

# Trident Reach The People Charity Hampton Road

## Inspection report

20 Hampton Road  
Erdington  
Birmingham  
West Midlands  
B23 7JJ

Tel: 01212265800

Website: [www.reachthecharity.org.uk](http://www.reachthecharity.org.uk)

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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

This inspection took place on 23 November 2018 and was unannounced.

Hampton Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service accommodates a maximum of four people who have learning disabilities and/or mental health needs. It provides an enablement service to support people to aid their recovery and rehabilitation. At the time of the inspection four people were using the service.

At our last inspection in November 2015 we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The care service has been developed and designed 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.

A registered manager was 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 and associated Regulations about how the service is run.

People continued to receive a safe service where they were protected from avoidable harm, discrimination and abuse. Risks associated with people's needs including the environment and health care needs had been assessed and planned for. These were monitored for any changes. People did not have any undue restrictions placed upon them. There were sufficient staff to meet people's needs in a flexible way and safe staff recruitment procedures were in place. People received their prescribed medicines safely and these were managed in line with best practice guidance. Accidents and incidents were analysed for lessons learnt and these were shared with the staff team to reduce further reoccurrence.

People continued to receive an effective service. Staff received the training and support they required including specialist training to meet people's individual needs. People were supported with their nutritional needs and healthy diets were promoted. Staff worked well with external health and social care professionals, people were supported to access health services when required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The principles of the Mental Capacity Act (MCA) were followed.

People continued to receive care from staff who were kind, compassionate and treated them with dignity and respected their privacy. Staff had developed positive relationships with the people they supported, they understood people's needs, preferences, and what was important to them. Staff knew how to comfort people when they were anxious and made sure that emotional support was provided. People's independence was promoted and people were supported to achieve their goals.

People continued to receive a responsive service. People's needs were assessed and planned for with the full involvement of the person and professionals involved in their care. Care plans were user friendly and up to date. Staff knew and understood people's needs well. People received opportunities to lead their lives in the ways they chose, pursue their interests and maintain relationships with those important to them. There was a complaint procedure and action was taken to learn and improve where this was possible.

People continued to receive a service that was well-led. The monitoring of service provision was effective and there was an open, transparent and person-centred culture with good leadership. People were asked to share their feedback about the service and action was taken in response.

Further information is in the detailed findings below

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Hampton 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 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.

This comprehensive inspection took place on 23 November 2018 and was unannounced.

The inspection team consisted of one Inspector Manager.

Prior to the inspection visit we reviewed information that we held about the service such as statutory notifications. These are events that happen in the service that the provider is legally required to tell us about. We also considered the last inspection report and contacted commissioners who had a contract with the service.

We reviewed information the provider had sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. During our inspection visit we found the information contained in the PIR accurately reflected how the service operated.

During the inspection, we spoke with three people who used the service for their views about the service they received. We spoke with the registered manager, a senior care worker, two care staff and a student on placement at the service.

We looked at the care records of two people who used the service, the management of medicines, staff files, as well as a range of records relating to the running of the service. This included audits and checks and the management of fire risks, policies and procedures and meeting records.

# Is the service safe?

## Our findings

People told us they felt safe at Hampton Road. One person said, "I feel safe here. When I go out I have someone with me, I like that as I don't want to go out on my own yet."

People were protected from the risk of harm because there were processes in place to minimise the risk of abuse and incidents. Staff had received training in relation to safeguarding matters and any issues of concern were reported on. Staff understood and told us about their responsibilities in this area.

Risks of harm or injury to people were assessed and risk assessments were in place. For example, risk management plans were in place to help support people with risks associated with their mental health care needs. Staff were knowledgeable about what action to take to reduce identified risk. Positive behaviour plans were in place.

People were supported by sufficient numbers of staff who had the right mix of experience and skills. Staffing levels were flexible around the needs and wishes of people who used the service. The registered manager told us, "We flex the rotas around people's appointments and routines, for example we don't need as many staff first thing as people are still asleep." We saw staff were available when people wanted them and they responded to people's requests quickly. Staff had a calm approach and responded to people's needs in a timely manner.

