Care Quality Commission

Scope

Henderson and Harvard

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

Overall summary

The inspection took place on 4 September 2015 and was unannounced.

Henderson and Harvard provides accommodation and care for up to eight people with a learning disability and physical disabilities within two bungalows. The service does not provide nursing care. At the time of our inspection there were eight people using the service.

A registered manager was in post at the service. 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.

The service had appropriate systems in place to keep people safe, and staff followed these guidelines when they supported people. There were sufficient numbers of staff available to meet people's care needs. There were

Summary of findings

systems in place to manage medicines and people were supported to take their prescribed medicines safely. The provider had a robust recruitment process in place to protect people from the risk of avoidable harm.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Appropriate mental capacity assessments and best interest decisions had been undertaken by relevant professionals. This ensured that the decision was taken in accordance with the Mental Capacity Act (MCA) 2005, DoLS and associated Codes of Practice. The Act, Safeguards and Codes of Practice are in place to protect the rights of adults by ensuring that if there is a need for restrictions on their freedom and liberty these are assessed and decided by appropriately trained professionals.

Staff supported people to have sufficient food and drink that met their individual needs. People's health needs were managed by staff with input from relevant health care professionals.

People were treated with kindness, dignity and respect by staff who knew them well and their rights were upheld. Staff had the skills to support people to communicate their views and preferences. Detailed assessments had been carried out and personalised care plans were in place which reflected individual needs and preferences. The provider had an effective complaints procedure and people had confidence that concerns would be investigated and addressed.

There was an open culture and the management team demonstrated good leadership skills. Staff were enthusiastic about their roles and they were able to express their views. The provider had systems in place to check the quality of the service and take the views and concerns of people and their relatives into account to make improvements to the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

There were enough staff with the skills to manage risks and meet people's needs.

People felt safe and staff knew how to protect people from abuse. There were processes in place to listen to and address people's concerns.

Systems and procedures for supporting people with their medicines were followed, so people received their medicines as prescribed

Good

Is the service effective?
The service was effective.

Staff received effective support and training to enable them to carry out their roles and responsibilities.

Where people lacked capacity, appropriate measures were in place to ensure decisions were made in their best interests.

People's nutritional needs were met by staff who understood what support they needed.

People were supported to maintain good health and access health services.

Good

Is the service caring?
The service was caring.

People felt staff knew them well and treated them with kindness.

People were supported to communicate their needs and preferences.

People's privacy and dignity was respected.

Good

Is the service responsive?
The service was responsive.

People's choices and preferences were taken into account when staff provided care and support.

People were supported to maintain social relationships with people who were important to them.

There were processes in place to deal with people's concerns or complaints and to use the information to improve the service.

Good

Is the service well-led?
The service was well led.

The service was run by a committed manager who had a clear vision for the service.

The service was developed in consultation with people and staff.

Good

Summary of findings

There were systems in place to listen to people and use their feedback to make improvements to the service.

Henderson and Harvard

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 4 September 2015 and was unannounced.

The inspection team consisted of one inspector.

We reviewed the information we held about the service including safeguarding alerts and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law.

We focused on speaking with people who lived at the service and observing how people were cared for. A significant number of the people at the service had very complex needs and were not able verbally to talk with us, or chose not to, so we used observation as our main tool to gather evidence of people's experiences of the service. We spoke with two family members, four care staff and met with the registered manager.

We reviewed a range of documents and records including care records for people who used the service, and those relating to the employment of staff, complaints, accidents and incidents and the management of the service.

Good

Is the service safe?

Our findings

A family member told us that, "Staff are very dedicated and wouldn't leave anyone in a vulnerable position." Where people could not communicate verbally, we saw that they knew who to go to when they were distressed or needed support. We observed relationships based on trust and openness and people appeared to be at ease with the staff who supported them. One of the people told us they had taken part in a workshop with other people at the service to help them understand what safeguarding meant and what to do if they wanted to raise any concerns.

