Livability

Hanover Drive

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

This unannounced inspection took place on 27 January and 4 February 2016. This residential care service is registered to provide accommodation and personal care support for up to three people with learning disabilities. At the time of the inspection there were two people living at the home.

There was a registered manager in post at the time of our inspection. 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.

People felt safe in the home. Staff understood the need to protect people from harm and abuse and knew what action they should take if they had any concerns. Staffing levels ensured that people received the support they required at the times they needed. There was sufficient staff to meet the needs of the people and recruitment procedures protected people from receiving unsafe care from care staff unsuited to the job.

People received care from staff that were supported to carry out their roles to meet the assessed needs of people living at the home. Staff received training in areas that enabled them to understand and meet the care needs of each person.

Care records contained risk assessments and risk management plans to protect people from identified risks and helped to keep them safe but also enabled positive risk taking. They gave information for staff on the identified risk and informed staff on the measures to take to minimise any risks.

People were supported to take their medicines as prescribed. Records showed that medicines were obtained, stored, administered and disposed of safely. People were supported to maintain good health and had access to healthcare services when needed.

People were actively involved in decisions about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Care plans were written in a person centred approach and focussed on empowering people; personal choice, ownership for decisions and people being in control of their life. They detailed how people wished to be supported and people were fully involved in making decisions about their care. People participated in a range of activities both in the home and in the community and received the support they needed to help them do this. People were able to choose where they spent their time and what they did.

People had caring relationships with the staff that supported them. Complaints were appropriately investigated and action was taken to make improvements to the service when this was found to be

necessary. Staff and people were confident that issues would be addressed and that any concerns they had would be listened to. There was a stable management team and effective systems in place to assess the quality of service provided.

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 felt safe and comfortable in the home and staff were clear on their roles and responsibilities to safeguard them.

Risk assessments were in place and were continually reviewed and managed in a way which enabled people to safely pursue their independence and receive safe support.

Safe recruitment practices were in place and staffing levels ensured that people's care and support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Is the service effective?

Good

The service was effective.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People received personalised care and support. Staff received training to ensure they had the skills and knowledge to support people appropriately and in the way that they preferred.

Peoples physical and mental health needs were kept under regular review.

People were supported to access relevant health and social care professionals to ensure they received the care, support and treatment that they needed.

Is the service caring?

Good

The service was caring.

People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people living at the home and staff.

Staff had a good understanding of people's needs and preferences and enabled people's communication through the use of pictorial aids.

Staff promoted peoples independence to ensure people were as involved as possible in the daily running of the home.

Is the service responsive?

Good

This service was responsive.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People were supported to engage in activities that reflected their interests and supported their physical and mental well-being.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a complaints system in place and
complaints were responded to appropriately.

Is the service well-led?

Good

This service was well-led.

A registered manager was in post and they were active and visible in the home. They worked alongside staff and offered regular support and guidance. They monitored the quality and culture of the service and responded swiftly to any concerns or areas for improvement.

There were systems in place to monitor the quality and safety of the service and actions were completed in a timely manner.

People living in the home, their relatives and staff were confident

in the management of the home. They were supported and encouraged to provide feedback about the service and it was used to drive continuous improvement.

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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 over two days on 27 January and 4 February 2016. The inspection was unannounced and was undertaken by one inspector.

Before the inspection, we asked the provider to complete a Provider Information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and previous inspection reports.

We contacted health and social care commissioners who place and monitor the care of people living in the home. We also reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During this inspection we visited the registered manager and some staff at the provider's office base; we then visited the home and spoke with two people who lived there. In total we spoke with seven care staff and one care co-ordinator, the registered manager, deputy manager and business support assistant. We reviewed the care records of two people who used the service. We looked at seven records in relation to staff recruitment and training, as well as records related to the quality monitoring of the service.

Good

Is the service safe?

Our findings

People felt safe where they lived. One person said "I feel safe living here; I have a key to the front door and all the staff are nice." It was clear through observation and general interaction that people felt safe and comfortable in the home.

Staff were aware of their roles and responsibilities in protecting people from harm and had access to appropriate policies and procedures. Staff had received training in safeguarding and were aware of the various forms of abuse and the action they would take if they had any concerns. One member of staff said "We have training in safeguarding and know what to do if someone was at risk of harm; we would report it to the manager immediately so that they could make the appropriate referrals." We saw from records on staff training that all staff had undertaken training in safeguarding. Staff said they had not needed to report any concerns but would not hesitate to report abuse if they saw or heard anything that put people at risk.