The provider had safe staff recruitment checks in place. This meant checks were carried out before employment to make sure staff had the right character and experience for the role. A new staff member said, "They didn't let me start (working at the service) until all my checks were back."

People received their prescribed medicines safely. One person told us, "I have my medicine in the morning when I wake up. Staff give it to me." We saw staff gave people their medicine in a safe way and as prescribed. Records confirmed this. People's medicines were regularly reviewed by their doctor and other health professionals involved in their care. Staff had received training about managing medicines safely and had their competency assessed. A new staff member told us, "I have had my medication training and I am being observed at the moment." Staff were knowledgeable about people's medicines. Medicine stock checks were carried out at each staff changeover and regular audits were carried out to check that medicines were being managed in the right way. The registered manager had taken appropriate action in response to a recent medicines' administration error. There had not been any ill effects on the person.

Accidents and incidents were recorded and analysed for themes and patterns to consider if lessons could be learnt to reduce the risk of reoccurrence. There were plans in place for emergency situations. For example, staff demonstrated they knew what to do in the event of a fire, and each person had an up to date personal emergency evacuation plan.

The environment was clean and tidy and staff knew how to prevent the spread of infection. Staff had access to equipment to maintain good food hygiene practices. Cleaning responsibilities were allocated to staff

each day and checks were carried out.

# Is the service effective?

## Our findings

People had their needs assessed before they began using the service to check their needs were suited to the service and could be met. People were invited to spend time at the service to see whether they would like to stay there. In addition staff undertook specific training relevant to people's needs prior to them using the service.

Staff had received the training they required to do their jobs and they also received regular supervision and appraisal. This meant that staff had opportunity to discuss their learning and development needs and their performance. Additional training had been undertaken about people's specific needs, for example, MAPA (Managing actual and potential aggression) to support staff to manage people's anxieties and healthy eating.

Staff had an induction period and were supported to understand each person's needs. A student on placement at the service said, "I had an induction and have read the overview care folders (Summary care plans)." New staff were able to study for the Care Certificate. This sets the standard for the skills, knowledge, values and behaviours expected for health and social care workers.

People were supported to eat and drink enough and healthy diets were encouraged. People were fully involved in food shopping and preparing their own meals. On the day of the inspection all of the people chose to prepare different meals. Lunch time was a social event with people and staff eating together.

People had access to the healthcare services they required and were encouraged and supported to have control over their health care appointments. Staff were knowledgeable about people's healthcare needs, for example, they knew how to recognise when a person was unwell. Staff requested healthcare support when this was needed and followed the advice given. There was good communication between staff and social and health care professionals, including the community nurse, psychologists, dieticians and social workers who had regular input into people's recovery and rehabilitation. The registered manager said, regarding the community nurse, "We have a fantastic working relationship."

The premises and environment met the needs of people who used the service, was comfortable and homely in style. People's bedrooms were furnished and decorated as they wished. People were encouraged and supported to participate in household tasks as part of their recovery.

People had choice and full control over how they spent their time. One person said, "I enjoy watching television in bed, in my pyjamas."

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



We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. People's capacity to make decisions was assessed and best interest decisions were made with the involvement of appropriate people such as social care professionals. The MCA and associated Deprivation of Liberty Safeguards, where applicable were applied in the least restrictive way. Consent was sought before care and support was provided.

# Is the service caring?

## Our findings

People were treated with kindness and compassion. A student on placement at the service said, "Staff are very caring. They are good at encouraging [people who use the service] to make choices. I am impressed with what I have seen."

Staff knew people well. For example, they knew about people's preferences, what was important to people and how to motivate people to achieve their goals. Staff showed concern about people's wellbeing and responded to their needs. They knew about the things people found upsetting or may trigger anxiety. Relationships between staff and people were friendly and positive.

Staff were well organised, communicated effectively with each other, people who used the service and external professionals.

People were supported to maintain relationships with family and friends. Visitors were welcomed and people regularly had social engagements outside of the home with family and friends.

When necessary, people had access to advocacy services if they required support making decisions. This meant that people were supported to make decisions that were in their best interest and upheld their rights.

