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Hendre Care

Inspection report

11 Finchley Road
Kingstanding
Birmingham
West Midlands
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Website: www.hendrecare.co.uk/

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

About the service: Hendre Care provides care and support to people living in four 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. Nine people lived in the service when we inspected.

People's experience of using this service: The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways; promotion of choice, control, independence and inclusion. For example, people's support focused on them having as many opportunities as possible to gain new skills and increase or maintain their independence.

People and staff told us they felt safe at the service. People received support to take their medicines safely. Risks to people's well-being were recorded and updated when their circumstances changed. Staffing was provided at safe levels that enabled people to go out and access the community when they chose to with support.

People's rights to make their own decisions were respected. People were supported to access healthcare services if needed. Staff had appropriate skills and knowledge to deliver care and support in a person-centred way. The training lead was keen to pursue any learning opportunities and ensured training was well monitored.

The emphasis of support was towards enabling people. Staff encouraged positive risk taking so people could experience new things and develop. This had led to people feeling fulfilled and living an active life. People were complimentary about their staff and the positive relationships they had with them.

The values of the organisation of offering choice, inclusion and respect were embedded. This supported people to receive a positive service. Staff were aware of their roles and responsibilities. Work to continuously improve was noted and the management team were keen to make changes that would impact positively on people's lives.

Rating at last inspection: Good (report published September 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will monitor all intelligence received about the service to inform the assessment of the risk profile of the service and to ensure the next planned inspection is scheduled accordingly.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

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.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Hendre Care

Detailed findings

Background to this inspection

The 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 checked 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.'

Inspection team: One inspector carried out this inspection.

Service and service type: Hendre Care is a domiciliary care agency which provides personal care to people living in their own homes. The four homes were all within a short distance of the provider's office location.

The service had a manager registered with the Care Quality Commission who was also the provider and founder of the service. This meant that they were legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was announced. We gave the provider 24 hours' notice of our visit so someone would be able to meet us at the office location.

What we did: Before the inspection we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse and serious accidents; and we sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

We spoke with three people who used the service during our visit. We spoke with six members of staff including the registered manager and assistant manager.

We reviewed a range of records. This included two people's care records. We looked at multiple records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- People told us they felt safe with the staff that supported them. One person said, "I like the staff here, they all help me if I need them to."
- There were effective safeguarding processes in place. Staff had a good understanding of safeguarding. They understood their responsibilities for keeping people safe and the processes for reporting any concerns they had. One staff member told us, "I would reassure the person first and make sure they were safe and then report it to the managers straight away."

Assessing risk, safety monitoring and management.

- Risks to people were assessed, recorded and updated when people's needs changed.
- People's risk assessments covered their health and care needs.

Staffing and recruitment.

- Recruitment procedures were followed. Applicants' suitability was assessed thoroughly before being offered a job.
- People received care and support from suitably skilled and experienced staff.
- Staffing was provided according to people's needs. Records showed this was provided consistently.

Using medicines safely.

- The provider continued to manage medicines safely.
- Staff completed safe handling of medicines training; other checks were completed to ensure they were competent to give people medicines.
- People received the correct medicines at the appropriate times. Medicines were received, stored and disposed of safely.
- Audits were completed to check staff followed the correct procedures.

Preventing and controlling infection.

- Staff followed good infection control practices and used personal protective equipment (PPE) to help prevent the spread of healthcare related infections.

Learning lessons when things go wrong.

- When something went wrong action was taken to ensure that lessons were learnt to help prevent the risk of recurrence. For example, the service had developed a new communication passport so anyone going into hospital would be better supported by NHS staff.
- Accidents and incidents were recorded and investigated thoroughly.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- People's needs were assessed to identify how their care and support should be provided.
- Assessments of people's needs were thorough and people's goals or expected outcomes were identified. The assessment also considered people's religious, cultural or spiritual needs.

Staff support; induction, training, skills and experience.

- Staff were well supported and received the training they needed. One staff member told us, "I like the online learning as that supports my learning style better."
- Training and supervision were planned by the training lead who was keen to pursue any opportunities. All staff said they felt they had the skills and support to carry out their roles.

Supporting people to eat and drink enough to maintain a balanced diet.

- Eating and drinking care plans were personalised; they included details of people's preferred way of being supported, such as what food people liked and how they liked to eat it. Two people we spoke with said they had made a cake for our visit with staff support and we sat all together and enjoyed a slice!

Supporting people to live healthier lives, access healthcare services and support.

