

Hightown Housing Association Limited

Haslewood Avenue

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 was carried out on 26 April 2016 and was unannounced. At their last inspection on 5 June 2014, the service was found to be meeting the standards we inspected.

Haslewood Avenue provides personal care and accommodation to up to eight people. There were seven people using the service on the day of our inspection.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. In this instance the registered manager was also the provider.

People received care that met their needs and support plans gave clear guidance to staff. Staff knew people well and treated them with dignity and respect. Where possible, people were involved in the planning of their care and when they were unable, relatives and advocates were involved. Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS), we found that people's rights were respected.

People were supported to maintain a healthy diet and their health and social care needs were responded to appropriately. People had access to activities that supported their hobbies and interests. People were encouraged to raise complaints and give feedback and this was responded to appropriately.

People were supported by sufficient numbers of staff who had received the appropriate training and supervision for their role and had been through a robust recruitment process. Staff knew how to keep people safe and mitigate risks. Medicines were managed safely and accidents and incidents were reviewed to identify themes.

There were systems in place to monitor the quality of the service and shortfalls were addressed as needed. People, relatives and staff were positive about the management of the home which operated under a people first approach.

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 were supported by staff who knew how to identify abuse and manage risks.

People were supported by sufficient numbers of staff who met their needs in a timely way.

Staff were recruited safely.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People had their capacity assessed appropriately.

People were supported by staff who were trained and supervised in their role.

People received support to maintain a healthy and balanced diet.

People had access to health and social care professionals when needed.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and dignity.

People and their relatives were involved in planning their care.

People had access to advocates if needed.

Confidentiality was promoted.

Is the service responsive?

Good ●

The service was responsive.

People's care needs were met and care plans gave staff clear guidance.

People had access to activities that supported hobbies and interests.

People were encouraged to give their feedback and complaints were responded to appropriately.

Is the service well-led?

Good ●

The service was well led.

People, their relatives and staff were positive about the registered manager.

Staff were kept informed of changing policies, practice and lesson learnt.

There were systems in place to monitor the quality of the service and address any issues.

Haslewood Avenue

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook a comprehensive inspection of Haslewood Avenue on 26 April 2016. Before our inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make.

The inspection was undertaken by one inspector and was unannounced.

During the inspection we spoke with one person who used the service, two relatives, three staff members and the registered manager. We also received feedback from professionals involved in supporting people who used the service. We viewed three people's support plans. We also reviewed records relating to the management of the service. 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.

Is the service safe?

Our findings

People felt safe living at the service. Although we were only able to speak with one person due to people's complex conditions, we saw that they were relaxed around staff and were comfortable to approach them. Relatives also told us that they felt people were safe living at the service.

Staff knew how to identify and report abuse. One staff member said, "I know the residents here and if I see any changes, physical or they are quite upset, I'm reporting it." We saw that there was information displayed on recognising and reporting any concerns. Staff told us about the whistleblowing policy. We saw that any concerns were responded to appropriately with the relevant health and social care agencies involved. However, we noted that we had not been notified in accordance with regulation in all instances. We discussed with the registered manager that a statutory notification must be submitted to the CQC in the event of an incident between people who used the service. They assured us that any further incidents would be notified appropriately.

People had their individual risks assessed and staff knew how to help mitigate the risks for them. This included enabling people to be independent by accessing the kitchen but supporting them to reduce the risks. We also found that where a person at times had behaviour that challenged others, the registered manager had worked with staff to identify triggers and techniques to alleviate a situation and records showed that these incidents had reduced. Accidents and incidents were reviewed to help identify themes and trends and to ensure that all appropriate actions were taken.

There were sufficient staff to meet people's needs. We saw that people's needs were met in a timely manner. Relatives told us that they felt there was enough staff available to meet people's needs. We viewed the rota which showed that shifts were usually covered. The registered manager, staff and relatives told us that additional hours had been allocated to support people who required more time for care or activities following the registered manager putting a case forward to the funding authority.

People were supported by staff who had been through a robust recruitment process. This included obtaining all pre-employment checks such as references and criminal record checks to help ensure staff employed were fit to work in a care proving setting.