Staff and management understood the importance of protecting people and keeping them safe. Staff were able to describe different forms of abuse and were aware of what to do if they felt a person was not safe. Where people were assessed as being vulnerable to abuse there was detailed guidance in place. Staff were able to describe how they might recognise possible abuse where people were not able to communicate verbally, for example through observing changes in behaviour or mood. The management of the service was committed to promoting openness and learning from safeguarding incidents. A senior manager had recently attended a safeguarding conference and used the information to share good practice with staff. The service notified the local authority appropriately about safeguarding concerns.

Staff knew how to manage risks to people's safety. Assessments were in place which identified how to minimise risks. For example, there were risk assessments relating to supporting people to transfer safely and advice on how to avoid scalds when bathing. People had equipment and adaptations to keep them safe, for example, we saw a sensor mat in place by a lowered bed for one person and other people had pressure cushions to minimise the risk of pressure sores.

Risks were managed well within the service, for example the manager decided on the schedule for maintenance work based on a risk rating which was regularly reviewed. Risks relating to the property such as any environmental hazards were assessed and measures were in place to reduce the risk. There were processes in place to keep people safe in the event of an emergency should an unexpected event such as a fire occur. Staff understood what they should do in emergency situations and each person had in place a detailed and personalised emergency plan.

There were enough skilled staff to support people and meet their needs. During the day we observed staff providing care and one-to-one support at different times. Staff were not rushed when providing personal care and people's care needs and any planned daily activities were attended to in a timely manner. Staff told us that there were enough of them to meet people's needs. One member of staff told us that, "I like having time to spend with people, I like how staff look after customers." Staffing levels had been determined by assessing people's level of dependency though discussions with staff and observation. Levels were kept under review and adjusted based on people's changing needs. We noted that staff numbers had been revised following a recent increase in numbers of people living at the service.

The provider had a safe system in place for the recruitment and selection of staff. Staff recruited had the right skills and experience to work at the service. Staff told us that they had only started working at the service once all the relevant checks had been completed. We looked at recruitment files for three staff and saw that references and criminal records checks had been undertaken and the organisation's recruitment processes had been followed.

People received their medicines safely and as prescribed from appropriately trained staff. Records of people's medicines were completed appropriately and we noted that they were accurate and legible. Staff communicated well when giving people their medicines. Staff had produced an easy read medication profile so that a person could understand the medication they were taking. When people had been prescribed medicines on an as required basis, for example for pain relief, there were protocols in place for staff to follow so that they understood when a person may require this medicine.

We observed medication being administered and the staff member told us they had only started administering medicines after receiving training. In addition, staff had received up to date medication training and had completed competency assessments to evidence they had

Good

Is the service safe?

the skills needed to administer medicines safely. Regular medication audits were completed to check that medicines were obtained, stored, administered and disposed of appropriately.

Good

Is the service effective?

Our findings

People were cared for by staff who had the skills to meet their needs, for example we observed that staff were very skilled in communicating with people when establishing their preferences at meal times. We saw records of observations and competency checks covering how staff supported people to transfer safely. Staff said that if there were any concerns regarding their practice they would receive extra training. A senior member of staff would also supervise them whilst they were providing support to ensure any issues were resolved. Staff told us training was of a good quality and mainly face-to-face. A member of staff told us the manager supported staff to develop their skills and that, "[Manager] likes to check monthly to see I'm doing my job."

The manager supported staff to carry out their duties effectively. Staff told us that they were supported with supervision, which included guidance on things they were doing well and where improvements were needed. Staff meetings took place on a regular basis, and were used as an opportunity to provide support and improve practice. In a recent meeting, managers and staff had discussed issues around capacity, medication and how to minimise infection. Volunteers were in place to support people to visit the local community. The volunteers were supported by the service and had had up to date criminal records checks.

People's capacity to make day-to-day decisions was taken into consideration when supporting them. The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). People who could not make decisions for themselves were protected. The manager had made appropriate DoLS referrals where required for people. Staff had a good understanding of Mental Capacity Act (MCA) 2005 and DoLS legislation and new guidance, to ensure that any restrictions on people's activities were lawful. Records and discussions with staff showed that they had received training in MCA and DoLS and they understood their responsibilities. Where restrictions had been put in place to keep people safe, for example if people were under constant supervision, there had been consultation with all interested parties who were acting in the individual's best interest.

