

Abbotsound Limited

The Hamlet

Inspection report

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31 May 2018

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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 29 and 31 May 2018. The first day was unannounced, however we informed staff we would be returning for a second day to complete the inspection and announced this in advance.

The Hamlet provides residential and respite support for up to nine people with learning disabilities, autism, physical disabilities or mental health needs. At the time of the inspection there were seven people using the respite service and two people were receiving long term residential care.

At our last inspection of The Hamlet in February 2017 the home was rated as 'Requires improvement' overall due to not meeting all the regulations in relation to record keeping and staff training. At this inspection we found the service had taken all the required action and were now meeting the regulations.

People had been protected from the risk of harm and abuse. Staff understood what might be a safeguarding concern and how to respond to this.

The building and utilities had been maintained to a good standard with all necessary checks and certificates in place, including; gas, electrical, legionella and fire safety equipment.

Medication was safely managed, records were up to date and provided the necessary details in relation to all prescribed medicines including topical creams and dietary supplements and thickeners.

People's needs had been assessed and care plans developed to ensure their needs were met as they preferred. Risk assessments provided guidance on how to support people to manage the risks in their daily lives.

Staff had received an increased level of training which had provided them with the necessary knowledge and skill to meet people's needs safely. Staff reported feeling they had benefited from the training available.

The service was aware of its responsibilities in relation to the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards.

Staff were seen to be caring and supported people, kindly and respectfully. People living in the service said they thought the staff were kind and caring.

People received person centred care that was responsive to their needs. Care plans were reviewed and updated regularly.

The management structure was clear and staff reported being happy with the way the service was managed, they felt the manager could be relied upon to take appropriate action and was supportive and fair.

Audit and governance systems had been improved and ensured people received care and support consistently.

Relatives reported feeling able to approach the manager at any time and felt confident they would act on any concerns they raised.

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.

People were protected from the risk of harm and abuse.

Staffing levels were determined based on the changing needs of people using the respite service.

Medication was stored, administered and recorded properly.

Is the service effective?

Good ●

The service was effective.

Staff had received training which supported them to provide care and support effectively.

The service was working within the principles of the Mental Capacity Act 2005 and staff understood the importance of obtaining people's consent.

People's health needs had been assessed and they were supported to maintain a healthy lifestyle.

Is the service caring?

Good ●

The service was caring.

Staff were observed to be kind, patient and caring during the inspection.

People were supported to communicate and express their views.

People were supported to maintain their dignity and respect.

Is the service responsive?

Good ●

The service was responsive

People received personalised care that was responsive to their needs.

People could engage in a wide range of activities which reflected their preferences.

Peoples concerns and complaints were managed and the service ensured people could talk about how they felt their concerns had been dealt with.

Is the service well-led?

Good ●

The service was well led.

There was a clear culture and commitment to high quality care.

Staff were aware of the standard of care expected of them.

Governance systems ensured care and support was provided properly and gaps or errors had been identified by audits and addressed.

The Hamlet

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 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.

This inspection took place on 29 and 31 May 2018. The first day was unannounced this meant the service did not know we were coming. However, we informed staff we would be returning for a second day to complete the inspection and announced this in advance.

The inspection team comprised of one adult social care inspector from the Care Quality Commission.

Prior to the inspection we reviewed all the information we held about the service including statutory notifications, safeguarding referrals and complaints. We reviewed information the provider sent us in the 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. We also liaised with external stakeholders including the local safeguarding team, commissioners and Healthwatch to see if they had any information to support our inspection planning.

As part of the inspection we spoke with, the registered manager, four members of care staff, two people who were living in the home and the relatives of two people. We also observed care practices. This was to seek feed back about the service and inform our inspection judgements.

We looked at the care plans for three people, and other documentation held by the service including: seven Medication Administration Records (MAR), policies and procedures and a range of records the home kept in relation to governance. We observed care practices and staff interactions in the respite service.

Is the service safe?

Our findings

People living in the home told us they felt safe. One person said, "It is really good for me here, I can go out alone and I know I am safe." The relatives we spoke to also felt people were safe. One said, "[name] does not understand the risk of stranger danger and the staff protect them from this." Another said, "I know they can keep [name] safe. They always respond to any concerns."

