Halas Homes

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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 inspection took place on 10 June 2016, was unannounced and was carried out by one inspector.

The provider is registered to provide accommodation and personal care for up to 37 people. The majority of people lived in the main house with four people accommodated in a supported living house staffed by the same staff team. People lived with a learning disability or autism and some people had additional sensory or physical impairments. On the day of our inspection 32 people lived at the home.

At our last inspection in February 2014 the provider was meeting all the regulations we assessed.

There was a registered manager in post and she was present during 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 and associated Regulations about how the service is run.

People felt safe using the service and risks to their safety had been identified. Staff knew how to support people safely and had training in how to recognise and report abuse.

People were supported to take part in everyday living tasks and to do the things that they enjoyed. The risks associated with these activities were well managed so that people could undertake these safely and without any restrictions.

People had their medicines when they needed them and staff were trained to do this safely.
The staffing arrangements were flexible and ensured that people had the support they needed to meet their needs and pursue their interests. Staff were highly motivated and had received appropriate training and support and were knowledgeable about the needs of people.

People were asked for their consent before care was delivered. Where people were unable to consent to their care because they did not have the mental capacity to do this, decisions were made in their best interests.

People were supported to remain healthy and well. They told us they liked the meals provided and they had been involved in devising menus.

Staff had developed friendly relationships with people and were attentive and caring towards them. Staff used people's preferred communication methods to ensure their individual choices were fully respected. People's dignity and privacy were respected and their independence promoted.

People had been supported to develop their care plans which were specific and personal to them and presented in a suitable format for them to understand. Staff supported people to follow their own chosen

routines and interests and to express their views on the care provided.

People had access to a complaints procedure and were confident their complaints would be addressed. People had named family or representatives to advocate for them and represent their views.

Regular checks had been undertaken to maintain the quality of the service. The registered manager had actively looked at ways to benefit the lives of people living at the home. They had organised staffing to accommodate people's lifestyles and choices. Staff had the support and training to be able to provide a service that was based on promoting people's quality of life.

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 effective systems were in place to protect them from harm or abuse.

Potential risks to people's safety and well-being were well managed.

Staffing levels ensured people were safe and could enjoy their chosen lifestyle.

People received their medicines when they needed them and in a way that was safe.

Is the service effective?

Good

The service was effective.

Staff had received the training they needed to support people effectively.

People were asked for their consent in ways they understood. Staff had worked in people's individual best interests.

People liked their meals and had been involved in menu planning so their meals met their likes.

People received support to stay healthy and well.

Is the service caring?

Good

The service was caring.

People were treated with kindness and respect by staff who knew them well and understood their likes and dislikes. Staff had positive caring relationships with people.

People's privacy and dignity was respected and their independence promoted.

People were supported to maintain relationships with people

important to them.

Is the service responsive?

Good

The service was responsive.

Staff were responsive to any changes in people's needs and ensured people consistently received the support they needed.

People chose how they spent their time and were supported to follow their own recreational interests.

Staff supported people to share their concerns and people knew who to approach when they were unhappy with their support.

Is the service well-led?

Good

The service was well led.

The manager's inclusive style placed people at the centre of their focus so that the service provided revolved around people's needs.

The quality of the service was monitored and focused on enhancing the lives of people living in the home.

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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 on 10 June 2016, was unannounced and was carried out by one inspector.

As part of the inspection process we looked at the information we already had about this provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. These help us to plan our inspection.

We asked for information about the home from the local authority who is responsible for monitoring the quality and funding of placements at the home.

We met all of the people who lived at the home and spoke with 10 people about their experiences. Some people were unable to verbally tell us their experiences of living at the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed the facial expressions and gestures of three people to indicate their response to care. We spoke with the registered care manager and four staff members. We looked at the care records of five people, the medicine management processes and at records about recruitment, staffing and training. We sampled the provider's monitoring tools to review the management of accidents, incidents, complaints and compliments. In addition we observed the delivery of care to people throughout the day.

Good

Is the service safe?

Our findings

One person told us, "I love living here and I feel safe, staff look after me really well". We saw staff understood the different types of abuse and knew how to recognise and report any concerns where people might be communicating they were unhappy. Staff had received training in safeguarding people and confidently described the steps they would take to ensure people were kept safe.

Some of the people living in the home had limited verbal communication skills and were unable to tell us if they were concerned about their safety. We saw staff had recognised the changes in a person's behaviour and mood which had indicated that the person was unhappy with their living arrangement. We saw that appropriate action had been taken to keep the person safe from harassment. We saw that people looked relaxed and comfortable in the presence of staff and sought staff out to be in their company. There were no safeguarding concerns at the home. The registered manager had a system for reviewing all incidents and taking action to ensure people were kept safe.