People were supported to have a balanced and healthy diet. We observed people being offered a choice of food and, where they could not verbally communicate, staff were skilled in recognising what their preferences were. We observed a member of staff lay out a selection of foods so that a person could point to what they wanted to eat. When asked how they decided what they ate another person said, "It depends on what we want on the day and what we have in the cupboard."

People told us that they were involved in menu planning and one person each week was involved in carrying out the weekly grocery shopping. A family member said that in their view the food at the service had improved over time and their relative was always offered fruit.

Staff were knowledgeable about people's specific needs when eating and drinking, for example we observed someone being supported to drink with a straw and use a specialist fork and spoon, as outlined in their care plan. Staff monitored people's weight monthly and put in place plans where people were at risk from poor nutrition. Where people needed food of a certain texture staff knew how to prepare meals to meet individual needs.

People's day to day health needs were being met and they had access to healthcare professionals according to their specific needs. For example, we saw that people had been referred to speech and language therapists or for assessments for a new wheelchair. We noted that where people had been referred for specialist support but were still waiting for contact, there were interim protocols in place for staff to follow. The service maintained regular contact with the GP and healthcare professionals that provided support and assisted the staff in the maintenance of people's healthcare. Where people had a particular way of communicating, there were hospital information forms in place, outlining their needs and preferences, should they be admitted to hospital.

Good

Is the service caring?

Our findings

People told us staff were friendly and caring. One person said, “Staff definitely listen to us and do their best at the end of the day.” We observed staff interacting with people and noted they were kind, warm and respectful. A family member said their relative, “Loves it there – it’s so homely.” Staff engaged with people and were knowledgeable about them and their needs, for example we saw staff offering activities for people when they appeared distressed or in need of stimulation. We observed staff chatting to people about their families and their interests as they supported them. Where people couldn’t communicate verbally, staff knew where they wanted to sit throughout the day if they remained involved and engaged with what was happening around them. A family member told us that, “When I ring up, I can hear everyone laughing and joking, [relative] is always laughing.”

Staff understood the importance of giving people choice. A member of staff told us, “It’s their home, we’re working for them to enable them.” Staff told us that people were encouraged to make their own decisions, even when these were not what staff would have chosen for them, for example when choosing what to have at meal times or what to wear. One member of staff told us, “We give them tools to help them make better decisions.”

The service emphasised the importance of listening to people so that they became actively involved in the support they received. Staff were skilled at supporting people who had a wide variety of ways of communicating and we observed them interacting with people through signing, gestures, pictures and facial expressions. The wider organisation supported staff to prioritise communicating with people and there was a dedicated communication officer they could contact for advice and additional resources. Staff described how they had referred a person to the officer for specialist and innovative technology to aid their communication.

We observed staff providing care and support respectfully and in ways that maintained their dignity. Relatives said that they felt their family member was treated with dignity and respect. Staff told us that following discussions with people who used the service they no longer wore uniforms because they felt this was undignified as the service was based in people’s homes. When they were out in the community with people they did not use aprons to protect clothing but instead used an alternative, such as a scarf from a person’s football team. When supporting people at meal times, staff made sure they were sitting down as they felt this was more respectful. We noted that staff were discreet when checking with people whether they needed any support with personal care such as using the bathroom.

Good

Is the service responsive?

Our findings

Care was provided in a personalised way, for example we saw that people got up when they wanted and chose what clothes to wear. One person showed us photos of activities they had been involved in whilst at the service. Family members said that people received care which met their individual needs. Staff had helped people develop outcomes to aim for over the year which were realistic and achievable such as attending an important sporting event or achieving a task. These outcomes were reviewed with people throughout the year.