We reviewed the service's medication policies and procedures. We also checked the medication stocks and records to check medicines were being managed safely. At the previous inspection there had been a breach of the regulations in relation to governance because medication records had not been kept properly. Some medications had not been recorded on the Medication Administration Record (MAR) charts; such as fluid thickeners and topical creams. There had been no body maps to show staff where each cream needed to be applied. There had been no clear protocols to inform staff when to give medicines to be taken 'when required' such as for pain or increased anxiety. At this inspection we found the service had addressed these concerns fully. Medication records included full details of all prescribed medicines. Body maps were in place to show where any topical creams needed to be applied. All medicines to be given 'when required' had a clear protocol to ensure staff knew when to give them.

We found one occasion when the recorded reason an 'as required' medication had been given differed to the protocol. We discussed this with the registered manager who investigated this during the inspection. They found this had been a recording error rather than an incorrect use of the medication. We interviewed other staff to check their understanding of this specific protocol and were satisfied they knew how to support this person. We also had confidence in the audit system that this would have identified the recording error and actioned to prevent re-occurrence.

Safeguarding means; protecting people from the risk of harm or abuse. The service had clear policies and procedures in place. There was a flow chart to guide staff about the safeguarding process and who to contact in the local authority safeguarding team was displayed in the office. The service kept a log of concerns reported to the local authority and the outcome of any investigations.

Staff we spoke with understood how to recognise a safeguarding concern and how to respond. One said, "If I saw you were being rude to someone I would take you back and tell you, if you did not stop I would talk with the manager." Another said, "I keep people safe by keeping them out of danger if they do not understand the risks. If I saw someone mistreating them I would tell them it is not nice and report it to the manager or CQC."

The service had a system to determine how many staff needed to be on duty, this fluctuated depending on how many people were using the respite service and their individual needs. We reviewed the rotas for the previous four weeks and saw staffing levels changed regularly. Some people were supported by one to one workers for some of the day. Staff we spoke with said they felt there were enough staff to support people safely and to remain safe themselves. One of the relatives we spoke with also said they thought there were enough staff when they visited.

Staff had been recruited safely; we reviewed the staff files for three members of staff, including someone who had been recruited since the previous inspection. Staff files included all the necessary documentation including; application forms, interview notes, proof of identity and references. The Disclosure and Barring Service, (DBS) carry out a criminal record and barring check on people who intend to work with vulnerable adults. This can help employers to recruit suitable staff. At this inspection we found DBS checks had been undertaken prior to staff starting employment.

All MAR charts were completed correctly. Where a person had declined medication, this had been recorded. Medicines were stored securely in locked cabinets, the service used a pre-dispensed system, and most of the medicines were in blister packs. Medicines which could not go in the blister packs had been stored securely with the date of opening recorded on the packet or bottle.

Risk assessments had been completed in people's care plan to identify the risks the person needed support to manage. We found the risk assessments were thorough and provided detailed information which ensured staff knew how to support each person safely. All areas of the person's health and social care needs had been considered including; accessing community resources, road safety, managing medicines and managing finances. The risk assessments had been reviewed and updated regularly with the involvement of the person, their family and other professionals.

We found checks of the building had been completed to ensure the premises were safe for people using the service. There was a fire risk assessment and fire evacuation plan. Staff we spoke with were clear and consistent when describing how they would respond to the fire alarm. The maintenance person had good oversight of the premises and had an effective system for identifying faults and repairs. There were regular checks of the fire safety system and emergency lighting. There were current, gas safety and legionella certificates. The most recent electrical installation report was forwarded to us after the inspection and showed no major concerns there were three areas identified for non-urgent action. The maintenance person had a plan for completion of these.

The service had an infection control policy. There was a cleaning schedule in place and checklists to ensure tasks had been completed. We toured the building and found some areas such as entrance doors needed more thorough cleaning to minimise infection risks. We discussed this with the registered manager who raised this with the staff and will review this at our next inspection. We found bathrooms, toilets, kitchens and communal areas to be clean and tidy. Cleaning materials were stored securely to prevent accidental harm. Personal protection equipment, such as; gloves, aprons, and hand gel, were available in all areas and we observed staff using this when required.

Is the service effective?

