

# Hightown Housing Association Limited

## Haslewood Avenue

### Inspection report

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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

About the service: Haslewood Avenue provides accommodation and personal care to adults with learning disabilities or autism spectrum disorder. The care home accommodates eight people in one adapted building.

People's experience of using this service:

- Since our last inspection the service has made improvements.
- People liked living at the service and got on well with staff who knew them well.
- People were able to choose how to spend their time and encouraged to make decisions about their care.
- People were supported to be more independent and staff included daily skills as part of activities planning.
- People had enough to do and went out when they wanted to.
- People were supported by enough staff and told us they were always available if needed.
- Staff delivered care that was safe and met people's needs.
- The provider had systems in place to keep people safe, provide good quality care and ensure staff were trained.
- There was a new registered manager who started after the last inspection and people and staff were positive about them.
- People's risks were assessed and mitigated in the least restrictive way as possible.
- The service met the characteristics for a rating of "good" in all key questions.
- More information about our inspection findings is in the full report.

Rating at last inspection: At our last inspection the service was rated as requires improvement.

Why we inspected:

- All services rated "requires improvement" are re-inspected within one year of our previously published inspection report.
- This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up: We will continue to monitor the service to ensure it provides safe and effective care. We will plan further inspections 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?

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.

# Haslewood Avenue

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

- The inspection was carried out by one inspector.

Service and service type:

- Haslewood Avenue is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.
- The service provides accommodation and personal care to adults with learning disabilities or autism spectrum disorder. The care home accommodates eight people in one adapted building. Eight people were living there at the time of the 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.
- The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection was unannounced.

## What we did:

- Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public and local authorities.
- We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.
- The site visit took place on 26 March 2019. Following the inspection, we made calls to people's relatives.
- We spoke with the registered manager and three care workers.
- We spoke with three people who used the service and two relatives.
- We reviewed three people's care records, medicines administration records and other records about the management of the service.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and knew who to speak to if they had any concerns. One person said, "I would speak to the staff." Relatives told us they felt people were safe.
- Staff had received training in regard to safeguarding people from abuse and there was information displayed around the home. Staff knew how to report any concerns they had.
- The registered manager had reported any concerns appropriately. This information had been shared with the staff team and the importance of being open and transparent was promoted by the management team.
- Staff told us that when the registered manager had a day away from the service, the following day they spoke with people to ask if everything was ok and if there was anything they needed to know.

Assessing risk, safety monitoring and management

- People had individual risk assessments that they were involved in developing. Staff were aware of these assessments and worked safely. The assessments were detailed and clearly guided staff on how to promote people's safety and welfare.
- People had individual fire evacuation plans and staff knew how to evacuate people in an emergency. Evacuation and fire drills were practised. Staff were able to describe how they would support people. Plans were personalised to people's needs.
- There were regular health and safety audits and equipment servicing.
- There was a low number of accidents and incidents but these were reviewed and remedial action taken as needed.
- The home was not equipped with call bells. Some people were able to leave their rooms independently and some would not be able to use the bell if it was in place. We noted that one person spent time in their room and was unable to summon for help if they needed it. The registered manager and staff told us that they carried out regular checks on this person. However, further consideration was needed to ensure that this person was able to summon help in between staff checking on them should they need it.

Staffing and recruitment

- People told us that there were enough staff to support them and ensure they received opportunities for social engagement. People told us they went out when they wanted to. Staffing had been increased to support someone who needed one to one support. Relatives also told us there was enough staff.
- People received support when they requested it. There was a staff member available when people needed them.

- Staff told us there was enough staff and shifts were very rarely not covered. Agency staff used worked at the service regularly so knew people well. An agency staff member working on the day of inspection was confident and knew people well.
- Recruitment files included all relevant information to help the registered manager make good decisions about the staff they employed.

