

Hightown Housing Association Limited

Hightown House

Inspection report

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22 August 2016
30 August 2016

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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?	Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 17, 18, 22 and 30 August 2016 and was announced to make sure that the people we needed to speak with were available. At our last inspection on 23 January 2014, the service was found to be meeting the required standards in the areas we looked at. Hightown House operates from an office in Hemel Hempstead and provides personal care and support services to adults in the Hertfordshire and East Buckinghamshire areas. People had their own flats with a number of housing complexes. We visited three separate accommodations where people were supported to live independently in their own homes.

There was a manager in post who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the 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.

Regular audits were completed by operations and senior managers; however at the homes we inspected. We found the provider's system of audits was not always effective in identifying areas for shortfall. For example, we found errors in documenting medicines....

People were supported by Hightown House to live in their own homes. There were staff that supported people with their individual needs.

People felt safe, happy living in their homes. Staff had received training in how to safeguard people from the risk of abuse and knew how to report concerns both internally and externally. Safe and effective recruitment practices were followed to help ensure that all staff were suitably qualified and experienced.

Staff completed regular health and safety checks that included security and fire safety. Staff received training and refresher updates relevant to their roles and had regular supervision meetings to discuss and review their development and performance.

People were supported to maintain good health and had access to health and social care professionals when necessary. People were supported with shopping and meal preparation where required.

Staff made considerable efforts to ascertain people's wishes and obtain their consent before providing personal care and support, which they did in a kind and compassionate way. Information about local advocacy services was available to help people access independent advice or guidance.

Staff had developed positive and caring relationships with the people they supported and clearly knew them well. People were involved in the planning, delivery and reviews of the care and support provided. The confidentiality of information held about their medical and personal histories was securely maintained.

Care was provided in a way that promoted people's dignity and respected their privacy. People received personalised care and support that met their needs and took account of their preferences. Staff were knowledgeable about people's background histories, preferences, routines and personal circumstances.

People were supported to pursue social interests and take part in meaningful activities relevant to their needs, both at their home and in the wider community. They felt that staff listened to them and responded to any concerns they had in a positive way. Complaints were recorded and investigated thoroughly with learning outcomes used to make improvements where necessary.

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 kept safe by staff trained to recognise and respond effectively to the risks of abuse.

Safe and effective recruitment practices were followed to help ensure that all staff were fit, able and qualified to do their jobs.

Sufficient numbers of staff were available to meet people's individual needs at all times.

People were supported to take their medicines safely by trained staff.

Potential risks to people's health and well-being were identified and managed effectively in a way that promoted their independence.

Is the service effective?

Good 

The service was effective.

People's wishes and consent were obtained by staff before care and support was provided.

People were supported by staff that were well trained and received the appropriate support.

People where required were assisted with a healthy balanced diet which met their needs.

People had their day to day health needs met with access to health and social care professionals when necessary.

Is the service caring?

Good 

The service was caring.

People were cared for in a kind and compassionate way by staff that knew them well and were familiar with their needs.

People were involved in the planning, delivery and reviews of the care and support provided.

People's privacy and dignity was promoted.

People had access to independent advocacy services and the confidentiality of personal information had been maintained.

Is the service responsive?

Good 

The service was responsive.

People received personalised care that met their needs and took account of their preferences and personal circumstances.

Detailed guidance made available to staff enabled them to provide person centred care and support.

People were given extensive opportunities to help them pursue social interests and take part in meaningful activities relevant to their needs.

People and their relatives were confident to raise concerns which were dealt with promptly.

Is the service well-led?

Requires Improvement 

The service was not always well led.

There were not always effective systems in place to quality assure the services provided, manage risks and drive improvement.

People and staff were all very positive about the managers.

Staff understood their roles and responsibilities and felt well supported by the managers.

Hightown House

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 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 17, 18, 22 and 30 August 2016 by one Inspector and was announced. The provider was given 48 hours' notice because the location provides a flexible care service; we needed to be sure that someone would be available and that we could access the information we needed. We reviewed other information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with six people who lived in their own homes, five staff members and four managers. We also received feedback from health and social care professionals, stakeholders and reviewed the commissioner's report of their most recent inspection. We looked at care plans relating to four people and three staff files.