People were enabled to take risks and staff ensured that they understood what measures needed to be taken to help them remain safe. A range of risks were assessed to minimise the likelihood of people receiving unsafe care, for example supporting people with epilepsy. Individual plans of care were reviewed on a regular basis to ensure that risk assessments and care plans were updated regularly or as changes occurred. One member of staff said "Risk assessments are key to providing safe care; especially when we are supporting people who can have high anxieties". The plans of care also contained individual personal emergency evacuation plans for use in an emergency situation and these also detailed where a person's capacity may fluctuate and what extra support may be required.

When accidents did happen the manager and staff had taken appropriate timely action to ensure that people received safe treatment. Training records confirmed that all staff were trained in emergency first aid. Accidents and incidents were regularly reviewed to observe for any incident trends and control measures were put in place to minimise the risks.

We saw that the provider regularly reviewed environmental risks; the care staff and people living at the home were all involved in carrying out regular safety checks. We noticed that the environment supported safe movement around the building and that there were no obstructions.

There were sufficient staff available to provide people's care and support. We looked at the staff rota for the week and saw there was enough staff to support people with their planned activities. There was a high use of agency staff and the registered manager tried to ensure that there was some consistency with the staff who worked at the home. One agency staff we spoke with told us "I know the people here quite well; I do most of my work here. The staff are fantastic, I am never treated any differently because I am from an agency, I feel like I am treated the same as everyone else; it is a great company to work for." One care staff said "We always have enough staff, we use agency staff if we can't cover a shift and they know our service users really well and we always make sure they are confident with the people they are supporting and they know they can call anyone of the team if they are unsure of anything." We observed that there were enough staff to attend to people's needs and to be relaxed with them during our inspection visit.

People's medicines were safely managed. Staff had received training in the safe administration, storage and disposal of medicines. People told us they received their medicines in a timely manner. Staff had arranged for people to receive liquid medicines where they found swallowing tablets difficult. Staff followed guidelines for medicines that were only given at times when they were needed for example Paracetamol for when people were in pain. There were regular medicines audits, where actions had been taken to improve practice and staff were required to undertake regular competency assessments.

The provider had effective recruitment systems in place to protect people from the risks associated with the appointment of new staff. Staff told us that required checks and references had been obtained before they were allowed to start working in the home. Staff files were in good order and contained all of the required information.

Good

Is the service effective?

Our findings

People received care from staff who had the knowledge and skills needed to carry out their roles and responsibilities effectively.
New staff received a thorough induction which included classroom based learning and shadowing experienced members of the staff team. The induction was comprehensive and included key topics on Autism, managing behaviour that may challenge and epilepsy. The induction was focussed on the whole team approach to support people to achieve the best outcomes for them. One staff member told us "I had a really good induction; I had time to read peoples care files and get to know them before I worked on my own. Everyone was really supportive." Newly recruited staff were undertaking the Care Certificate which is based on 15 standards and aims to give employers and people who receive care the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Training was delivered using face to face and e-learning modules; the provider's mandatory training was refreshed annually. Staff we spoke with were positive about the training they received and confirmed that the training was a combination of online and classroom based training. One care staff said "Training here is very good; on the managing challenging behaviour I learnt how to redirect people rather than actually challenge the behaviour that people are displaying, I feel more confident in role because I have had the training." Training was also available from the Community Team for People with Learning Disabilities (CTPLD) for individual needs specific to learning disabilities. Staff were provided with the opportunity to obtain a recognised care qualification through the Qualifications and Credit Framework (QCF).

People's needs were met by staff that received regular supervision and received an annual appraisal. We saw that supervision meetings were available to all staff employed at the home, including permanent and 'bank' members of staff. The meetings were used to assess staff performance and identify on-going support and training needs. One care staff said "I have regular supervision and I think it is important because it gives you time to discuss any concerns or get feedback about how you are doing and we always look at training needs."

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw that the service was working within the principles of the MCA. The management team and staff were aware of their responsibilities under the MCA and the DoLS Code of Practice. Best interest decisions had been recorded in care plans and people had been included in these decisions.

People were supported to eat a balanced diet that promoted healthy eating. Meals and mealtimes were arranged so that people had time and space to eat in comfort and at their own speed and liking. People were relaxed at shared mealtimes and had made choices about their menu using picture cards. One person said "I love the food, I love roast dinners and sausages."

The staff team were knowledgeable about people's food preferences and dietary needs, they were aware of good practice in relation to food hygiene and this was promoted by signage around the kitchen. All the people living in the house had individual nutritional plans which were detailed and gave staff information on how to support people. People were supported to purchase their groceries as part of their daily living skills and people were encouraged and supported to help with preparation and cooking of the meal. Staff were aware of how to refer people to the Speech and Language Therapy Team if they had difficulties with swallowing food and if required referrals were made to the NHS Dietician.