#### Using medicines safely

- People's medicines were administered and recorded safely. However, the keys to the medicine's cupboards must always be stored securely. The registered manager told us there was a key safe and staff will be reminded to always use it.
- Staff had received training to ensure they could support people safely with their medicines.
- Regular checks and audits were completed. Medicines checked during the inspection were accurate. There had been incidents in relation to missed medicines. As a result staff had received competency checks and training refreshers and staff attended a meeting about these issues. These issues had been reported appropriately.

#### Preventing and controlling infection

- Systems were place to ensure infection control was sufficiently managed.
- People were protected from the risk of infections, staff received training and followed guidance. There was thorough cleaning ongoing during the day of inspection.
- The house smelt clean and fresh on arrival and throughout the visit. However we did note that an aid used for helping a person transfer needed more thorough cleaning.

#### Learning lessons when things go wrong

- Where an issue had arisen or an event had taken place, this was shared with staff at team meetings and any actions needed explained.

# 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

Good: 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, and their relatives where appropriate, were involved in planning care and their needs and their goals were discussed with them. One relative said, "They ask me if they need to know something."
- People's choices were reflected in the support plans and we observed staff giving people choices throughout the day. For example, what people wanted to and how they wanted to spend their day.

Staff support: induction, training, skills and experience

- Staff received a robust induction when starting at the service to ensure they got to know the people they would be supporting. One staff member told us that the induction process and training was very thorough and it meant they were well equipped for their role.
- Regular training, specific to their role, was delivered and refreshed when needed. Staff felt they had enough training.
- Staff received regular one to one supervision and felt supported. One staff member said, "I can go to [registered manager] about anything at any time." They also told us that managers from the provider team were also supportive.

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

- People were involved in the menu planning. They told us they decided what they wanted to eat. Menus recorded a variety of foods which had been served.
- People told us they were able to be involved in cooking when they wanted to. One person told us, "We are going to do Easter cooking." Staff told us they were trying to encourage people's independence in this area. The registered manager told us that working with people and their daily skills had shown how some people were more able than they had previously been aware of. For example, making their own cereal. One person was encouraged to eat independently by staff loading the spoon so they could put it into their mouth themselves.
- People were supported when they needed modified diets and referrals to the speech and language team were made and guidance followed. The service were working in accordance with the new guidance in relation to levels of food and drink consistency and had attended training.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported by staff who knew them well and this helped to ensure care delivered met



people's needs consistently in a way they liked.

- People told us that staff supported them when they wanted to be supported and staff were good.

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

- The service was set up in a way to promote people to be able to move around freely. There was ample communal space which we saw people using.
- Bedrooms were personalised and the registered manager told us that refurbishing some areas was under way.

#### Supporting people to live healthier lives, access healthcare services and support

- People were supported by different health and social care professionals. Staff supported people with this as needed. This included attending hospital appointments, day centres and opticians.

#### 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The service was working in accordance with the MCA.
- People had the capacity assessed in relation to important decisions about their care. As needed best interest decisions were recorded and DoLS applications were made to ensure people's rights were respected while promoting their welfare.
- People told us that they got to do what they wanted to do.

# 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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People were treated with respect and kindness. Staff spoke with people in a way that demonstrated they respected them. Staff spent time chatting with people.
- Relatives told us that they felt people's welfare was promoted. One relative said, "[Person] has settled really well, the staff are all lovely, they cope really well, they are all used to [their] funny little ways, staff who [person] doesn't respond well to, they don't support her, they know which staff [person] is more comfortable around."
- Staff were familiar with how people communicated and gave them time to do so.

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

- People were asked about their views and the care they had received.
- Staff were heard asking people for their choices throughout the inspection.
- People told us that they felt involved in planning their care and it was delivered how they wanted it to be.