Is the service safe?

Our findings

People were safe and protected from harm. People told us they felt safe living in their own homes one person told us, "I feel safe because it's very secluded but you're not far from anything."

People were supported by staff that were of good character and were suitable to work in the care environment. All staff had been through a robust recruitment procedure which involved obtaining satisfactory references and a criminal records check before they were employed by the service. We looked at relevant pre-employment checks that were in place before staff were allowed to start work. The registered manager confirmed they were actively recruiting and ensured the correct checks were in place before staff commenced employment.

There were enough suitably experienced, skilled and qualified staff available at all times to meet people's needs safely and effectively. There were bank staff used to support shortages when required. One person told us, "The staff are very nice and if I need help they are always available. There is always someone to talk to." Staff completed regular health and safety checks to help ensure people were cared for in safe environments. For example, planned escape routes in the event of an emergency.

Policies and procedures were in place to protect people from avoidable harm. People and staff had good working relationships which enabled them to communicate honestly. Staff were knowledgeable about protecting people from avoidable harm and felt confident to report concerns to managers or to the local authority if they felt it necessary. Staff understood their safeguarding responsibilities and understood how they could report safeguarding concerns. One staff member said, "I would always report any concerns I had to the manager." They also demonstrated they knew how to escalate concerns if needed and to report to other organisations such as the police or CQC if required.

People were supported with their independence to be part of their local community. People told us they felt supported to do what they wanted and staff were extremely positive and encouraging for people to be as independent as possible. Risk assessments were in place to identify areas where people needed additional support to keep them safe. For example, we saw there had been travel training provided to support a person to visit their relatives independently. We saw where one person was assessed as being at risk of self-isolation they had been involved in a restoration project on site. This supported them in developing relationships with other tenants

Information gathered in relation to accidents and incidents that had occurred was personally reviewed by managers who ensured that learning outcomes were identified and shared with staff. Incidents were documented by staff and were discussed at regular meetings.

People's medicines were managed safely. There were suitable arrangements for the safe storage, management and disposal of medicines. People were helped take their medicines by staff that were properly trained and had their competencies checked and assessed in the workplace. A staff member told us, "We remind people to take their medicines. One person said, "I wasn't taking my meds properly so staff

will remind me to take them and fill out the form in my folder." We looked at a few samples of medicines and checked the levels of stock recorded and found these to be correct. However we found in three separate incidents that the Medicines Administration Record (MAR) had not been signed to say that the medication had been given and this had not been identified by audits.

Is the service effective?

Our findings

People received support from staff that had the appropriate knowledge, experience and skills to carry out their roles and responsibilities. There were support plans in place that gave good guidance to staff. One staff member said, "One tenant who has [medical condition] everything has to be done in a certain way and the guidance in the care plan was good and I felt able to support them." One person who used the service said, "Staff are very good and give you lots of support."

New staff were required to complete a structured induction programme, during which they received training relevant to their roles, and had their competencies observed and assessed in the work place. The registered manager told us that additional training was completed to support people's needs where required. For example, staff received the provider's mandatory training and regular updates in a range of subjects designed to help them perform their roles effectively. There was a traffic signal system in place that highlighted when training needed to be refreshed. For example when the training was due to be re-done the record would change from green to amber and would change to red if the training was overdue. All managers and staff had access to this and reviewed it on a regular basis to ensure staff were up to date with their training. This included areas such as food hygiene and safety, medicines, first aid and infection control. Staff told us that the training they received was appropriate and enabled them to develop new skills which helped them provide support to people. Staff commented that the training was good and that they received regular updates to refresh their knowledge. A staff member said, "I feel supported with my training."

Staff felt supported by the operations manager and site manager. They were actively encouraged to have their say about any concerns they had and how the service operated. They had regular supervisions where their performance and development were reviewed. Staff confirmed that they had regular meetings. One staff member said, "I have regular supervisions and I am supported to develop. As I have been going along I have been given more responsibility. I have recently spoken with head office to apply for my national vocational qualification level two (NVQ)." There was also a staff forum run by staff to help ensure they had a voice. We were given an example how an issue that had been highlighted through the staff forum and had changed as a result of the staff bringing their concerns to the attention of the provider.