Staff were aware of the risks some people may face in their day to day living and how to manage these to keep people safe. One person told us, "I can cook and shop and staff help me". Staff spoke confidently about how they promoted people's self-confidence and independence whilst supporting their safety. Risks to people had been assessed and plans were in place to manage these without limiting people's independence or choices. For example, some people needed one to one support when in the community, and other people needed support to undertake daily living tasks such as accessing the kitchen, cooking or with their personal care. Some people's medical conditions such as epilepsy may impact on their safety. Risk management plans provided guidance to staff about the precautions they should take when supporting people in the community or when they were having a bath so that risks to their safety were reduced. A staff member told us, "We know the risks associated with people's care and follow the guidance in their care plan". We saw staff had undertaken training so that they had the skills needed to meet people's needs.
There was a good understanding amongst the staff team about how to support people with their individual behaviours. Detailed care plans were in place that highlighted instances that could make people feel distressed. Staff were knowledgeable about people's individual behaviour 'triggers' and gave a good account of the actions they took to prevent them. For example we saw a person demonstrating some behaviour and vocalising loudly. Staff recognised this as anxiety and we saw they employed the strategies in the person's care plan to reduce their anxiety. This positive approach helped the person to relax. This showed there was a person centred approach to people's individual behaviour and safety needs. We found that risks to people had been thoroughly assessed.

People that we spoke with told us that there were enough staff to support them. One person said, "Staff take me out to the shops and on trips". Another person said, "The staff are nice and come and help me". We saw that there were always staff present in communal areas to support people and respond to requests for care and support. Staff were available so people could do things that they enjoyed doing in the home and in the community. For example on the day of our inspection a group of people were going on holiday. Staff we spoke with told us that they had no concerns about the staffing levels. The registered manager had ensured

that where people needed additional support staffing levels had been increased to meet their assessed needs. This showed that staffing arrangements had been kept under review and adapted to the needs of the people.

Recruitment processes were effective and included the required checks on staff to ensure they were safe and suitable to work with people. Checks on people's identity and character references were in place. Checks with the Disclosure and Barring Service (DBS) were also evident. A DBS check identifies if a person has any criminal convictions or has been banned from working with people. Staff we spoke with confirmed that these checks had been completed before they commenced working in the home.

We asked people about their medicines and one person said, "I have my medicine every day and staff give it to me". Another person told us, "Staff look after my medicines I can't do that". We looked at the systems in place for managing medicines and found that these were safe; medicines were stored securely and medication administration records were completed in full. Our checks on the balance of people's medicines showed the balance matched the records of administration which meant people had their medicines as prescribed. Some people required medicines to be given in specific circumstances, these are known as 'as required' medicines. We saw that written protocols were in place which clearly described the symptoms and circumstances in which a person might need these. Staff we spoke with were able to describe how they recognised a person required their medicines and we saw that they understood people's communication methods. Observation of the medicines administered to people showed staff undertook the correct checks before supporting people to take their medicines. Staff told us that only staff that had received training gave people their medicines. Daily balances of people's medicines were evident allowing staff to pick up any errors quickly. We also saw that people's communication methods had been recorded so that staff could tell from their body language or gestures if they were experiencing pain. We saw that there were systems in place to support people's right to self-medicate, but due to people's complex needs they had been assessed as unable to manage this aspect of their care.

Good

Is the service effective?

Our findings

People told us that they were very happy living at the home. One person said, "I think it is very good", another person said, "We do lots of good things and the staff are great". A staff member told us, "Our focus is always the people we support and I think our standards are high; we ensure people have choices in everything they do".

Staff spoken with told us that they had an induction with training and support to enable them to carry out their role. A staff member told us, "I had a really good induction which included shadowing other staff and I had supervisions to check I was understanding the process". We saw the induction and training for new staff followed the Care Certificate standards. The Care Certificate consists of an identified set of induction standards to equip staff with the knowledge they need to provide safe and compassionate care. This ensured that the arrangements for staff training and support were in line with required practice. Competency checks were carried out regularly to ensure staff used their skills effectively to meet people's needs. Staff were positive about their supervisions and staff meetings and told us they felt well supported.