People were engaged in meaningful activities, for example staff had arranged for a specialist worker to visit every week to carry out a pottery session and people showed us what they had produced. One person told us they went with staff to the garden centre to buy plants for the garden. People were encouraged to develop their skills within the service through volunteering, such as answering the phones or helping with training. Where necessary, appropriate adaptations were in place and we saw a lowered sink to meet someone's specific needs. We observed that all rooms were personalised and decorated to reflect individual personalities and one person told us they had selected the decor of their room.

One family member told us that, "People at the service don't get out as much as they used to." We discussed this with the manager and they told us that a recent audit of the service had highlighted concerns over the lack of activities and an action plan was in place to improve support in this area. As a result, staffing roles had been re-designed and two members of staff now had responsibility for improving activities for the people at the service.

People's care plans provided sufficient information to enable staff to support people in ways they preferred. People told us they had seen their care plan, one person said, "You mean my notes, I've got a book over there." They were able to show us their notes which included pictures and easily understood profiles as well as more complex guidance on how to meet their needs. People's care needs were reviewed regularly and they met weekly with their key worker, who was a named member of the staff team, to discuss the support they were receiving. Family members confirmed they were also invited to reviews to give their input into the care their relative was receiving.

People were supported to keep in touch with their families and families told us they felt welcome to visit at any time. Staff told us that they helped people remember their families' special dates and each person was supported to send cards and/or presents as they wished. Families were invited to attend different activities such as a boat trip in the summer and Christmas parties. In addition to the informal contact with families, the manager told us that they were starting quarterly relative meetings. People were supported to maintain contact with the local community, for example to attend a place of worship or other local resources.

The provider had a clear policy in place for responding to concerns and complaints. Complaints were largely resolved in an informal, positive way and the manager had responded positively where concerns were raised. People told us they would speak with staff if they had any concerns. The manager told us they had completed a training course on how to deal with complaints and also had access to a dedicated manager within the organisation who could advise if there were any queries in this area. Where complaints were received they were logged and recorded. The manager gave us an example of where a complaint had been received and the immediate actions they had taken to resolve the concerns raised.

There were systems in place to request an advocate for people who needed support to express their views. Advocates are people who are independent of the service and who

support people to have a voice and to make and communicate their wishes. The manager described how advocates had been used within the service at times when people needed specific support.

Good

Is the service well-led?

Our findings

The service promoted a positive culture and encouraged involvement from people who used the service and staff. One person told us that, "This is a pretty good service, managers definitely make changes when I make suggestions," They gave us an example of an adaptation to their room which had happened after they had asked the manager. There was an active forum for people using the service. At a recent meeting a new member of staff had been introduced and there had been a discussion about activities and menu planning. A family member told us that the manager was, "Happy to talk to me and take on board what I say."

The manager was visible in the service, for example they sat in on handover meetings so they could pick up any gaps in knowledge. A member of staff told us, "There's an open door to the manager, we don't wait for supervision, we are really lucky." The organisation provided a phone number for staff to call if they felt they couldn't talk to the manager, though staff told us they didn't feel they needed to use it. In addition, we were told by staff that regular contact was on-going within the service and communication between staff and management was very good.

Staff had completed a survey in May 2015 and we saw a plan which had been drawn up where the manager had responded positively to issues raised by staff members. For example, staff had said that they did not have sufficient access to computers and the manager had arranged for additional resources to be put in place.

There was a clear vision for the future of the service. The manager told us that the organisation was committed to promoting non-institutionalised models of care. The manager felt that care at the service was already being provided in line with this vision, although they were always looking for ways to continue improving. The manager said they felt well supported by the provider. There was a system in place for alerting managers when tasks such as risk assessments and supervision sessions were due.

Effective quality assurance systems were in place to identify areas for improvement and appropriate action to address any identified concerns. Audits were carried out by the registered manager and senior managers from the organisation, and included unannounced visits. Service improvement plans were put in place outlining what actions managers and staff were taking to make the required improvements. Senior managers monitored the service against the agreed actions to ensure these were being carried out. For example, we saw that as part of the improvement plan the service had been required to improve the quality of activities provided, and the manager was reporting back to the senior managers on how the service was meeting this requirement.