The You Trust

Hazelgrove & Martingrove

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 service was inspected on 29 July 2016. The inspection was unannounced. We returned on 8 August 2016 to complete the inspection.

Hazelgrove and Martingrove is registered to provide accommodation and support for up to 15 people and specialises in providing support to people who have a learning disability. The service comprises an 11 bedroomed house, which contains a self contained two bedroomed flat and, on the same site a detached four bedroomed house. At the time of our inspection 13 people were living at Hazelgrove and Martingrove. Most people had lived at the service for a number of years.

The service was well led with an experienced registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

A particular strength of the service was that it had an open and friendly culture. People knew each other well and there were friendly and respectful relationships between people who lived at Hazelgrove and Martingrove and the staff team. People were encouraged to be as independent as possible but where people needed some support this was provided in an unobtrusive and sensitive way. Staff had a good understanding of people's needs and wishes and assisted people in line with these.

People said they were safely cared for. Staff were trained to keep residents safe and they knew how to raise a concern if they saw poor practice. Risk to people's health and welfare, as well as environmental risks were regularly discussed and recorded and reviewed regularly.

There were sufficient staff deployed to meet people's needs. New staff received an effective induction which gave them time to get to know people and the support they required. There was a good range of on-going training provided and staff were well supported through supervisions and appraisals.

People were encouraged to be responsible for the own medicines but where medicines were managed by staff on people's behalf this was done safely. Staff had a good understanding of people's health care and nutritional needs. They sought and followed advice where necessary from health care professionals so people
could maintain optimum health and wellbeing.

People were protected because staff were aware of and followed the principles of the Mental Capacity Act ((MCA) 2005. Consent was sought from people before care and support was given. If people required support with decision making then staff made referrals to the right professionals to ensure that decisions were made in people's best interests.This included support from advocates.

People were supported to choose and engage in activities they enjoyed both inside and outside the home. They were encouraged to be involved in developing the service and were asked their views and opinions regularly.

There were good quality assurance processes in place to help to ensure the care and support provided remained of a good standard and that it met regulations.

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 said they were safely cared for and staff understood and took appropriate action regarding any suspected abuse.

Risk to people's health and wellbeing and risks within the environment were known and minimised where possible.

People's medicines were safely managed.

There was a robust recruitment procedure in place and staff were deployed in sufficient numbers to meet people's needs.

Is the service effective?

Good

The service was effective.

Staff received appropriate training and support to ensure they met people's needs effectively.

People were supported to make their own decisions and staff had a good understanding of the requirements of the Mental Capacity Act 2005.

Liaison with health care professionals was good which helped to ensure people's healthcare and nutritional needs were met in a timely way.

Is the service caring?

Good

The service was caring.

People were supported by staff who knew and understood their needs and preferences.

There was a caring, compassionate and person-centred culture in the home which enabled people to express their needs and wishes.

Staff respected people's dignity and privacy.

Is the service responsive?

Good

The service was responsive.

staff had a good understanding of people's needs and wishes.
People were supported to maintain their independence and participate in activities of their choice.
People were confident any concerns they had would be listened to and addressed.

Is the service well-led?

Good

The service was well led
The home had an inclusive and open culture.
The registered manager led by example and ensured people's needs were central to the way care and support was delivered.
Quality assurance systems ensured the service maintained a good quality of care.

Hazelgrove & Martingrove

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 29 July 2016 and was carried out by one inspector. The same inspector returned on 8 August 2016 to complete the inspection.
Before the inspection we looked at all the information we held about the service. This included notifications regarding significant events which the provider is required to tell us about and information contained within the previous inspection report.

During the inspection we spoke with seven people living at the service. We spoke with the registered manager, the deputy and with six care staff. We also spoke with two visitors.
We observed staff supporting people in communal areas. We looked at the care records for six people and at three staff records. We also looked at other records to gather evidence about the quality of the service provided, such as staff training records, quality assurance documents and completed questionnaires.

Good

Is the service safe?