- Support plans noted any support people needed with their health care and relevant professionals' guidance for staff.
- Staff supported people to attend health care appointments when appropriate.
- Staff understood people's healthcare needs and acted appropriately when they recognised changes in people's health. One person had deteriorating mobility needs and the service had undertaken major adaptations to the building to facilitate this.

Ensuring consent to care and treatment in line with law and guidance.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- No one using the service was subject to any restriction of their liberty under the Court of Protection, in line with MCA legislation.
- Staff had a good understanding of the MCA and their responsibilities. Staff understood the importance of gaining a person's consent before providing any care and support. They ensured people were involved in decisions about their care; they knew what they needed to do to make sure decisions were taken in people's best interests.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity.

- People spoke positively about the support they received from staff; they described staff as kind and caring. Comments included, "We have a nice time together," and "I like all the staff here."
- Staff understood the importance of treating people as individuals and referred to people in a respectful way. We observed lots of fun and laughter; when needed people were given appropriate reassurance and support.
- Staff were proud of where they worked. They told us it was a caring service and said they were proud of the teamwork and values they promoted.

Supporting people to express their views and be involved in making decisions about their care.

- The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. For example, people had support plans using clip art images and photographs. One person enjoyed going through their support plan with a staff member during our visit and talking about the images.
- The service supported people to maintain relationships with friends and family. Staff helped people to celebrate special occasions.
- Where people were unable to express their needs and choices, staff understood their way of communicating. Staff observed body language, eye contact and simple sign language to interpret what people needed.
- People were supported to express their choices and make decisions. During our visit people told staff about their plans for the weekend and about what they wanted to eat and drink.
- Information about advocacy services was available; staff supported people to access these services when needed.

Respecting and promoting people's privacy, dignity and independence.

- People were treated with dignity and respect. Staff spoke with people in a friendly but polite manner and knocked and waited for permission before entering their rooms. One member of staff told us, "It should be second nature to observe people's dignity."
- Personal records about people were stored securely and only accessed by staff on a need to know basis. Staff understood their responsibilities for keeping personal information about people confidential.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People told us staff knew their needs well. Staff knew people's likes, dislikes and preferences. They used this detail to support people in the way they wanted. Staff had a good understanding of people's needs and could make suggestions to people around how they could develop their skills and independence.
- Staff were responsive when people's needs changed. They were proactively working with healthcare professionals to ensure one person had the right equipment and support to anticipate their future care and support needs.
- Support plans were person centred, up to date and reviewed regularly. They covered areas such as health, activities, finance, and social inclusion. Plans guided staff to focus on the person's wellbeing and what outcomes and goals they wanted to achieve.
- People were supported to access a range of activities. We saw the service actively supported people to attend further education and day centre opportunities locally. People told us about a range of evening activities they enjoyed going to where they had a wide network of friends.

Improving care quality in response to complaints or concerns.

- People knew how to make complaints should they need to.
- The management team acted upon complaints in an open and transparent way. They used any complaints received as an opportunity to improve the service.
- Information about the complaints procedure was available in various formats, such as easy read and pictorial.

End of life care and support.

- People had the opportunity, if they wanted, to discuss their future care wishes. These were recorded in people's support plans to raise awareness of preferences.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The management team demonstrated a commitment to providing person-centred care.
- Staff praised the support they received from the management and said, "I feel very at home here," and "I feel really well supported here and the provider has helped me on a personal level when I suddenly lost my housing."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- Management were clear about their roles and responsibilities and led the service well.
- Staff performance was monitored and discussed at supervisions.
- Managers and staff understood their responsibilities for ensuring risks were quickly identified and mitigated. Risks to people's health, safety and wellbeing were effectively managed through ongoing monitoring of the service.
- All appropriate reporting had been carried out to alert the CQC and local authorities when incidents occurred.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- People's feedback was sought regularly and acted upon.
- Following a review of staff's learning styles, the service had introduced new ways of learning to support staff. Staff told us they had opportunities to provide feedback about the service.
- The provider had a proactive community engagement plan. People told us they were an active part of the local community and used local shops and services. Some people attended a local knitting club in a nearby community centre.

Continuous learning and improving care.

- There was an effective system in place to check on the quality and safety of the service. All aspects of care were audited regularly.
- Actions arising from audits carried out were captured in ongoing improvement plans with target dates for completion.

Working in partnership with others.

- Managers and staff worked well with external health and social care professionals. The service worked with

a local pharmacy and a variety of healthcare professionals.

- Management attended local forums that kept them up to date with best practice and any areas for improvement. The service had been asked by a local provider forum to share their experience of a pilot scheme they were involved with.