Staff said they had time to spend with people so care and support could be provided in a meaningful way by listening to people and involving them. There was a 'key worker' system in place so that people had a staff member allocated to them to provide any additional support they may need. Regular 'keyworker' meetings were held with the person so they could express their views.

People had their privacy and dignity promoted. Staff had received training about privacy and dignity; they knew how to protect people's privacy at all times. People had the option of having a key for their bedroom door and we saw staff knocked on people's doors before entering and addressed people in a kind and caring way. Throughout our inspection staff were sensitive and discreet when supporting people, they respected people's choices and acted on their requests and decisions.

People's independence was promoted. The aim of the service was to support people through their recovery and rehabilitation. The registered manager told us about a person who, in 2017, had moved out of the service into their own self-contained accommodation within a support living service. The registered manager described how over a three year period, staff had supported the person to meet their goal of greater independence by working closely with health and social care professionals.

People and staff gave us a number of other examples of how support from the service had a positive effect on people in developing life skills. They were very proud of the progress had been made. A staff member spoke about one person who currently used the service and said, "[Person] is like a butterfly, she has grown

so much and is like a new person."

## Is the service responsive?

### Our findings

People received personalised care that was responsive to their needs. People were fully involved in the care planning process and their preferences about the way they preferred to receive care and support were carefully recorded. For example, care plans included information about people's aspirations, likes and dislikes and staff were knowledgeable about these. As people's needs changed this was reflected in their plan of care.

People were supported to follow their interests and take part in activities that were socially and culturally relevant. One person said "I enjoy shopping, Christmas shopping with [staff member]. I am going to the German market with my family." Another person said, "I like going to the cinema, I may go this afternoon, I will see how I feel."

The service had made strong links with local organisations and people made full use of local amenities. People had full control over who they engaged with socially. All of the people attended college courses of their choice, with staff support.

Staff respected that each person had individual interests and beliefs and encouraged them to pursue these. One person was supported to follow their chosen religion and staff fully respected this. Staff had also supported a person to develop their English language skills and the student social worker was devising a communication resource folder for staff to refer to in relation to this.

People received information in accessible formats. The registered manager knew about and was meeting the Accessible Information Standard (AIS). This is a framework, introduced in 2016, which places a legal requirement on providers to ensure people with a disability or sensory loss can access and understand the information they are given. They told us, "We give as much information as possible to people so they can make their own choices." Health action plans and 'Getting to know me' information was available in an 'easy read' picture format. There were photographs of staff to help people understand and identify people. Service satisfaction surveys were also sent out to people in a picture format.

The provider had a complaints procedure which they followed. No complaints had been received recently however people told us they would speak with the managers if they had any concerns.

Hampton Road is a re-ablement service and therefore does not currently support people who are at the end of their lives.

## Is the service well-led?

### Our findings

There was a registered manager who had been in post since the service opened in 2014. 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 registered manager understood their regulatory responsibilities, for example they sent us the information they were required to such as notifications of changes or incidents that affected people who used the service.

The management team carried out audits to check the environment was safe and staff were working in the right way to meet people's needs and keep them safe. Audits covered a range of areas such as care provision and health and safety. Where issues were identified, actions were taken for the benefit of people who used the service.

There was a clear vision and culture within the service which was shared by managers and staff. The culture was person centred and staff knew how to empower people to achieve the best outcomes. Staff felt supported by the management team. They told us they spoke freely with the managers if they wanted to raise any issues. It was clear managers had a good understanding of people's support needs, preferences and aspirations for the future. We asked the registered manager what they were most proud of. They replied, "The people who live here and what they have achieved."

People who used the service were asked for their feedback and were encouraged to participate in the development of the service. 'House meetings' were held and actions were taken in response to people's feedback. People were sent surveys to complete, the results of the most recent was being analysed. The senior care worker said, "We give people the confidence to say what they think."

Staff were encouraged to put forward their suggestions for the running of the service and regular staff meetings took place.

The management team and staff worked in partnership with many other agencies. Information was shared appropriately between agencies so people got the support they required and staff followed any professional guidance provided.

The latest CQC inspection report rating was on display at the service and on their website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.