

Select Supported Care Limited

Hart Plain Care

Inspection report

79 Silvester Road
Cowplain
Waterlooville
Hampshire
PO8 8TR

Tel: 02392257995

Date of inspection visit:
12 February 2018

Date of publication:
17 April 2018

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?	Requires Improvement ●

Summary of findings

Overall summary

Summary

The inspection took place on 13 February 2018 and was announced.

Hart Plain Care provides accommodation and support to up to seven people with learning disabilities or autistic spectrum disorders. At the time of our inspection there were six people living at the home.

The service had a registered manager. 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.

Hart Plain Care is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection.

We have made a recommendation to the provider in relation to the frequency that they review and update their policies and procedures to reflect good practice in the well led section of this report.

Medicines were managed safely, however the medicines policy was not comprehensive and some liquid medicines were not dated when opened.

Risks to people had been assessed and reviewed regularly to ensure people's individual needs were being met safely.

The premises were safe and suitable for the people using the service. The service was clean and checks were in place to ensure hygiene and safety was maintained.

Staff recruitment processes were robust and necessary checks and clearances were in place before staff commenced working at the service.

Care plans were person centred and contained information on how to meet people's needs along with information about people's hopes and dreams and their life stories.

Staff had received training appropriate to their role and were supported by regular supervision meetings with the registered manager.

People's nutrition and hydration needs were met. People chose the meals that were cooked and staff supported people in making healthy choices.

People told us that staff were caring and their relatives reported that people had become more willing to engage and had developed their self-esteem while living in the home.

People had considered their preferences for end of life care. The registered manager told us she sees people's placements as for their whole life so considered how to meet their needs for as long as possible.

The service was led by a registered manager and a provider, both of whom were approachable and committed to improving the service and embedding values in to staff practice.

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. There were sufficient numbers of staff deployed to support people living in the home.

There was a robust recruitment process; staff were checked to ensure they were suited to working with vulnerable adults before commencing employment.

Risk assessments were in place to assess and minimise avoidable risks.

Is the service effective?

Good ●

The service was effective. Staff had received training and support to provide person centred care to people living at the home.

People's nutritional needs were met and there was a focus on well-being and healthy eating.

Healthcare needs were monitored and people were supported to access health services as needed.

Is the service caring?

Good ●

The service was caring. Staff knew people well and took time to provide positive support to them. People had positive relationships with staff members.

People's privacy and dignity was maintained, staff sought permission before entering their rooms and obtained consent before giving care.

Staff were familiar with the needs and wishes of people they supported and could deliver support as the person wanted it.

Is the service responsive?

Good ●

Regular quality assurance questionnaires to people and their relatives provided feedback the service acted upon to drive improvement

A complaints policy and procedure was available to people and

visitors to enable people to make representations about the service.

People were supported to participate in their choice of daytime activity including voluntary work placements.

Is the service well-led?

The service was not always well-led. Policies and procedures had not always been updated to reflect current best practice.

The registered manager and provider were accessible to people and staff and there was an open culture

An auditing process was in place to regularly review aspects of the service.

The registered manager was supported by the provider and both worked regular care shifts and were familiar with people using the service.

Requires Improvement ●

Hart Plain Care

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.

The inspection took place on 13th February 2018 and was announced. The inspection team consisted of 2 adult social care inspectors.

Before the inspection we gathered information about the service from the local authority and health and social care professionals involved with the service. We reviewed the information we held about the service including notifications. A notification is used by the registered manager to tell us about important events that affect the service or the people who use it.

Due to technical problems the provider was unable 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. We took this into account when we inspected the service and made the judgements in this report.

During the inspection we spoke with the registered manager, the owner, the acting deputy manager (duty staff member for the day) and three people who lived at the service. We reviewed records including peoples care plans, daily notes, risk assessments, staff recruitment and supervision records, staff and resident meeting minutes and records in relation to the premises. We also looked at a range of policies from the service. Following the inspection we spoke with two people's relatives for feedback and also received feedback from social care professionals and a GP.

This was the first inspection of this service under the new provider Select Supported Care Limited.

After the inspection we asked the registered manager to send us updated policies and procedures as well as photographic evidence of improvements they had made to the premises.

Is the service safe?

Our findings

People told us they felt very safe living at the home. One person told us, "I have lived here for a long time. The staff are very good and keep me safe". Another said, "They (staff) come out with me when I go out. They look after me and keep me safe".

Medicines were not always managed safely. The medicines policy did not cover the use of PRN (as required) medicines and homely medicines, and the temperature of the medicines storage was not monitored. Bottles of liquid medicine and ointments had not been dated when opened and stock was not used in order of its expiry date. We brought this to the attention of the registered manager who took immediate actions to address our findings. Following our inspection, the registered manager provided us with a new medication policy which addressed the areas not in the previous policy.

