us, "The staff treat [my family member] well. They do everything a parent would do to keep [my family member] safe." People told us they thought there were enough staff available to support them although we observed on the first day of the inspection that five people sat in a lounge watching television and no staff were present. One member of the staff team told us that the daily routines such as staff cooking meals for 10 people meant that staff did not have sufficient time to support people with activities that promoted recovery, fulfilment and more independence. We received information from a community nurse that they had observed an increased use of temporary staff although the rotas now showed that most staff were permanently employed.

Staff were able to discuss how they would protect people from harm and they explained how they would report any abuse they had witnessed or heard about. Records showed that staff had received training and were familiar with the provider's safeguarding adults' policy and procedure. Another community nurse told us they observed staff take an active role implementing a protection plan for a person following a safeguarding concern. Staff also understood how to use the provider's whistle blowing policy if necessary, in order to report any concerns about how the service was being managed. Staff told us they would whistle-blow to external organisations such as the local safeguarding team, the police and the Care Quality Commission (CQC) if they thought the provider was not responding appropriately to their concerns.

Records showed that the registered manager analysed any safeguarding incidents and made changes to practices to ensure that people were not put at further risk. The registered manager described actions they had taken to ensure the safety of people and staff, when a person had brought unexpected guests to the premises late at night. They had appropriately informed the local safeguarding team and CQC of safeguarding incidents.

People received care and support from staff who were suitable for employment working with people using the service. We checked four staff recruitment folders and found that they all contained satisfactory information to demonstrate that staff had been recruited safely, including criminal record checks and two appropriate references. Records showed that staff were monitored and assessed during a probationary period.

Care plans contained risk assessments, which were regularly reviewed and reflected changes identified at people's six monthly or annual Care Planning Approach (CPA) meetings. CPA is the system used to organise people's community mental health services, involving people, their representatives and health and social care professionals such as psychiatrists, nurses and social workers. The CPA meetings were also attended by staff from the service. There were a range of risk assessments, including ones for people to manage their own medicines and finances. The registered manager told us that a person engaged in behaviour in public that could place them at risk from others. Staff had spoken with the person in a non-judgemental way about the risks and had tried to engage the person in meaningful activities that promoted self-esteem and achievement.

One person told us they managed some aspects of their own medicines regime, as part of a programme leading towards discharge to a more independent type of accommodation. We looked at the provider's medicines policy and procedure which referenced current national guidance and the records showed that staff had received training. We checked the storage and recording of four people's medicines, which was safely undertaken. A staff member showed us medicines and the accompanying medicines administration record (MAR) forms and was able to provide straight forward information about the medicines and the actions they would take if people refused medicines. The staff member showed us how medicines were counted when they arrived at the service and the recorded system for returning any surplus medicines back to the pharmacy. A pharmacist from this pharmacy carried out an annual audit of the service's management of medicines.

Requires Improvement

Is the service effective?

Our findings

People told us that they chose the weekly menu as part of their weekly residents' meeting. Discussions about the menus were recorded in the minutes we looked at. One person told us, "I put on the menu plantain, ackee, Irish stew and rice. However we need more food from other countries." Another person said, "It's very nice but there's not enough green vegetables."

People had a cooked lunch at approximately 12.30 pm and a lighter meal in the evening. If a person was not available during meal times, their meal including dessert could be saved until they came back home. We saw that the winter menu plan did not always offer people a warming option in the evening, for example soup or cheese on toast. The provider told us that people were consulted about the daily menu and could request alternative meals if they wished to.

People told us they could access tea, coffee, milk, sugar, biscuits, bread and margarine from a fridge in the main kitchen during the day. We found that the fridge containing fillings for sandwiches was kept locked and a second fridge with bread and margarine was unlocked. This meant that people had to ask permission for access to cheese, ham and other refrigerated products such as yoghurts if they missed a meal because they were out or wanted a snack.

People told us they could access tea, coffee, biscuits, milk and sugar from a kitchenette during the night, as the main kitchen was locked at midnight. When we were given a tour of the premises by a staff member, we were told that the kitchenette near the garden was open during the night for people to make a hot drink. When we asked about what kind of snacks people could access we were told "biscuits" and shown the biscuits and tea containers in an otherwise empty cupboard. The staff member opened the fridge which was completely empty except for a bottle of milk. We asked if people could access healthy snacks, for example cereals and sandwiches, and were assured that food was transferred to the kitchenette every evening. However, people using the service told us night-time healthy snacks were not provided, which meant people could not meet their nutritional needs day and night.