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. We checked whether the service was working within the principles of the MCA and found that they were.

Throughout our inspection we saw that, wherever possible, staff sought to establish people's wishes and obtain their consent before providing care and support. The guidance provided to staff showed that people, their relatives and where appropriate, social care professionals, had been consulted about and agreed to the care provided. A staff member said, "We work to a tenants planner this is how they have decided they want their support. The planner is flexible as people can change their minds it's their choice." Another staff

member said, "Everybody here prefers their support in different ways so the choices they make are really important." One person said, "When I need support they [Staff] are always there."

Staff understood the importance of ensuring people gave their consent to the care and support they received. One staff member told us, "It's important to respect people's choices." People's support plans included the individual goals set for them and they were reviewed to assess progress and to discuss any further support that might be needed. One person explained to us, "I manage my own finances; I pay my water and gas bills. I manage OK." We saw another person had support in place to manage their finances as they were at risk of financial neglect and had an appointee-ship in place to protect them. We saw that people were supported to achieve their goals; each person had a link worker in place to discuss their support on a monthly basis.

People were supported to have sufficient food and drink and to maintain a balanced diet. We saw that for some people their support plan included shopping and in some cases assisting people with cooking their meals. One staff member told us that they supported people with cooking their meals. People's healthcare needs were met by healthcare professionals. We saw that people were supported to attend appointments with dentists, opticians and GP's where required.

Is the service caring?

Our findings

People were cared for and supported in a kind and compassionate way by staff that knew people well. One person said, "I think the world of this place, staff are lovely they are really caring."

People had their own separate homes that ensured they had a private space. One person said, "I can come talk with staff but I have my own space when I want it." All the people were positive about the staff that provided their support. Staff we spoke with demonstrated that they supported people's dignity and independence and respected people's decisions. For example, people were asked if they would mind talking with the inspector from CQC. Some people chose not to and this request was respected and we were informed of their decision. We saw throughout our inspection that people were spoken to in a kind and respectful way by staff and their permission was always sought.

People were supported to maintain positive relationships with friends and family. One person told us, "My [Relative] can come and visit whenever they want." Another person told us that they had regular contact with their family. People were supported to live in their own homes independently.

People had been fully involved in the planning and reviews of the care and support provided. One person said, "I have a link worker [They] are a lovely person. We sit down together; it's very transparent and we discuss my support plan. This is a regular occurrence." A staff member said, "People are involved at every part of their support; we have face to face conversations and ask them what they want." People we spoke with confirmed the regular conversations about their support. Staff also confirmed that they are there for when people need to have a chat and although people have a support plan this is flexible to meet people's needs.

Confidentiality was well maintained throughout the service and information held about people's health, support needs and medical histories were held securely. Information about local advocacy services was available. The operations manager told us where people had been put in touch with independent advisors to support their needs.

Is the service responsive?

Our findings

People received personalised support that met their individual needs. One person said, "Staff are good, they will always help" Staff had access to detailed information and guidance about how to support people in a person centred way, based on their individual preferences, health and welfare needs, routines and how they liked to be supported. For example, one person who required support with cooking told us they received this support from staff.

People were supported by staff that had the appropriate guidance to meet their needs. This provided information for staff about how to support people with varying needs. For example, challenging behaviour. Staff demonstrated they were aware of people's specific needs and gave examples of strategies they used to support people. One person's support plan stated that the person when suffering from low moods benefits from social contact and staff were aware of the person's needs. One person we spoke with who had been having trouble with their payments told us that staff had helped them to resolve the problem.

People we spoke with enjoyed being involved with activities in the community. One person told us how they volunteered to work in a charity shop and they enjoyed doing this. Another person we spoke with was very independent and was supported with their interests. They told us that they went to their place of worship by train; they went to the pub and used the local library. They said, "Everything is accessible from the local bus stops and train station. I go for lots of walks. I feel very content; this is the most I have been settled in all my life." Another person said, "I can get to London within twenty minutes by train and the local town is a two minute walk."

