

Hengoed Park Limited

Hengoed Park

Inspection report

Hengoed
Oswestry
Shropshire
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Tel: 01691650454

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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 11 January 2019 and was unannounced.

Hengoed Park is a residential home for up to 31 people with mental health needs, predominately supporting people who have had alcohol and substance misuse problems. The home is situated in its own grounds near the village of Gobowen. The main house provides accommodation for up to 22 people and a further 9 people live more independently in bungalows within the grounds. At the time of the inspection the service was full.

Hengoed Park 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.

At our last inspection 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.

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

We looked at how the service managed its recruitment of new staff and saw that this was done well. Staff received a detailed induction, had regular access to training and support from the registered manager, the deputy manager and the team leaders. Training was provided to staff to enable them to support people's very specific needs.

We spoke with seven people who lived in the home who all gave positive feedback about the home and the staff who worked in it. They told us that the staff supported them to live their lives as independently as possible.

We found that staff were knowledgeable about the support needs of people in their care. We observed staff providing support to people throughout our inspection visit. We saw they had positive relationships with the people in their care and knew them well.

We found medication procedures at the home were safe. Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required. Medicines were kept safely with appropriate arrangements for storage in place.

Care plans were person centred and driven by the people who lived in the home. They detailed how people wished and needed to be cared for. They were regularly reviewed and updated as required. The home employed a care plan coordinator who received support from the registered manager to ensure that all the care records were maintained and that people were actively involved in planning their care if they wished to. Other people in the home were less interested in the management of their care.

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions. We saw that people were supported to make their own decisions and their choices were respected.

The registered manager and deputy manager used a variety of methods to assess and monitor the quality of the service. These included regular audits of the service and staff meetings to seek the views of staff about the service. They also regularly spoke with the people who lived in the home and used questionnaires to gain feedback about the care offered. The management team told us that they had an excellent working relationship with the provider who was always available when required.

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? The service remains good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service remains good.	Good ●

Hengoed Park

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 inspection took place on 11 January 2019. The inspection was unannounced. The inspection was carried out by an adult social care inspection manager 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 care service.

Prior to our visit, we looked at any information we had received about the home and any information sent to us by the provider since the home's last inspection. We also contacted the Local Authority quality team and local commissioners for their feedback on the service. We did not receive any information of concern.

At this inspection we spoke with seven people who lived at the home. We also observed the provision of day to day care. We spoke with the registered manager, the deputy manager, a team leader, a support worker, two cooks and the maintenance person. We looked at a variety of records including four care records, recruitment records for new staff, staff training records, medication administration records and other documentation relating to the management of the service. We also spoke with two social care professionals during the inspection who supported people who lived in the home.

We looked at the communal areas that people shared in the home and a sample of people's bedrooms and the gardens and outside areas.

Is the service safe?

Our findings

The people who lived in the home told us that they felt safe living there. One person said "I feel safe here. There is enough staff on duty at all times and the cleanliness is good."

Another person told us "When I came here I was underweight and I was drinking. I haven't had a drink and I've put on three stone!"

The deputy manager showed us around the building. We saw that there were ongoing plans for maintenance and refurbishment which were important as the building was old and the décor looked tired in some areas. The deputy manager assured us that they were constantly maintaining and improving the home. We looked at the maintenance records and saw that ongoing improvements were being made. We spoke with the registered manager about the importance of maintaining the building given the age and condition of it.

We looked around the home and saw that it was clean. We saw that domestic staff were working in the home seven days each week and ensured that all areas of the home were clean and maintained. The kitchen had been last inspected by the Food Standards Agency and had been awarded five stars in November 2018 which was the highest rating. We saw that the kitchen was clean and the fridges and freezers temperatures were checked every day.

We looked at staffing levels and saw that the home was consistently staffed by a committed staff team. We saw that the staff covered the rotas and agency staff were never used so the people living in the home were always supported by staff who knew them well. We saw that the registered manager and deputy manager worked closely with the staff and the people living in the home to ensure that the service ran safely and people received the care that they needed. The home also employed activities coordinators. We saw that there was an informal on call rota system so there was always support available 24 hours a day if needed. We saw that this was mainly covered by the manager and the deputy manager.