Our findings

People said they were safely cared for. One person said "If there was anything worrying me I would talk to staff about it".

There was a safeguarding adults policy and procedure on display which staff had signed to confirm they had read and understood. Staff were clear about how to recognise and report any suspicion of abuse. They told us they would go straight to their manager or deputy manager if they suspected there was the risk of abuse or if abuse had taken place. Records confirmed that immediate action had been taken to keep the person safe and any allegation of abuse had been reported promptly to Hampshire County Council and to the Care Quality Commission. This showed staff were following agreed protocols. Staff could tell us what the term whistleblowing meant and said they would not hesitate to raise any concerns they had. Whistle blowing is raising a concern by disclosing information about a wrong doing within an organisation.

Accidents and incidents were recorded in detail and the service analysed this information to identify any trends. We found that care plans were updated when there was an accident or an incident This meant that people could be assured the service took action to learn from accidents or incidents to prevent them reoccurring.
Care plans contained a risk profile that was reviewed regularly and this included reviews on falls, medication, behaviour and gave detailed guidance to staff on how to reduce risks to people's safety and wellbeing. For example, staff demonstrated a good understanding about how they would assist one person who was prone to anxiety to become calmer.

Residents were involved in identifying risks to themselves and in the preparation of their risk assessments . This enabled them to take ownership of their own safety and helped them to reflect how they could achieve their goals whilst keeping safe.Staff discussed environmental risks with residents, for example there were fire drills and people were reminded what they needed to do in the event of a fire. How to keep safe in the community was also a regular subject discussed.

Staff said there was a strain on the service at times because of some long term staff sickness and an unfilled vacancy for a cleaner. They managed by volunteering for extra shifts and the deputy and registered manager also worked alongside care staff where required. The provider was recruiting staff and used regularly a number of bank staff who filled vacant shifts. People said, and we observed, staff responded to them promptly when they requested assistance. One person said "If I press my buzzer they will come". Staff said there were two care staff on duty from 11am to 11pm and at least two other care staff were also on duty during the day. This enabled people to receive individual support where needed. Two members of staff slept in. This meant they could be called upon during the night if required. Staff said they rarely needed to support people during the night. The staff rota confirmed to us that these levels were maintained.

Recruitment records showed staff had been recruited safely and their files contained two references, employment histories and confirmed that full checks had been carried out with the Disclosure and Barring Service (DBS). The DBS checks assist employers in making safer recruitment decisions by checking

prospective care workers are not barred from working with people who need social care support. This meant that appropriate checks were in place to make sure the staff employed were suitable to support people.

People were encouraged to manage their own medicines where possible and they were provided with secure storage facilities so they could keep their medication safely. Medicines which staff managed on people's behalf were also securely stored. There was a clear paper trail which recorded the quantity and date medicines had been received, administered and disposed of. Staff had received medicines training and had guidance about when to administer PRN (as required medicines) such as for pain relief. People's records reflected what medicines they took, why they took them and any possible side effects. We observed staff were patient with people when assisting them with their medication and explained what the medication was for. Medication audits were completed twice a month by the deputy manager and a responsible person to identify any errors. The supplying pharmacist also undertook audits to ensure the service continued to manage medicines safely.

Good

Is the service effective?

Our findings

People were complimentary about the staff team and felt they had appropriate skills and knowledge. One person said "I quite like the staff actually." Another said the staff have been brilliant" A visitor said they had "nothing but praise for them all."

New staff said they had received an induction, completing some training and buddying up with established staff while they got to know people who lived at the service. They said they were given time to understand their role and responsibilities.
New staff completed the Care Certificate which is a set of standards that social care and health workers must meet in their daily working life.

Staff described the training provided as "good" and confirmed it covered all key health and safety areas such as food hygiene, fire safety, moving and handling and managing medicines. Training also included subjects specific to people's particular support needs such as how to reduce anxiety. Staff said they received regular supervisions and had completed annual appraisals which helped them to develop their role.