Medicine storage devices (MSD) contained most medicines and there was no excess stock. Medicine storage devices simplify the administration of medicines by packaging the prescribed dose at the specified time. People told us they were given their medicines safely and always on time. One person said, "I always have my tablets at meal times so I know I get them on time". Staff members were trained in administering medicines and were assessed as to their competence by the registered manager. We checked medication administration records (MAR charts) and noted no errors or gaps in them, medicines were given as prescribed.

The service had policies and procedures which protected people from the risk of abuse, neglect or harassment. Staff had received training in safeguarding and all staff were required to complete regular refresher courses. Training records and discussions with staff confirmed this. Staff were able to describe the different types of abuse, the signs and symptoms that abuse may have occurred and how they would manage these situations in order to keep people safe. Staff knew and understood what was expected of their role and responsibilities and said they had confidence that any concerns they raised would be listened to and action taken by the registered manager.

Risks were assessed and reviewed regularly and minimised risks while ensuring people's freedom was not restricted. Risk assessments covered health, well-being, activities and support needs. Behaviour support plans also provided information as to how best to support people when they showed behaviours that challenged. These were available to staff and updated as needed.

The premises were safe and well maintained. Regular checks of the fixtures and fittings identified concerns which were addressed in a timely manner. When we inspected we found that suitable window restrictors were not fitted to first floor windows and a light fitting was not suitable for a bathroom. We brought this to the attention of the registered manager who contacted various contractors to rectify these areas. Following our inspection the provider sent us photographic evidence of the completed works.

Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms

had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions.

The service was clean and staff completed tasks from a cleaning schedule. There were daily checks which ensured high standards of hygiene were maintained. There were supplies of personal protective clothing (PPE), liquid soap and hand gels. Fridge temperatures were taken regularly and staff maintained a 'Safer Food, Better Business' file from the Food Standards Agency.

Is the service effective?

Our findings

People told us they felt staff were skilled and 'knew how to look after them'. One person said, "I think they know what they are doing. They know how I like things and what I need".

Care plans were reviewed every six months or as people's needs changed and contained relevant and person-centred information about people. A record called 'Getting to Know Me' told us people's hopes and dreams and information about their lives which helped staff know the people they cared for.

Staff participated in an induction training course when they commenced in post and additional refresher training was provided to ensure their skills and knowledge were current. Training was responsive to the needs of people using the service and courses were added to ensure staff had the skills to meet all needs. Training records showed people had received training in safeguarding, emergency first aid, equality and diversity and safe administration of medicines.

Staff were supported by a consistent approach to supervision and appraisal. Staff told us they found supervision useful and that they met with the registered manager every 3 months, records confirmed this. Staff told us they felt supported by the registered manager and were able to raise concerns they may have with them.

Staff supported people to maintain a healthy diet. Meals were made from fresh locally purchased produce and were usually healthy choices. People were encouraged to have fruit as a snack and fruit and drinks were freely available. People chose meals at the weekly residents meeting. One person said, "We sit down and sort out the food for the week. Sometimes we help with the cooking if we want to". Another person said, "I like stew and dumplings sometimes. That's my favourite". People told us and care records demonstrated that people's weight was monitored and recorded monthly.

Positive feedback was received from a social care professional. They told us that the service had made extensive efforts to support a person in the home for as long as possible when their needs changed. They were also positive about the service's ability to take a person in an emergency situation.

People were able to access health care services. Staff monitored people's health and arranged GP visits as needed. People could also request appointments if they wanted to see their doctor. Records contained details of appointments and any actions and treatments that resulted from them. A GP told us that communication was good with Hart Plain Care and that staff supporting people at the surgery had a good understanding of mental capacity and consent.

The service was fully accessible to the people living there when we inspected. Bathrooms were suitably adapted and plans to change a bath for a more accessible side opening bath were in place so that people's long term needs could be met. The service was homely and people were encouraged to bring their own furniture and belongings to personalise their rooms, all of which were decorated with the person's choice of décor.

People living in the home had capacity to make choices about their lives. There were no Deprivation of Liberties Safeguarding applications in place. People had signed consents to care which were held in their personal files and staff knocked doors before entering rooms and asked permission before supporting people.

Is the service caring?

Our findings

Staff spoke about people fondly and, due to long term placements, had known them for extended periods of time. People needed minimal care support from staff and the care delivered was unhurried. A person living in the home told us "I don't need any help with getting dressed but staff help me sometimes if I'm having an off day".

One relative of a person living at the home told us, "They get them to do things and be involved; it has built their self confidence and self-esteem". Another relative told us that "(Person) enjoys being there, I can't praise it enough"

We observed that sufficient staff members were deployed and the registered manager and deputy manager would assist as needed. One staff member was on duty at all times and provided all care, cleaning and meal preparation. People were very independent so, at this time, one staff member was adequate to meet people's needs and preferences. The registered manager was aware that people moving to the home in future may have higher support needs and in that instance staffing levels would be reviewed and increased.

People living in the home were able to communicate their needs and wishes verbally and in writing and did not need specific communication care plans. Staff told us that if they had problems communicating with people they may use gestures, signs or symbols to enable people to understand. Staff recognised that body language was important to note even when people communicated verbally.