Our findings

People living in the service said they thought staff knew how to support them. One person said, "The staff are good here, I want to move out one day and the staff can help me." One relative said, "I feel the staff understand [name] needs." Another relative said, "Staff understand [name] very well because they used the day centre, the transition was easy for [name]."

At the previous inspection the service was found to be in breach of the regulations because the registered manager had not provided staff with the required training to enable them to fulfil the requirements of their role. At this inspection we found there had been a significant increase in training for all staff. Training in over 16 different areas had been provided and had been attended by most of the staff. Training, included; positive behaviour management, autism awareness, learning disability and total communication. This meant staff had received training appropriate to their roles. Staff we spoke with said, "I had a good induction and shadowed other staff to learn about people, the ongoing training is really useful, it has helped me to do my job."

There was an induction programme for new staff which included a health and safety introduction, principles of care, safeguarding and effective communication. New staff also shadowed existing staff to develop their knowledge. Staff received regular supervision with their manager. Supervision is a one to one meeting with the manager or senior to discuss staff's development and performance.

Assessments in people's care plans were detailed and provided clear information about how to provide support to the person. Information had been included from the person, their family and other involved professionals. This showed the service had a robust assessment process in place to ensure they could meet people's needs.

People's health care needs were identified in their care plans. We could see some people needed support to follow advice from health professionals and these had been clearly identified and recorded during the person's respite stay. This showed that people were receiving consistent care.

People had hospital passports, these documents provided detailed information for health professionals should the person need to go to hospital. In addition to medical information they included sections which described what was important to the person to communicate effectively and support them to feel calm and accept treatment. This showed the home had ensured transitions between services would be as smooth as possible for the person.

We looked at how the home supported people to maintain good nutrition. People's nutritional needs were recorded, information about allergies was available in the kitchens. People we asked said they were happy with the food. Information about what people had eaten and drunk was recorded in the care files.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making a particular decision 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The service had applied to the local authority when required for DoLS authorisations. Care plans contained assessments of people's capacity to make decisions for themselves and their ability to consent to receive care and support. These decisions had been considered and reviewed regularly in their care plans. Staff were knowledgeable about seeking consent from people and we observed staff always asked before providing any care and support. Staff were skilled in communicating with people to seek their views and consent.

Some people were living with autism. The service was seeking accreditation with the National Autistic Society. As part of this process the team had used an environmental assessment tool to identify the impact of the person's environment on their wellbeing. Action plans had been developed to make improvements.

Is the service caring?

Our findings

People living in the service said the staff were caring. One person said, "The staff are great here, I can have a laugh with them, I enjoy pulling their leg." One relative said, "The staff are caring, and I think one or two of them are really wonderful." Another relative said, "Staff are caring, [name] really loves being there."

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We found the service had met this standard. We saw people had communication plans in their care plans which detailed the most effective ways to support the person to communicate. Some people used pictures. Some people used visual aids to support their communication and decision making. We observed staff interacting with people in ways that were effective for them. Interactions we observed were patient and kind.

Staff we spoke with were committed to providing high quality care. One said, "The best thing about working here is spending time with the people and helping them." Another said, "I love it here, I really love working with the people."

People were supported to maintain their dignity. Staff interacted discreetly when they offered support with personal care. Staff we spoke with understood how to support people respectfully. The service had links with the National Dignity Council and had aimed to improve dignity in care by establishing dignity champions, this had not been fully realised at the time of inspection but showed the service was committed to improving people's dignity.

People's independence was promoted at several levels. Assessments and care plans described the persons abilities in relation to daily living tasks and their goals for future development. Some people living in the service could access the community independently, we saw there had been risk assessments and management plans developed to maximise people's choice and control.

Care plans included information about people's cultural backgrounds and preferences. Staff demonstrated they understood the support people needed to maintain them. There were regular celebrations and parties which reflected important festivals.

Is the service responsive?

Our findings

We reviewed the care records for three people to see how the service provided personalised care that was responsive to people's needs. We found people's needs had been holistically assessed and included information about what was important to them, what they enjoyed doing and what might cause them to feel upset. Care plans had been developed to ensure people's identified needs were met as they preferred them to be. We could see people had been involved in developing their care plans, either directly or indirectly through staff taking time to develop their knowledge of the persons preferences in consultation with families and other professionals. Care plans were person centred and written in the first person. Files contained photographs of activities and events the person had taken part in. One care plan we reviewed included detailed agreements with the person to support them to achieve their goals. This showed the service had considered the person's wishes and how to achieve them.