This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which corresponds with Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People told us they would like to be more involved with cooking food, as they regarded this as a positive step towards becoming more independent. One person said, "I need basic cookery skills, to cook a roast. I haven't done it here." Another person described it as a "treat" if they were supported to cook and said they sometimes got the opportunity to peel vegetables or prepare the table.

We spoke with the registered manager about people not being able to access suitable snacks during the day and night. Following this inspection we received written confirmation that suitable food was now available at all times. We also spoke about people's wishes to be more involved in cooking. One member of staff told us they supported people with cooking "weekly" or "monthly". We saw that this had already been discussed at staff meetings but plans for staff to promote this involvement did not appear to be sustained.

Staff informed us they received training that was relevant to the needs of people using the service. The training records showed that staff received mandatory training and also attended training including basic and advanced alcohol and drug awareness, supporting people with behaviour that challenged the service and the use of mental health recovery models. Staff were supported to enrol upon nationally recognised vocational health and social care qualifications at levels two and three, which some staff had achieved.

We saw that staff received regular supervision and annual appraisals. The supervision records we looked at showed that the registered manager provided staff with information and guidance about how to meet people's needs. The appraisals we looked at showed that staff were being supported and given objectives for their ongoing development and performance.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The registered manager told us that all of the people using the service at the time of the inspection had the capacity to make informed decisions and choices.

Requires Improvement

Is the service effective?

People's care plans showed that their capacity had been assessed by medical and health care professionals and was discussed as part of their Care Planning Approach (CPA) meetings. Records showed that not all staff had received appropriate training about their role and responsibilities, although staff were able to discuss their knowledge of mental capacity and were aware of the provider's written guidance.

People told us they attended health care appointments, such as visits to their GP, clinics, opticians and dentists. They told us that their health needs were being met, although some people said they wanted to take more responsibility for making appointments and attending on their own. A relative told us how their family member was previously reluctant to attend health care appointments but now does. They praised staff for the ongoing support, advice and encouragement they had given to their family member to help them to meet their healthcare needs. Staff told us they went with people to their appointments so they could take notes about any proposed treatments or recommendations, for example changes to diet. We also saw that staff reported back to professionals at the CPA meetings about any changes to people's health. A staff member told us that one person now attended a routine appointment on their own, as part of their goal of exercising more independence.

Good

Is the service caring?

Our findings

People commented positively about the staff and the registered manager. Comments included, “really good”, “some I get along with, some I don’t”, “lovely”, “they listen”, “alright” and “very nice.” One relative said, “We can’t thank them [staff] enough. They are very friendly and sympathetic, they deserve a gold medal. They make you feel welcome.” Another relative told us, “Staff are really, really very caring, it makes a difference. Our [family member] suffered for so many years but this place has given [him/her] new life. [He/she] likes [a staff member] a lot.” A third relative said their family member had complex needs and they thought staff were kind and tried to provide motivation. One community nurse said staff were caring and respectful and another community nurse told us they thought the registered manager was very caring.

During the inspection we did not observe many interactions between people and staff, as staff were either carrying out duties in the office or cooking the lunch. We saw staff speak with people in a kind and thoughtful manner, and they listened to people.

People told us they were treated with dignity. We saw that staff checked with people if they were happy to speak with us and ensured that people had a private area to meet us in. We saw staff knocking on people’s doors and waiting for their permission to enter. People told us they could request to be supported with any personal care needs by a member of staff of the same gender. We saw that confidential information was securely stored and staff were aware of the provider’s confidentiality policy. However, we saw that information about a person’s forthcoming appointment had been written on a whiteboard in an office that people came into.

People told us they were free to go out when they pleased, stay overnight and for weekends with their family and receive visitors. Relatives told us they felt welcomed and one relative said “The manager has tried to make the atmosphere good, always cheerful and staff smiling.” People were encouraged to personalise their bedrooms, take responsibility for cleaning their rooms and take care of their own laundry. We saw a person ironing their clothes. One person told us they enjoyed gardening, had completed a horticulture course and was a volunteer gardener once a week at a local park. They said that they helped maintain the rear garden. People were asked for their views about the service during the weekly residents’ meeting. We saw that people had been consulted about Christmas celebrations and summer outings. This meant that people were encouraged to regard the service as their home and their contributions were valued.