People's medicines were managed safely. We saw that all medicines were checked by another staff member following administration. Most medicines were pre packed by the pharmacy into blister packs and those medicines that were in boxes had a running total maintained to ensure the correct dose was given at the correct time. Records were completed consistently and staff had received competency checks by the registered manager. This helped to ensure people received their medicines in accordance with the prescriber's instructions.

Is the service effective?

Our findings

People were supported by staff who had received the appropriate training for their role. Relatives told us that the staff were appropriately skilled for their role. One relative told us, "The young ones [staff] in particular are very good." People were unable to tell us their views on the skills of staff but we observed staff use their training in relation to effective communication and moving and handling while supporting people.

Staff told us that they had sufficient training to enable them to carry out their role. One staff member said, "They [the registered manager] are really good at providing us with training." We saw that training covered areas including safeguarding people from abuse, food hygiene, health and safety, dementia care, autism and other service specific subjects, such as administration of epilepsy medicines. We also saw that when a person was discharged from hospital with different needs, training in the relevant areas was provided. The registered manager told us that it had been identified through a monitoring visit from the local authority that some staff who had been at the service a number of years had no record of an induction. In response to this, all staff were expected to complete the care certificate workbook developed by the provider.

Staff told us that they felt supported and received regular one to one supervision and an annual appraisal. One staff member said, "I get so much support, when I first started I didn't think I could do it but [registered manager] is so good." We saw that these sessions covered all areas of personal development, including an action plan for learning and development, and any issues that needed to be discussed.

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).

People had their mental capacity assessed and where needed, best interest meetings were held. Staff had a good understanding in relation to capacity, DoLS and consent. One staff member said, "We always assume capacity and if we feel they are struggling we request a capacity assessment." We noted that even though many people who lived at the service were unable to verbalise their choices, staff still offered them choice and asked for their consent. One person told us that staff always asked them before delivering care. We saw in support plans that there was a visual consent document. This included a picture of the task, such as having a bath, and it had a green tick or red cross next to it, indicating if consent was given. The registered manager told us they had developed the record to help people give informed consent. We found that where needed the appropriate DoLS applications had been made some of which were authorised and others were still pending.. However the registered manager told us, "We always try and do the least restrictive option."

People were supported to eat a healthy and balanced diet. We saw that they were involved in the menu planning for the upcoming week and supported to pick their choices by using pictures. During the

inspection we saw that staff brought people to the kitchen cupboards to point out what they wanted to eat and this was made to order. People who were at risk of not eating or drinking enough had this assessed and monitored. Where there were concerns the appropriate health care advice and support was sought and provided.

People had access to health and social care professionals as needed. The registered manager told us that they felt they had a very good relationship with the local GP who was always responsive to the health care needs of the people they supported. We saw from records that there were a range of professionals involved on a regular basis.

Is the service caring?

Our findings

People were treated with dignity and kindness. One person told us that staff were nice. Relatives also told us that staff were kind and caring. One relative said that staff were, "All lovely." Although most of the people living at the service were unable to tell us about their experiences with staff, we saw staff spoke respectfully to them and were attentive. For example, we heard staff speaking with a person in their room, discreetly and kindly as they supported them with personal care, talking through what they were doing.

We also saw that when a person refused to have their care from one staff member, staff did not take offence and went to request another staff member to provide the support to the person. They told the person it wasn't a problem and they would wait for them to be finished. A short while later we observed that staff member supporting the person to get their breakfast. When we spoke with this staff member about this person they told us about the things they enjoyed doing, how they supported them with this and did not mention any behaviour that challenged. This demonstrated that staff were respectful and professional, seeing the person rather than any behaviour they may have exhibited. We spoke with the registered manager about staff member's interpretation of some events and behaviours and they told us they had been working with staff to develop their awareness and to look at the whole picture.

People were involved in planning their care and support. One person told us that they were part of the reviews of their care. We saw that, where able, people were asked to sign their care plan and others had relatives involved. However, one relative told us they were not sure they had been involved in care planning. We also saw that where people needed support and family members were not available, an advocate was appointed to assist them. We noted that sections of the plan were developed in a pictorial document to encourage involvement.

Relationships that were important to people were documented in people's plans. This included birthdays of family and friends. The registered manager told us that they had recently arranged contact with some relatives of a person who lived overseas, this now enabled their involvement in the support plan. We were also told, and saw records of the event to confirm, that staff supported a person to another town to meet a relative to celebrate their birthday. This demonstrated that the service were aware of how to support relationships between people and their relatives.