People's care plans were reviewed and updated regularly. Relatives we spoke with said they had been invited to any reviews and felt able to raise any elements of the care plan at any time. One of the relatives we spoke with said, "I have been involved in a review recently and felt they involved [name] well."

Where people's needs may have changed and they needed support from other professionals we could see referrals had been made or the person's family had been contacted and informed of the services concerns so the family could raise this.

People who accessed the service for respite could engage in a variety of activities which reflected their preferences. This included activities at the day centre, trips to the local shops and social activities. People who were staying in the service on a long-term basis had access to activities they enjoyed. One person we spoke with said, "I get to go out a lot."

The service had a complaints policy and procedure in place. Complaints had been logged and the outcome recorded. In addition, the registered manager completed quality assurance meetings with people if they had raised a concern and recorded their response. This showed the service were committed to listening to people's concerns and had responded to them. One person we spoke with said they had raised a concern about their television aerial with the registered manager recently and said they were confident it would be fixed." Relatives we spoke with felt able to raise any concerns. One person said, "When I have had a concern I have told the staff and they have addressed it really quickly." Another relative we spoke with said, "I was concerned when clothes went missing, I raised it and they found them right away."

The service had an equality policy which reflected people with protected characteristics identified in the Equality Act 2010 and applied to both people living and working there. Staff we spoke with were familiar with the protected characteristics identified and the services' policy.

Due to the nature of the service, end of life care was not provided at this location so was not reviewed as part of the inspection.

Is the service well-led?

Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There was a management structure in place, in addition to the registered manager there was a deputy manager and senior care staff. The registered manager and deputy also had responsibility for Helping Hands a supported living service in three separate units in the same building.

The ratings from the last inspection were displayed in the small office which was accessible to all people who came into the service. The policies and procedures were kept in the office in the main building, though this was separate to The Hamlet staff were able to access them. More specific policies about The Hamlet were kept in the small office on site.

The management team was accessible and responsive to our requests during the inspection. The service had clear values and sought to provide high quality person centred care. Staff we spoke with praised the registered manager and management team and identified they were very clear about the standards of care expected. One member of staff said, "I trust the manager, if anything happens I know they will deal with it." Another said, "I know what is expected, we do audits every day and I know what the manager expects." We observed the manager and seniors interacted regularly with everyone. There was a consistent staff team, staff told us the team work was good. This showed the service was clear about their values and culture and shared a common vision.

Duties and responsibilities were identified each day when staff changed over. There was a handover sheet and records in daily files to ensure staff were aware of any changes to people's support needs or wishes. There was a communication book to identify any appointments and messages between staff. These ensured tasks were identified and allocated to the person responsible which ensured accountability and consistency of care.

Governance systems were in place to monitor all aspects of the service. Care plans were audited to ensure they were up to date and daily notes reviewed to ensure staff were providing support correctly and consistently. Medication records were checked every day and fully audited each week, we could see when any errors or gaps had been identified these had been brought to the attention of staff and followed up to minimise the risk of future errors. Spot checks were also completed by the management team including observed medication procedures. Cleaning duties and audits were completed to ensure the property was cleaned to a good standard. Infection control and hand hygiene audits were completed regularly.

People had quality assurance meetings with the manager and their relatives. These provided an opportunity for people to discuss how they felt about the care they received, areas considered included, happiness, feeling welcome, activities, food and being informed. Feedback we looked at was positive. This showed the service was committed to seeking people's views and ensuring the quality of their experience.

Team meetings were held regularly. The management team and seniors had their own meetings. Full staff meetings were held monthly. We looked at the most recent minutes and saw people's needs were discussed, new policies and procedures and any concerns raised. Staff said they could contribute to meetings and raise any concerns they had.

The service had established links within the local community and with other organisations. There had been regular meetings to share knowledge and skills. In addition, the registered manager advised they were seeking accreditation with the National Autistic Society which involved closely working with them to improve and develop the service.