People using the service were able to make decisions independently or with minimal supports. Care plans were written in a person centred way and people's privacy was respected. People told us staff were 'very caring and supported them well'. People told us staff always knocked on their door before being invited in. One person said, "They (staff) knock my door and only come in when I say so".

People's personal information was stored in line with data protection guidelines. Personal files were stored in the registered manager's office in locked cabinets. Information was kept securely but still available to staff when they needed it.

Is the service responsive?

Our findings

Care plans were person centred and reflected peoples care and support needs. People accessed activities at day service providers, friendship groups and in voluntary work placements on weekdays. For example, one person worked in a local charity shop whilst another underwent work experience at a nearby elderly care home. The Registered manager told us, "(Person) has been going to the home for about two years and looks forward to going. They get involved in talking to residents there and having a cup of tea. They like it". People told us about their activities, one person told us, "Today I did baking and made some cakes", whilst another said, "I go out and take photographs. I like taking pictures and staff come with me".

During evenings and weekends, games were available and there were comfortable communal areas, however there was no formal activities programme as the service recognised that people had busy lives at the day centre or work placements and may prefer some less active time.

Each year the service arranged for a group holiday away from the home. People chose where they wanted to go and photographs of the breaks showed them looking happy and relaxed. People were also supported to take breaks away from the home independently. Staff supported people to arrange their holidays, travel and any support they would need.

One person told us how they were being supported to visit relatives in the north of England in March 2018. They told us, "Yes I'm really looking forward to it. I haven't seen my relatives for a long time and I'm flying up there. Staff have helped me arrange it and are coming with me".

There was a complaints policy and procedure which was displayed and available to people and visitors. It was not in an easy read format but was suitable for people living in the home. A relative told us "If there is a problem I phone the manager and they deal with it promptly." Another relative confirmed that the few concerns they had were dealt with in a satisfactory and prompt way.

Quality assurance questionnaires were sent to people and their relatives every year. We looked at the latest survey and saw that any negative comments received had been dealt with by the registered manager and all other feedback was positive. There was an over-riding theme to the negative comments and the registered manager took these views into account and dealt with the matter sensitively and with a positive outcome for all concerned.

End of life care had been considered by people living in the home. The manager discussed their preferences which were recorded in their files. Their plans were reviewed each year and details changed as per peoples wishes.

Is the service well-led?

Our findings

At the time of our inspection a number of policies and procedures were outdated, had not been reviewed and did not reflect current best practice. These included but were not limited to infection prevention and control, safeguarding and mental capacity. Some information displayed in the service such as the complaints procedures still showed the previous registered managers name and had not been updated.

We told the registered manager of the issues with policies and they immediately set time aside to work on a full update of both policies and procedures. Since commencing as the registered manager focus had been on the day-to-day running of the service and updating policies and procedures had not been a priority. The registered manager told us that going forwards they would allocate time to such tasks when they were not on duty to provide care. We received a new medicines policy and a list of other policies that were being updated in the week following our inspection.

Audits were undertaken every three months. These looked at staff training, care plans and risk assessments, policies and procedures. We checked an audit dated 14th January 2018 which stated that most areas were up to date including several policies and procedures. There was no clarity as to the depth of the check, was it checking the content of the policy or whether it was present. Safeguarding logs were not audited nor were accident / incident logs.

We recommended that all policies and procedures were reviewed and updated to reflect current legislation and best practice.

The registered manager was supported by the provider who worked regular care shifts in the service. This gave them a clear view as to the efficacy of care plans and risk assessments and an insight into possible improvements.

Staff told us that the registered manager and provider were approachable and open to suggestions about possible improvements to the service. The registered manager was very knowledgeable about the service and people living there and was confident in their approach to managing the service. For example, the registered manager was extremely careful when they competency checked staff members to give medicines. They expected a very high level of skill and understanding and would not sign them off as competent until they were completely satisfied.

There were plans in place to make the home more accessible for people living there as they aged and their needs changed. This included changing a bathroom to provide one suited to people with mobility problems. The registered manager also spoke to us about the needs of people who could be referred as they understood that referrals may be for people with more profound disabilities in future.

We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Staff said they would feel confident raising any concerns with the registered manager. They also said they would feel comfortable raising

concerns with outside agencies such as the Care Quality Commission (CQC), if they felt their concerns had been ignored.

There was a business continuity plan. This informed the staff what to do if an emergency happened that could disrupt the service or cause danger to someone who used the service or staff. This included severe weather, absence of key personnel, and computer failure.

Staff were positive about the registered manager and owner. There were regular team meetings and staff told us they felt listened to and valued. One of the staff we spoke with said, "The communication is good and I am always informed of any changes." Staff described management as "flexible, supportive, open, approachable and caring." Staff told us they enjoyed working at the home and found supporting the people who lived there very rewarding.

The provider had forged links with other agencies including local small business groups, the local authority and care provider networks. The registered manager and provider told us they would look to strengthen these links and benefit from the peer support they would bring.