Staff confirmed that they had received guidance and training to meet the needs of each person they worked with including their methods of communication. We saw staff used signing and gestures in line with people's identified communication needs. Staff recognised that some people's behaviour is a communication of their need. For example we saw a person present repetitive behaviours to which staff responded consistently and positively. Staff understood the person's behaviours as part of their autism and could interpret the person's choices by observing their behavioural response. This had helped them to recognise what the person was communicating so that they could meet their needs more effectively.

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 checked whether the service was working within the principles of the MCA. A person told us, "Staff ask me first they don't make me do anything I don't want to". We saw that staff cared for people in a way that involved them in making some choices and decisions about their care. For example some people had exercised their right to refuse care and support. We saw staff worked in a way that supported people with these decisions. For example where a person refused to see the GP alternative arrangements had been put in place to include sending photographs of their injury to the GP for diagnosis. This ensured the person had the treatment they needed and had been helped with obstacles to this. Staff had worked with another person to obtain their consent by gradually visiting the surgery until they were comfortable with consenting to necessary treatments. This ensured that people's consent was actively sought in a way that they understood.

Staff told us they had received training in DoLS. Examples of actions that would be classed as depriving people of their liberty were shared with us and we saw the registered manager had made applications to deprive some people of their liberty for their safety. Staff were aware of these applications and could tell us the reasons these were required and how this would impact on how they supported people.

When we asked people if they liked the meals provided and one person signed a 'thumbs up' and another person told us, "I like the meals we talk about food we like in our meetings". People attended 'food council' meetings with catering and management staff twice weekly to discuss meal choices. We saw that changes had been made to the menu based on the feedback provided. We saw that some people in the supported living house were supported to shop, plan and prepare their meals. Photographic menus were on display to remind people of meal choices. Staff were able to tell us about people's nutritional needs and knew people's likes and dislikes. We observed that people had the support they needed to eat their meals. Where people were at risk of choking or losing weight there were clear plans in place guiding staff how to support the person safely with their meals. The registered manager had sought guidance and support from community resources and had obtained utensils considered to be more appropriate for use by people who have dementia. We saw these utensils were in use to support people with eating their meals. The cook was well informed about people's nutritional needs and how they needed their food to be presented.

People were supported to access health care appointments when they needed and Health Action Plans (HAP's) were in place. A HAP identifies what is needed to stay healthy and who provides this for the person. Staff recognised changes in people's health and had taken preventative action. For example a person was seeing the doctor on the day of our inspection visit and staff were able to tell us how they recognised that the person was not well. Some people were able to tell us who they saw and we confirmed from people's records that health professionals were seen regularly. People were also supported to access specialist health practitioners for their complex needs such as the epilepsy nurse and specific plans were in place as to how their epilepsy should be managed.

Good

Is the service caring?

Our findings

We asked people if they thought staff were caring towards them and we had very positive responses. Some people described staff as, 'kind' and 'nice'. One person told us, "I love the staff they are very nice to me". Another person told us, "I love living here, staff are very nice to me and I am happy because I have a girlfriend".

We observed people were happy and confident to approach staff. For example, we saw that people initiated their approach to staff and were comfortable in staff company. Two people who were going on holiday clearly expressed their pleasure at spending their holiday with the staff who were supporting them. This showed people had positive relationships with staff.

We saw staff responded to people's communication with smiles and friendly tones and showed respect for the people they were supporting. In all of our interactions with staff we found that they consistently spoke about and referred to people in a caring, positive and respectful way showing they had a high regard for people they supported. Staff assisted and supported people in a kind and caring way and always acknowledged people's attempts to communicate, verbally or non-verbally. We saw staff listened to people and checked their own understanding by repeating back to the person to establish what they wanted. This showed staff were unrushed and were patient when establishing what mattered to people.

Staff that we spoke with told us that they knew when people were becoming anxious and had introduced some techniques to help relax people. For example, staff had been trained in Reki a form of massage and relaxation and people who lived at the home told us they liked this. We were shown the new 'summer house' which was comfortably furnished so that people could have Reki or just a 'quiet space' if they wanted this. We saw that staff were knowledgeable about people's emotional needs and what possessions were important to them. For example we saw one person had an identified area in which they could engage in their own sensory routines. We saw that staff respected this space and that the person was vocalising and animated with their possessions in use. This showed practical action was being taken to anticipate and relieve people's distress or discomfort.