Staff received training in the Mental Capacity Act 2005. The Mental Capacity Act (MCA) is designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment. Staff demonstrated they had a good understanding of people' s rights under this Act . We observed staff respected people's choices, for example if they refused support at a particular time this was respected. Staff ensured they had people's agreement for example to hold keys to their room and to share important information about them with health and social care professionals.. Staff supported people to make their own decisions by discussing options with them and by using easy read and picture prompts to enhance communication. Staff respected people who had the mental capacity had the right to make decisions others might consider unwise. This is one of the key principles of the Mental Capacity Act 2005.

The service was acting in accordance with the Deprivation of Liberty safeguards. The Deprivation of Liberty safeguards is the procedure prescribed in law when it is necessary to deprive a person of their liberty when they lack capacity to consent to their care and treatment in order to keep them safe from harm.

People had their nutritional needs assessed and staff had taken advice from specialist health care professionals, for example speech and language therapists to help them to support people's particular dietary needs. Staff followed advice given, for example one person was provided with a soft diet and another received a fortified diet. People chose what food they wanted to eat. People ate when they wanted to and so mealtimes were sometimes staggered. People also helped themselves to snacks such as fruit during the day. The kitchen had adapted surfaces so people using wheelchairs could prepare food safely.

Staff spoke knowledgably about people's healthcare needs. People said they told staff when they were feeling unwell, for example when they had a headache and said staff gave them the advice and support they needed. Although people were encouraged to maintain their own health where they were able do this, staff also provided support when needed, for example to help people to access healthcare services by escorting

them to GP and hospital appointments. Information about people's health and any current appointments were discussed during staff handovers to ensure all staff were aware of any changes to people's health care needs. Everyone at the service had a health action plan which was reviewed annually by their GP and if they agreed, they also had annual health checks. This helped to ensure people were being supported to maintain good health and to receive on-going healthcare support.

Good

Is the service caring?

Our findings

We asked people if staff were caring. They all gave positive responses. One said for example "I am happy to live here." Another said the place was "very friendly." People also said "Staff are brilliant. They are fun." They described a friendly group of staff who respected their privacy and dignity.

Staff described how they were part of a dedicated and caring team where the needs of people using the service came first. Staff went out of their way to ensure the service ran smoothly for example by covering for each other in the event of staff sickness. They also ensured they maintained contact with people when they were in hospital by visiting them regularly, often in their own time.

Many people had lived at the service for a long time. This meant staff had a very good understanding of people's preferences and knew how to interact with them in a meaningful way. We observed a lot of easy, friendly, chats between staff and people who lived at the service, with a lot of accompanied laughter. Staff made sure they included everyone in their general remarks and conversations.

Staff described clearly what people could do for themselves and what they needed prompting with. The accommodation was arranged to promote people's independence. This was because there were various options within the service for people to move to more self contained areas where staff would have a lower profile. People who lived at the service also took responsibility for some maintenance, for example one person was involved in helping to keep the garden tidy.

Staff knew and respected people's interests and they encouraged and supported people to follow them. For example people had pets when they wanted them and took a great deal of pride and interest in looking after them. One person who was a talented artist had been encouraged to paint their own mural which they were keen to show to visitors. They were rightly very proud of their achievement. Staff were matched to residents based on their interests. One resident was a season ticket holder for their football club. They were supported to matches by a member of the staff team who supported the same club. This improved their enjoyment as they were able to talk about the matches with someone who could relate.

When people were upset or worried staff provided information in a way they could understand. For example one person had been concerned when their friend had developed an illness. Staff explained using easy read literature how the condition could affect the person and their behaviour. When a person had suffered a bereavement staff had given them plenty of time to talk and had provided a lot of sensitive support. Staff encouraged people to remain in contact with friends and relatives. Visitors confirmed they were welcomed to the service and felt at home. One said for example "I can go and make a cup of tea when I want". Staff helped people to access advocacy support where this was needed. This helped to ensure people's interests needs and wishes were properly represented.