People's personal information was held confidentially. We saw that care notes and plans were held securely in an office. Staff spoke discreetly about people's needs so to promote their privacy.

Is the service responsive?

Our findings

People's care needs were met. One person told us that care was given in a way they liked and needed it. Relatives also told us they felt people's needs were met. One relative said, "[They're] well looked after."

Staff knew people well. They were able to describe to us people's needs, their day centre schedules and we heard them discussing appointments that were coming up. We saw staff support people in accordance with their support plans. For example, when offering personal care or assisting a person with transferring. Staff did this in a way that was supportive and reassuring but also ensured people's needs were met and safety.

People had support plans that were detailed and provided staff with clear guidance about their needs and how to assist them appropriately. These included a person centred approach to personal care, guidance on how to support a person to mobilise and plans for supporting people to communicate. Staff told us that the registered manager at times worked alongside them while delivering care to ensure that the care delivered was as the person needed and staff were working in accordance with the plan.

People decided on what activities they wanted to do for the upcoming week during their weekly meetings. These included outings to the shops, park or farm and things to enjoy at home such as needlework. We noted that additional hours had been agreed and provided by the funding authority to enable a person to get out into the community and enjoy their hobbies more frequently. Some people were supported by a local care agency to enjoy one to one time out in the community and visiting different venues. One person told us, "I don't get bored." One staff member told us that a person they supported as a key worker enjoyed colouring. They told us that they had spent time teaching the person colours. They said, "I asked [person] about their colour choices as we were doing it and now [they] know the colours." The staff member was really proud of this and felt that this had made a positive difference to the person.

People were asked for their feedback. Meetings were held and the agenda was printed in picture format to help people understand the content. People's responses were taken by using a pictorial sheet which they pointed out their choice and views. For example, their choice of meals for the week and activities. We also saw that people were asked to decide on the new furniture for the dining room or colours for their bedrooms. One staff member said, "[The registered manager] got sample pots, painted them on the walls and the residents pointed to the one they liked."

The service had a complaints procedure displayed and we saw that complaints were responded to appropriately. There had been a full investigation, response to the complainant and the subject of the complaint had been discussed at team meetings.

Is the service well-led?

Our findings

People knew the registered manager well. We saw that they approached them and the registered manager was able to support them with their needs. Relatives were positive about the management of the home. One relative said, "[They're] very approachable."

Staff were also positive about the leadership and management of the home. One staff member said, "We've got a very good [registered] manager." They went on to tell us, "[Registered manager] is so approachable, even when busy, they'll say 'pull up a chair' always takes time to talk." We were told by staff that the registered manager observed their practice by working alongside them to ensure they were working in accordance with the home's standards. Staff told us that they were given guidance and instruction. One staff member told us, "I've learnt so much from [them]."

Staff were kept informed of changing policies and procedures by reading new information provided to them. Also, the registered manager attended handover meetings to discuss changes and also spoke about lessons learnt at team meetings. For example, if there were actions following an event or complaint.

There were systems in place to assess and monitor the quality of the service. This included audits of health and safety, care plans and medicines. We also saw that a monitoring visit from the local authority, although scoring them as 'good' had set some actions for the service to complete. The registered manager was able to show us the action they had already taken to address this. Staff told us the registered manager checked all aspects of their work. One staff member told us about the reviewing of care plans and said, "We have to show [the registered manager] first and then [they] tell us where we need to make amendments to be sure it is written right." They went on to say that this was done in a constructive way to ensure care plans were clear and staff always felt that their personal development was being supported through the process.

The approach of the service was people first. The timings throughout the day were dictated by people's routines and pace. Staff told us that their needs and choices came first and this was very much the view of the registered manager. One staff member said, "It's all for them [people] if it's not, what would be the point." Another staff member told us, "We have a very good [registered] manager, they really care about everybody's needs." The registered manager was open about areas they felt required further development and were passionate about providing a high standard of care to the people living at the service.

Staff were made aware of any changes to policy and procedure or any lessons learnt following a complaint, accident or incident. Staff told us that this was brought to their attention during handover meetings or during a shift if needed and repeated at team meetings to help ensure all staff were kept informed.