We looked at staff recruitment and looked at two files for staff members who had been recruited since our last inspection. We saw that robust recruitment procedures were in place and that all the required checks were carried out prior to staff commencing work at the home.

We looked at risk assessments and saw that these were clear and detailed. We looked at the records relating to accidents and incidents and saw that monthly audits were carried out that looked at every event that had occurred and documented them to look for trends and patterns that could minimise future events. Action was taken in response to repeat concerns. For example, one person had begun to have falls. They were checked by the GP and a referral made to the local falls team for assistance.

We looked at how the home managed safeguarding and saw that this was done well. There were clear records that showed that any concerns were responded to promptly and the local authority sent referrals and CQC were notified. The staff we spoke with had a clear understanding of their responsibilities to keep

people safe. The home had handled some difficult issues very well and they were able to evidence this during the inspection.

We looked at how medication was managed in the home and we saw that this was done well. Staff competency was checked regularly and only trained staff could administer medication.

We saw that staff members were held to account for their performance in the home and that disciplinary procedures were in place and were followed if needed but we also saw that the management team worked closely with the staff to support them and find solutions to problems avoiding the need for formal performance management.

Is the service effective?

Our findings

We asked people about the food in the home and they told us that it was good. One person said "The food is alright and there is enough choice on the menu." Another person said "The food is good and there is a lot of it."

We spoke with the two cooks who were preparing the food on the day of the inspection. We saw that people were consulted with on what they liked to eat. People could choose alternatives if they did not feel like what was on the menu. We saw that people's weights and diet choices were monitored and they were encouraged to adopt a healthy lifestyle. The cooks were knowledgeable about people's likes and dislikes and dietary needs in relation to health and health conditions.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

We saw that the staff had a good understanding of consent and capacity issues and that people were actively encouraged to make their own decisions. We observed staff asking for consent and we saw records relating to consent for care plans, photographs etc. There were people living in the home who were subject to DoLS restrictions. We saw that these were managed carefully to keep the person safe but also to ensure that the other people living in the home were not disadvantaged by actions taken to ensure safety.

We looked at the support that staff received and saw that it was good. All staff received training when it was due. We saw that staff had regular access to training so that they could safely meet the needs of the people that they were supporting. We saw training was sourced to meet very specific needs of the people living in the home such as alcohol related dementia training. One person who lived in the home had a very specific health need. Staff had been trained to support this person and this meant that the person was able to remain living in the home and have their needs met safely.

We also saw that staff had regular access to supervision sessions with their line manager. The manager highlighted to us that supervision was carried out by all senior members of staff. This gave team leaders the opportunity to develop more skills.

There was lots of evidence throughout the inspection that the service worked closely with other local

services to ensure that people's needs were met. The Community psychiatric nurses worked closely with some people and the home also had involvement from district nurses when this was necessary. We spoke with two professionals during the inspection, one face to face and one on the telephone. Both spoke very highly of the manager and the staff team. One told us "I hold the team at Hengoed in very high regard. They work collaboratively with us and people get good care as a result."

Is the service caring?

Our findings

We spoke with people and they told us that they thought highly of the staff team. One person said "Staff treat me with respect and observe my dignity. This is no rudeness or raised voices. The staff know me pretty well and what I need."

Another person told us "Staff listen to me and always have time for me. I can have my privacy whenever I want it."

People told us that they had close relationships with the other people who lived in the home. One person who had lived in the home had died a few months prior to the inspection. People who lived in the home and staff spoke fondly about the person and what they did to remember them.

We saw that staff knew the people who lived in the home well and how they wished to be cared for. A lot of the staff had worked at the home for a long time and had long established relationships with people that enable them to recognise the early signs of someone becoming unwell with their mental health.

We found many examples throughout the inspection where the staff were engaging with people in positive supportive ways. One person seemed quite anxious and we saw the same staff member have the same conversation with them three times in an hour. The staff member remained patient, caring and kind. The person was consistently offered reassurance.

We observed one person and saw that they had made an effort with their physical appearance and had shaved. A staff member complimented them about how lovely they looked and how smart they were. The staff member later told us that they were trying to encourage the person to try and reinforce the behaviour to help the person feel better about themselves.

The home had two cats that were warmly talked about by the people who lived in the home. One was owned by a person who lived in the home. We saw people engaging with the cats cuddling them and stroking them. They obviously had a significant impact on the well-being of people who lived in the home and were cherished pets.