People's healthcare needs were carefully monitored and detailed care planning ensured staff had information on how care should be delivered effectively. Care records showed that people had access to community nurses, condition specific nurses and GP's and were referred to specialist services when required. People received a full annual health check-up and had health action plans were in place. Care files contained detailed information on visits to health professionals and outcomes of these visits including any follow up appointments.

Good

Is the service caring?

Our findings

People were happy with the care and support they received. They told us they liked the staff and said staff 'made them laugh'. One person said "I'm much happier now I've moved here; I was lonely before but I'm not now."

Staff demonstrated a good knowledge and understanding about the people they cared for. The staff showed a good understanding of people's needs and were able to tell us about each person's individual choices and preferences. People had developed positive relationships with staff and they felt supported by them. One person said "I like it when [staff member] is working with me, we watch the football together."

People were involved in personalising their own bedroom and living areas so that they had items around them that they treasured and had meaning to them. One person showed us their bedroom and it was decorated to the person's own choice with posters on the wall and pictures of family members and other items that had meaning to them. Another person was keen to show us their fish tank which was in the main lounge.

People were encouraged to express their views and to make their own choices. People were supported to wear clothes they liked and staff explained that if people were unable to verbally communicate they presented them with the physical options to support them to make their choices. For example one member of staff told us, "If someone can't tell me what they would like to wear I get out a few options and look for their reaction to find something I think they would like." There was information in people's care plans about what they liked to do for themselves. This included how they wanted to spend their time or if they had preferences about how to receive their care, for example by male or female members of staff. Staff had a good knowledge of people's preferences and these were respected and accommodated by the staff team.

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was placed in a confidential document or discussed at staff handovers which were conducted in private.
We observed the service had a good, visible, culture which focused on providing people with care which was personalised to the individual. Staff were motivated and caring. Staff respected people's privacy and dignity and demonstrated their understanding of what privacy and dignity meant in relation to supporting people with their personal care. For example; closing curtains when undertaking personal care and checking that people were comfortable with the process.

Each person had an identified key worker, a named member of staff. They were responsible for ensuring information in the person's care plan was current and up to date and they spent time with them individually. One person said "I have a keyworker and we talk about my plans and what sort of things I want to buy."

There was information on advocacy services which was available for people and their relatives to view. No-one currently living at the home used an independent advocate but staff were knowledgeable about how to

refer people to advocacy services and what advocacy services could offer people.
Visitors, such as relatives and people's friends, were encouraged and made welcome. People told us that their families could visit when they want and they could speak with them in the lounge area or their bedrooms.

Good

Is the service responsive?

Our findings

People's care and treatment was planned and delivered in line with people's individual preferences and choices. Information about people's past history, where they lived when they were younger and what interested them, featured in the care plans that care staff used to guide them when providing person centred care. People living in the home had one page profiles which detailed a summary of information of what interests they had and how they like to be supported. This information enabled care staff to personalise the care they provided to each individual, particularly for those people who were less able to say how they preferred to receive the care they needed. For example; what people's preferred name was and if people had a certain routine.

People had communication passports which detailed things that were important to know about each person. For example; what people's interests were, likes and dislikes, how they communicated and what communication tools they used and what was important to them. This information enabled care staff to deliver personalised support individual to each person. Care plans were detailed and included how people displayed their emotions, what this meant to the individual and how best to support them.

Care plans were reviewed on a regular basis to help ensure they were kept up to date and reflected each individual's current needs. The registered manager told us when any changes had been identified this was recorded in the care plan. This was confirmed in the care plans we saw. People also had annual reviews of the service they received and they were fully involved in the meetings.

The risk of people becoming withdrawn and lonely within the home was minimised by encouraging them to join in with the activities that were regularly organised. People living in the home were involved with cooking, DVD nights which one person said had to involve 'On the buses!' gardening, making models and various games. Care staff made efforts to engage people's interest in what was happening in the wider world and local community by talking about topics in the local and national media and supporting people to local events.

Staff were responsive to people's needs. They spent time with people and responded quickly if people needed any support. Staff were always on hand to speak and interact with people and we observed staff checking people were comfortable and asking them if they wanted any assistance. Staff knew people well and were able to understand people's needs from their body language and from their own communication style; this was also documented really clearly in peoples individual care plans.