The care plans showed that people were consulted about their care and support, although some people chose to give their own views and sign their care plans and risk assessments, and other people declined. Information was provided about how to access an independent advocate if people wanted support to make a complaint, and people were provided with information about local peer support and discussion groups they could attend.

Requires Improvement

Is the service responsive?

Our findings

People gave us mixed information about how staff supported them to participate in activities and gain the skills to become more independent. One person told us, "We have a cleaning rota before you get your money. After we're free to do what we want. We need more activities, there's not a lot to do apart from TV and room cleaning." They suggested the service could offer table tennis as it would interest people who wanted an activity that promoted physical exercise as well as entertainment. Another person said, "There isn't a lot to do. Not a lot appeals to me, cleaning your room or watching television." A third person commented, "A normal day is breakfast, having a wash, lunch, afternoon tea, looking at the television sometimes, supper." A person told us they would like to join the local library but needed staff reassurance and support, as they were worried about what would happen if they lost a book.

Some people said they went to college courses, mental health day centres and a walking group. Each person had their own written weekly programme of activities which included computer classes, bingo, relaxation and stress management sessions, art group and a class to learn another language, although it was not clear how frequently people attended. Relatives told us they thought their family members were being offered opportunities to take part in meaningful activities. One relative told us their family member had completed art work for display at a public gallery and another relative said their family member had been taking dance lessons.

The service used the Mental Health Recovery Star system as part of its care planning. This is a tool for supporting and measuring change for adults managing their mental health and recovering from mental illness. Care plans showed that staff worked with people to support them to set goals and evaluate their own progress. A member of the staff team told us that staff were interested in supporting people to be more independent but this was sometimes difficult because it could be time consuming during busy periods. We were told that one person was being supported to cook their own breakfast but staff needed to also attend to preparing breakfasts for other people at the same time. We found that there was some confusion amongst staff as to whether the service was providing a 'home for life' or whether people would move on to more independent accommodation, which meant staff were not always clear about what type of support they should be offering.

People were provided with information about how to make a complaint within their service user guide and there were complaints leaflets in one of the communal lounges. People told us they knew how to make a complaint. We saw that one person had told staff during residents' meetings that there was a problem with their room but it had not been resolved at the time of the inspection. We brought this to the attention of the registered manager.

Relatives told us they also had information about how to make a complaint. One relative said they had made a complaint a few years ago about the premises and it was sorted out. Another relative had made a complaint more recently. They were pleased with how the registered manager listened to and responded to their concerns in a "very kind, sympathetic and gentle" way. We looked at the complaints log and saw that complaints were investigated within the agreed timescales.

We recommend that the service finds out more about how to involve people who have mental health needs in fulfilling activities and how to involve them more in their local community.

Requires Improvement

Is the service well-led?

Our findings

We received mixed views from people regarding whether they were consulted about the running of the service. People told us they were asked for their views during their weekly meetings, and they were also asked their opinions about the quality of the service at one-to-one meetings with their key workers. Two people thought the service had not taken into account their wishes for more structured programmes working towards independence.

People told us they liked the registered manager and found him approachable. One relative told us, "He is a wonderful man. When a manager is good he sets the atmosphere and routine." Other relatives said they thought the service was properly managed. A community nurse said they would recommend the service to other people seeking a placement because of the positive feedback they received from a person currently using the service and also based on their own observations when they visited.

Staff told us they felt supported by the registered manager and they felt able to ask him for advice and guidance. The minutes for staff meetings showed that information was shared and staff were asked for their views, and ideas for improving the service. The staff meetings minutes also demonstrated that learning took place from accidents, incidents, complaints and safeguarding concerns.

The registered manager told us they carried out health and safety audits. The provider carried out monitoring visits every three months but also conducted an annual visit described as an 'inspection'. This visit was carried out by two senior managers and a person using a different service managed by the provider. We saw that the registered manager had followed up and completed all required actions. The service formally sought the views of people using the service and their representatives through the use of questionnaires every two years. However, we found there were issues that the registered manager had not properly monitored. For example, we saw that there had been a discussion during a staff meeting about people not being able to access all parts of the building during the night. Although the registered manager had asked staff to make sure people had safe access, this had not been thoroughly checked upon. We also found that people's views in regard to access to healthy food for making snacks had not been sought and acted on.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
	Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs The registered manager did not ensure that services users are protected from the risks of inadequate nutrition. Regulation 14

Regulated activity	Regulation
	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment The registered manager did not ensure that service users were protected against the risks associated with unsafe premises. Regulation 15 (1)(b)