Staff members knew people well and had a good understanding of their needs, preferences and what was important to them. For example some people lived in a supported living house and one of these people expressed how much they enjoyed their independence. They told us they had been supported to do the things that were important to them; 'cooking, shopping, and going out'. They said, "I like living in my own house but I like to come to the big house for activities, I don't like the day centre it is too busy". We saw staff support people to make choices, for example to manage their own personal care, make choices about how they spent their time and whether they engaged in daily domestic tasks such as washing, drying or cleaning up. We saw that staff promoted people's independence and autonomy by supporting people to access community based activities and clubs of their choice. Some people had exercised their right to refuse care and support.

People's lifestyle choices were central to the care being delivered and we saw that the routines of the day

were focused on each individual who led the way in what they wanted to do. For example people had their own specific routines and ways of doing things and we saw staff supported them to follow these so that their goals and wishes were being addressed. Some people had the opportunity to work in the 'Coffee Cups' coffee shop in their local community and this ensured they had opportunities to develop employment skills.

People were supported to maintain their independence and managed some aspects of their own personal care. Staff were knowledgeable about how they promoted people's dignity and independence and we saw people's care records provided guidance in this area. We saw staff were attentive and respectful of people's daily routines which meant they supported them to get up or go to bed at the times they had chosen. Staff told us some people enjoyed joining in cooking, shopping and domestic tasks such as cleaning their rooms and managing aspects of their laundry.

People were encouraged to make choices and decisions about their care. We saw that people were supported to get up, eat and do activities at different times. One person told us, "I like to get up when I want and I like to go to bed late". Another person told us, "I like to go to the day centre, go on holiday can go to bed when I want". We observed that there was a high level of engagement and interaction which was warm and inclusive and involved everyone having a say about their day. For example we heard staff speaking with people and seeing what they wanted to do and supporting them to do it. It was evident that staff tried to accommodate people's requests which we concluded showed a caring and person centred approach.

People who lived at the home told us that they were regularly involved in meetings to express their views. We saw that each Sunday small groups of people were invited to discuss all aspects of their living arrangements, such as care, food, activities, or concerns they might have. Staff told us the groups worked well as they were small and by rotating these people had a regular opportunity to have their say. As a result of people's feedback the idea of the summer house had come to fruition.

Arrangements were in place to ensure that people were involved in making decisions and planning their care. This ensured that if they were being cared for outside of the home their views could be acted upon. We saw for example that people had been supported to develop 'hospital passports' and 'dementia prompt sheets' were in use. Both of these provided very detailed information about people's needs and their preferences if they for example required a hospital stay. These were effective ways of supporting people to exercise choice and control wherever possible.

The registered manager told us that if people were unable to make decisions a social worker or an independent person (an advocate) would be secured to assist them. Staff we spoke with were aware of the confidentiality policy and told us that they knew that they should not discuss people's circumstances with anyone else unless there was a need to protect their health and welfare.

Staff recognised the importance of the values of the service and had there was a focus on training and attending workshops with regard to the principles of good care; respect, privacy and dignity. We saw that workshops had taken place with regard to implementing a positive and enabling culture within the home. Our observations showed staff were consistent in maintaining a calm living environment and treated people with compassion, dignity and respect.

Good

Is the service responsive?

Our findings

People who lived in the home told us that staff were responsive to their needs. One person told us, "I talk to the staff about what I want to do and they help me to do things like going out or cooking". Another person told us, "I do lots of things for myself but where I need help the staff help me". The person was able to describe the areas they needed help in and we saw staff responded to this need.

Some people were unable to tell us their experiences but our observations showed that staff understood how to respond to people's assessed needs. We saw the routines of the day were needs led. For example lunchtimes were in two sittings to accommodate the needs of people who required additional staff support. We also saw that additional staff resources were provided for a person who had been assessed as requiring a higher level of support due to their medical condition. This ensured that care was focussed on people's needs.

People told us that they had been involved in identifying their individual needs and personal preferences. One person said, "I sit with staff and talk about what I want and they ask me if I'm happy or if there are other things I want to change". Each person had a care plan to tell staff about their needs and how any risks should be managed. Care plans recorded people's likes and dislikes and what was important to them. We saw people's personal goals had been identified. For example some people told us they liked to go swimming, do sports, voluntary work or cook and we saw opportunities had been created for them to engage in these. Another person told us, "I like to sing", and we saw that a 'sing and signing group' had been created so that people could follow their interest. On the day of our inspection some people from this group were performing at a concert at the Symphony Hall. We saw people were supported to maintain relationships with people who were important to them. People were supported to have visits from and to their relative's homes.