People had hospital passports, which are documents containing information about people's needs and wishes to help health staff to support people in the way they prefer if they ever needed to stay in hospital. Staff knew people's end of life wishes and said where possible and if it was the person's wish, they would

support people within the service when this time came.

Good

Is the service responsive?

Our findings

We asked people what the good things about the service were. One person said "They support you to be independent." Another described how staff encouraged and supported them to take part in political debates, which were of great interest to them.

People's needs were assessed before they moved in to ensure their care and support needs could be met there. This assisted staff to deliver responsive care and support. Once people had come to live at the home, people or their representative had been involved in developing care plans. These were reviewed regularly to reflect people's changing needs.

People's care records were personalised. Staff wrote the records with the help of the person, where possible, or family members to ensure that people's preferences for care and support were known.

Care plans contained information about people's early life, documented their mental capacity to make specific decisions, and considered their future wishes. They also contained information about people's health and care needs and explained what people needed support with and what they could do for themselves. Staff showed they had a good understanding of people's needs, preferences, likes and dislikes and they provided support with the information in mind. Any changes to people's health and care needs were discussed during a daily staff handover so staff could follow up on any medical or other appointments made.

People said there were opportunities to pursue their interests. We observed people spent time doing hobbies such as jigsaw puzzles and artwork. People were also supported to access community events and activities such as local clubs. Staff at times supported people on a one to one basis which helped to ensure people could pursue interests which may not be shared with others. A relative confirmed people had regular access to community events saying "They (the staff) take them out and about a lot". People were encouraged to further their education if they wanted to and to access voluntary or paid work.

Attention was given to how information was conveyed to people in the most effective way. Staff used a lot of pictures, for example to remind people of decisions made at resident's meetings and to help people understand key procedures, such as how to make a complaint.

Staff were aware that some adaptations may be needed from time to time. For example for a person who was living with dementia. They had discussed this with health and social care professionals to ensure any changes to improve the environment and maintain independence were completed in a timely way. Additional training was also sourced and provided to ensure staff had the skills to respond to changing needs.

People who lived at the service told us they would feel confident to raise any issues and said they were satisfied staff would respond positively to any concerns they raised. Visiting relatives agreed. Any concern or complaint made had been responded to quickly in line with the service's complaints procedure.

Good

Is the service well-led?

Our findings

There was strong and consistent management within the service which helped to ensure the delivery of good quality person centred care.

Residents, staff and visitors praised the registered manager saying they were "really good" and "very understanding and willing to listen." Staff described an open culture with good relationships amongst all involved with the service. The registered manager said she was supported by a really good network of other senior staff and managers. This helped to ensure she and her staff team were kept up to date with developments in the care industry. Senior staff had joined up to the social care commitment. This is a Department of Health initiative that has been developed by the sector. Made up of seven statements, with associated 'I will' tasks that address the minimum standards required when working in care, the commitment aims to both increase public confidence in the care sector and raise workforce quality in adult social care

Staff morale was good. Staff said "It's a happy place to work" Another said "I look forward to coming to work" When asked what the service did well a representative comment was "We give people choice and listen to them. Every member of staff will go that extra mile." Visitors agreed, saying "They (staff) go above and beyond what is expected. Staff are really person centred and creative in maintaining (the person's) rights". We also observed this to be the case during our visits.

There were regular audits for example of care plans and medicines to ensure staff continued to provide the care and support people needed. There were also regular quality monitoring visits which were conducted by senior members of the organisation to ensure the service was maintaining standards and was compliant with legislation. We saw a report which had been written as a result of the most recent visit. This showed the service was meeting its aims and objectives. Any minor shortfalls identified had been quickly addressed.

People were involved in developing the service. People could be involved in the staff recruitment process if they wanted to be. This helped to ensure they would be comfortable with newly appointed staff and they knew a bit more about them. People asked potential staff questions about their experiences and values and provided feedback. They were asked their opinion about the quality of the service during resident meetings, quality monitoring visits and through an annual questionnaire. The most recent completed questionnaire confirmed people felt happy with the service, they felt safe and they were receiving care and support in the way they wanted.