Respecting and promoting people's privacy, dignity and independence

- Staff knocked on doors and were discreet when supporting people.
- People were given the choice between a male or female staff member and this was documented in care plans.
- People were encouraged to be more independent by getting involved in household tasks and encouraged to do more for themselves during personal care if they were able. There was time allocated to daily skills on the activities planner to ensure people had opportunities to develop these. We saw someone helping unpack the shopping.
- Records were stored in a lockable cupboard in the office. However, as the office was left open, care must be taken to ensure the cupboard is always locked to ensure there is no unauthorised access.

# Is the service responsive?

## Our findings

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

Good: People's needs were met through good organisation and delivery.

### Personalised care

- At our last inspection on 30 January 2018 we found that support plans did not capture what was needed to support people in a person centred way and more consideration was needed in relation to activities.
- At this inspection we found that the required improvements had been made.
- People received care that was tailored to their needs and wishes. This included physical care needs, emotional support and building relationships with family members. A relative told us, "[Person] gets everything they want and everything they need."
- People's support plans were very detailed and person centred and covered all elements of a person's needs, wishes, and lives. Staff were able to tell us about people they supported.
- People told us that they got to do what they enjoyed. Some people liked to go out, others went to day centres, some enjoyed doing crafts or needlework at home. People told us that they had enough to do and were happy living at the service. One person said they would like to do more cooking and games. We noted that they had joined in on some occasions as we saw photographs of the person enjoying the activity. We discussed this with the registered manager who told us that this person often refused to join in, choosing their own company. We discussed the need to document when activities were offered and refused. A relative told us, "[Person] goes out every day which they weren't doing before, not used to people, seems to be dealing with it, they have been wonderful with [person]."

### Improving care quality in response to complaints or concerns

- There had been very few complaints or concerns. Those received were responded to appropriately. People told us they were asked if things were ok.
- People told us that they had no concerns or complaints.

### End of life care and support

- There was no one living at the service who was receiving end of life care. Plans in relation to funeral arrangements had been put into place. The registered manager told us that if a person's health declined then a specific plan for physical and holistic needs would be developed.

# 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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- At the last inspection on 30 January 2018 we found that governance systems were not being used effectively.
- At this inspection we found that the required improvements had been made.
- The management team and link workers met with people on a one to one basis to review positive outcomes to review if anything different needs to be done to achieve these outcomes.
- The registered manager and staff team were working with people to develop goals and help them achieve them. Some people living at the service were not able to communicate their goals due to their complex health needs but the team worked with people's families to help them agree realistic goals for people to help improve their lives. One relative told us, "They are on the phone if they need to ask me something or tell me something."

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- At the last inspection on 30 January 2018 shortfalls were found in relation to the governance of the service and some areas around person centred care. The provider implemented an action plan setting out how they would address these areas. These actions were completed.
- At this inspection we found that the provider had done what they said they would and there were no outstanding concerns.
- The registered manager had started at the service after the last inspection. They were aware of what the shortfalls had been and had worked with the provider to address and improve these areas. They told us, "[Interim/regional manager] worked with me and still gives a lot of support."
- People and staff were positive about the new registered manager. One staff member said, "I love her, she is so supportive and always goes around and checks on everyone, every day." Relatives were also positive about the registered manager. One relative said, "She is lovely, helpful, chatty and informative."

Engaging and involving people using the service, the public and staff

- People had meetings to discuss the service and anything they wanted to change or plan for the future. There kept informed about anything that affected the service.
- There were annual surveys where people were encouraged to share their views. The results for these were

shared in a pictorial format. The provider also held panels chaired by people who used their other locations. The registered manager told us that they had plans to encourage people living at Haslewood Avenue to get involved. They said, "I think [person] would be good at it."

#### Continuous learning and improving care

- There was a range of audits completed and any actions from these were added to a quality improvement plan. We saw that these actions had been completed.
- There was a monthly provider visit to ensure the service was working in accordance with their policies and processes. They checked the standard of service provided and gave actions if anything was identified.

#### Working in partnership with others

- The registered manager ensured that other agencies were informed of any issues arising. This included safeguarding concerns or events in the home. There was contact with social workers to ensure people received the right support.