People participated in a range of activities including attending a day service for adults with learning disabilities, day trips to the coast, meals out, train rides, cinema, cake baking and grocery shopping, holidays and weekend breaks. One person said "I go out by myself and I catch the bus; I meet up with friends in another town." People had weekly timetables which were full of activities that each person had chosen and people were trying out new activities and groups on a regular basis. One person had chosen not to attend a structured day service and we saw their wishes had been respected; this person had a range of activities which they were involved with.

Monthly meetings were held for people. These were organised on a regular basis and people were asked for their feedback on the home and any changes they wanted to make. We saw that people discussed changes they wanted to make to the menu, shared information on what activities they had been involved in, and also included were updates from the housing association about any works they planned to undertake. At every meeting a different issue was discussed with people about health and safety or keeping yourself safe from harm or bullying. It was recorded in the minutes that people practiced telephoning an emergency contact number using the picture phone pad [This has large buttons and a picture is inserted instead of numbered buttons which enables people to use the telephone more effectively]. The minutes of the meeting were written in easy read format for people.

When people came to live in the home they and their representatives were provided with the information they needed about what do if they had a complaint. The complaints policy and information was written in an easy read format so people who used the service were able to access it. Where people could not speak for themselves, staff were aware they needed to be vigilant in observing changes in behaviours and body language that would indicate that a person was unhappy with their care. There were arrangements in place to record complaints that had been raised and what action had been taken about resolving the issues of concern. We saw that complaints that had been raised were responded to appropriately and in a timely manner.

Good

Is the service well-led?

Our findings

Staff spoke positively about the leadership in the home and how the team supported each other. Staff felt confident to speak with the registered manager, deputy manager or care co-ordinators if they had suggestions for improvement or concerns. Staff were aware of their roles in providing care that was tailored to the person. Staff spoke about people in a very person centred way clearly describing the aims of the service in providing an environment that was homely and recognising people as individuals. A member of staff told us although there was a key worker system in place caring and supporting people was everyone's business. They said, "It is not one member of staff's responsibility, it is important we all work together as a team to support people".

Communication between people, families and staff was encouraged in an open way. The registered manager and the care staff talked positively about people's relatives and how important is was to maintain a good relationship with them. One relative said "I can speak to the staff or manager anytime; they are all approachable."
People using the service and their relatives were encouraged and enabled to provide feedback about their experience of care and about how the service could be improved. Feedback was very positive. All the people who used the service said they knew who they could talk to if they were not happy about something and everyone said they felt treated with kindness and respect.

The culture within the service focused upon supporting people's health and well-being and for people to participate in activities that they chose and to enhance people's overall quality of life. All of the staff we spoke with were committed to providing a high standard of personalised care and support and they were always focussed on the outcomes for the people who used the service. Staff worked well together and as a team, they were focused on ensuring that each person's needs were met. Staff clearly enjoyed their work and told us that they received regular support from their manager. One staff member said "The manager is very approachable, easy to talk to and she isn't afraid to manage people as well."

The registered manager and deputy manager promoted a positive learning culture. We saw how the focus on continuous improvement contributed to the quality of the service being delivered as well as empowering staff to achieve individual and organisational goals. One member of staff told us how they had left the organisation for a short time to work for a different company and returned very quickly as they missed the team and felt the service was a good and well run and people were receiving good quality care. An external trainer complimented the service and sent an e-mail to the registered manager saying that all of the staff had a really good person centred approach. We saw how management encouraged care workers to take responsibility for their keyworker role and for ensuring people they supported were confident knowing they had a designated care worker to confide in and work closely with around planning their care.

Staff meetings took place on a monthly basis and minutes of these meetings were kept. Staff said the meetings enabled them to discuss issues openly and was also used as an information sharing session with the manager and the rest of the staff team. The deputy manager worked alongside staff so they were able to observe their practice and monitor their attitudes, values and behaviour.

Quality assurance audits were completed by the registered manager on a monthly basis and a senior manager also completed audits on a regular basis to help ensure quality standards were maintained and legislation complied with. Where audits had identified shortfalls action had been carried out to address and resolve them. For example; maintenance reporting and annual training updates.

The service had policies and procedures in place which covered all aspects relevant to operating a care home including the employment of staff. The policies and procedures were comprehensive and had been updated when legislation changed. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their induction and when any had been updated. The registered manager told us they also checked staff's understanding regularly in respect of key policies such as safeguarding, whistleblowing, mental capacity and administration of medicines. These were discussed during supervisions and team meetings.

Records relating to the day-to-day management of the service were up-to-date and accurate. Care records accurately reflected the level of care received by people. Records relating to staff recruitment, and training were fit for purpose.