We saw care was personalised; routines specific to people such as their preferences for getting up, going to bed, how their personal care was carried out, what they ate and what they did, were evident. Staff told us they managed some people's anxiety or behaviours and we saw guidance was available to staff as to how to support people in these areas. A structured day and set routines suited some people's needs and we saw that staff ensured their routines were respected which included how they wished to occupy themselves. We found that continual assessment of people's needs had identified their individual lifestyle preferences and people's days evolved around these. For example some people in the supported living house undertook aspects of their living arrangements independently such as travelling, managing their money or personal mail.

People were supported to do things they were interested in. One person told us that they enjoyed going to the day centre which was on-site. They told us they enjoyed a variety of activities including art and crafts and flower arranging. We saw people who preferred not to attend the day centre made use of community amenities such as shopping, swimming, or other sports. People told us they had enjoyed planned and spontaneous trips, days out and regular holidays to the seaside and places of interest. During our inspection we saw that people were supported to take part in different activities; some people went on a day trip, other

people went on a short holiday and people listened to their music or watched TV. We saw staff responded to people's requests; one person was enjoying craft work with a staff member and told us, "I love coming in here and doing my art work". People told us they enjoyed going out shopping for clothes or for lunch and that they planned this with staff. This meant people had opportunities to be involved in activities which promoted their wellbeing.

Staff were aware that some people would be unable to make a complaint directly due to their communication needs and level of understanding. People's care plans contained information about how they communicated if they were unhappy about something. We heard how staff had recognised a person's unhappiness through observing their mood and saw they had acted upon the person's complaint. People had named family or representatives to advocate for them and we saw regular family meetings encouraged the sharing of information. Weekly meetings to discuss their experiences provided people who lived in the home with the opportunity to say if they were unhappy about something. The complaints procedure had been produced in words and pictures to make it easier for people to understand. No complaints had been made about the home. There was a system in place for receiving and responding to people's complaints and this was monitored by the registered manager to ensure all complaints were handled appropriately.

Good

Is the service well-led?

Our findings

A person told us, "This is a wonderful place and I am very happy". Another person said, "I like it here; staff are good and there's lots of things to do and I have a lot of friends". Staff we spoke with were highly motivated, positive about their work and told us that in their view the home was managed to a high standard with people as the central focus.

The provider had a leadership structure that people and staff understood. There was a registered manager in post who was supported by the chief executive and senior care staff. The registered manager told us that she was supported on a daily basis by the chief executive who had regular contact with her the staff team and people who lived in the home.

We saw that the registered manager had promoted a positive culture within the home via workshops and training around the principles of good care. This included having staff as 'champions' and providing focus groups in relation to dignity, choice, respect, independence and autonomy. Our observations showed that staff understood and put into practice the shared values. One staff member told us, "We are clear about promoting a calm environment so for example, we work on lowering our voices and responding to people calmly". Another staff member said, "We have training and our competencies are checked, we talk a lot about how we can improve people's lifestyles by promoting choice and opportunities". The registered manager told us that people who lived in the home were regularly involved in selecting staff at the interview stage. This involved people meeting candidates and asking them questions and getting to know them. People's views were then actively recorded and used as part of the selection process. The registered manager told us this was an important part of involving people in decisions about who would provide their care. We found the leadership style promoted a positive and inclusive culture in the home.

We found that people knew who the registered manager was and referred to her on first name terms. People were complimentary and described her as, "nice", "kind", and "friendly".
We saw that the registered manager was visible; engaging with people who were visibly happy and comfortable in her company. Staff described communication and support as being very good. Regular staff meetings and supervisions had taken place in which staff could reflect on their needs and discuss their practice.

Staff we spoke with were fully aware of the whistle blowing policy and their duty to report incidents they might be concerned about. For example they gave us a good account of what they would do if they learnt of or witnessed bad practice. A staff member said, "I wouldn't hesitate and I know my colleagues wouldn't either". This showed staff knew they should report to the registered manager to protect people who lived in the home. Providers are required legally to inform us of incidents that affect a person's care and welfare and the registered manager had notified us accordingly of issues that they needed to.

We found that regular and appropriate checks and audits on the quality of the service were undertaken. The registered manager had a weekly overview of these to ensure that accidents, falls, medicine management, and record keeping were being managed appropriately.

People and staff told us that meetings took place weekly for the people who lived in the home where they could ask for things and make their views known. We found that the registered manager listened to what people said and as a result people had benefitted from changes to menus, activities and the purchase of a summer house. Regular family meetings had taken place and people had been asked for their feedback on a regular basis. We saw that people who had regular contact with the home had been complimentary about the standards of care.