People we spoke with were supported to live their lives independently and were encouraged to follow their interests. One person who was restoring the garden furniture had been supported to do this. The materials and safety equipment such as masks were all provided. The senior support worker told us that the person had requested to do this and had already restored some garden furniture. We saw that other people had also got involved and this encouraged good community interaction. . People were supported to work and achieve their goals. One person had been supported with their spiritual needs and gained a diploma through their studies.

People were supported to have their say with regular meetings and people were also supported with regular reviews with their key workers. Staff told us that people could just come for a chat at any time if they needed. One staff member told us that the person they were a keyworker for had requested a female staff member for personal care and the staff member also said, " [Name] is aware they can request a meeting at any time to talk about any concerns." People we spoke with felt listened to and supported. The staff member confirmed that the person wishes for a female carer was in place.

People told us they were encouraged to have their say. They felt listened to and told us that staff and the management responded to any concerns raised in a prompt and positive way. There was a complaints procedure in place and people told us they knew how to raise concerns. People were aware of how to make a complaint should they need to. The registered manager told us that people had easy to read complaints

policies and during their reviews would be asked if they had any concerns. People we spoke with confirmed that staff were approachable and they felt able to complain. We looked at the complaints logs and we found that all complaints had been responded to in line the provider's complaints policy. We also reviewed the compliments cards and letters received.

Is the service well-led?

Our findings

People were complimentary about the management team who they described as being approachable and supportive. We saw that people knew the staff well and they had a good relationship with them.

Two of the homes we visited had been without Scheme Managers and had been supported by operational managers. However this was changing and at one home a Scheme Manager had been in place for a week and the operations manager confirmed that the other vacant post had just been filled. There were audit systems in place, we found that Scheme Managers from other housing schemes would complete peer audits for the homes every three months. We were told that any problems highlighted would receive an action plan and this would be followed up and checked within the following two months. There were also two audits annually completed by senior management to check all services. We were also told that the Scheme Manager would complete their own regular audits. However we found that audits on a local level had not always been completed and had not identified areas of concern. For example, we found whilst reviewing the medicines that there were three incidents that staff had not signed the Medicine Administration Record chart (MAR). This is signed to indicate that the medicine has been given and taken by the intended person. The incidents we found had happened in May and August and had not been identified and the managers were not aware this had happened.

We also found that people had not always received their monthly link worker sessions. This is part of the supported living agreement and gives the person the opportunity to discuss their support. We found that one person from February 2015 to August 2016 had only received seven sessions and this had not been picked up by the auditing system. We saw the last peer audit had looked at support plans but this had not been identified as the support plan looked at did not have these issues. We spoke with the Managers and they agreed auditing on a local level needed to improve. The registered manager confirmed, "We are in the process of re-designing our framework so that Scheme Managers play an integral role for the formal auditing of their own services. As this is an area of work we had already identified we have formed a working party which will help us to fast track it's completion." They also explained that local audits were happening.

Managers were knowledgeable about the people that were supported by the service this included their needs, personal circumstances and relationships. Staff understood their roles and they were clear about their responsibilities and what was expected of them.

The managers we spoke with felt supported. They told us they had regular meetings to talk about any concerns or ideas they had and there was lots of daily communication. One manager said, "I can just pick up the phone for support." They attended regular meetings with other managers to ensure best practice was maintained and to share ideas. There were links to the local authority for training. The registered manager told us that they had a good team around them. There was a clear staff structure in place. Managers ensured that staff had the tools, resources and training necessary to meet people's needs at all times. The registered manager was very clear about the values and the purpose of the services provided.

People were supported by the management team to establish and maintain strong links with the local

community to good effect in supporting people to achieve their personal goals and aspirations. For example, people were supported with attending day care centres, people had been involved with volunteer work and full time employment. We saw that people were supported to achieve their goals. We were given a list of people's activities that demonstrated a wide varied interest and involvement in the local community.

People's views and experiences had been actively sought and responded to. People and staff confirmed that this was an on-going daily event. For example people told us that they would talk to the staff on a daily basis about any concerns they had and could always express their views. Questionnaires seeking feedback about the service were sent out to people on an annual basis. We had seen where requested by people who lived in their own homes a communal project to restore the garden furniture had been started. We also saw a change to staff payments had been implemented due to staff raising this through the staff forum.