We saw that the home had a large focus of independence and encouraging people to maximise their opportunities to be independent. One person told us that the staff helped them enormously. They had struggled trying to care for themselves and had ended up very ill a number of times. They felt that the staff "got the balance right" for them – encouraging them to be independent but caring for them so that they were safe. They told us that when they felt well enough they knew that the home would help them to move on to their own accommodation.

We found that people's privacy and dignity was respected and people told us that they relished their private space of their bedrooms and that staff did not disturb them unnecessarily. Many people had their bedrooms set up as bedsits so they could make themselves a drink and relax in the privacy of their own room.

We also saw that people's confidentiality was maintained and records were stored securely and appropriately.

Is the service responsive?

Our findings

Most people told us they were aware of their care plans and they had been involved in the care planning process, as far as they were able and willing to be. Some people told us that they didn't know if they had a care plan but when we checked we saw that they had been involved in care plan reviews and had signed a number of records in their plans.

The care plan files we looked at were person-centred, very detailed and informative, regularly reviewed and reflected the needs of the people living at the service. The files contained relevant information about the individual, such as their background, communication methods, health, emotional, and mental health needs. The files also contained clear information about people's routines throughout the day and their preferences about how to do things. Risks were clearly identified and the people had been involved in writing guidance for staff on how to support them during difficult times.

The care plans were regularly reviewed to ensure they were up-to-date and we saw that monthly updates were included on all of the plans we looked at. We saw that very person-centred information was clearly documented. The home employed a care plan coordinator who worked very closely with the registered manager. This system worked very well and meant that people were regularly given time and space to be actively involved in the construction of their plans.

People were encouraged by staff to choose how they spent their time. We saw that people had some structure but were able to change their minds about what they wished to do each day. The home employed two activities coordinators who encouraged people to join in organised activities. We also saw that some people did voluntary work and people had attended college courses. Some people spent time doing their own food shopping and meal preparation independently.

The registered manager had a procedure for receiving and responding to complaints about the service. People we spoke with said they would raise any concerns with the registered manager. They said they were confident the registered manager would act to resolve any concerns they raised. There had been no formal complaints since the last inspection. The registered manager thought that they resolved issues before they became complaints as they prided themselves on maintaining good communication with people and their relatives.

The home did not usually deal with end of life care but did do if this was necessary for the people at the home. We saw that many people had end of life care plans in place that detailed how they wished to be cared for when the time came.

Is the service well-led?

Our findings

The registered manager knew all of the people living at the service and staff very well. There were clear lines of accountability and responsibility at the service. This included highly visible and active support available at all times including management support from 8am to 6pm Monday to Friday and there was always a team leader on duty on every shift. This meant that the people living at the service and staff had easy-access to senior staff at all times.

The relationship between the registered manager and the deputy was positive, collaborative and close. They spoke highly of each other and it was apparent that they worked closely together to provide the best service they could for the people living in the home. There was an open transparent culture in the home and we saw that the registered manager and deputy manager worked closely with the staff team. The people who lived in the home were regularly in and out of the office speaking with the manager and asking questions and they were always prioritised above other tasks. It was made clear to us on a number of occasions that the focus of the service was on the well-being of the people who lived there.

We saw that on a three to six monthly basis everyone in the home completed a survey to give feedback. This information was collated and actions taken in response to the points raised and feedback given. We saw that food and menus and outings were common topics. Generally, the feedback in all of the surveys we looked at was very positive.

We looked at a number of quality assurance processes in the home and saw that these were managed well. The audits looked for patterns and trends in accidents, incidents and safeguarding concerns and actions were taken to avoid repeat incidences. We saw that the building maintenance was managed closely and we stressed the importance of this given that the building was old.

The management team were receptive to our feedback and were very clear about where they felt that they needed to make further improvements to the service. They recognised what they did well but were always looking for ways to improve. We spoke with the registered manager about registered manager forums that we were aware of in other parts of the country and they started work on developing one straight away.

The registered manager had been asked by a neighbouring local authority to attend a meeting with social workers to share her knowledge and experience of how to manage complex people. The home had lots of evidence to show that they did this well by offering quality, well managed support to people who needed support to improve their well-being and recover their independence.