Care Quality Commission

Southern Health NHS Foundation Trust

1 Hamilton Road

Inspection report

Admiral's Wood
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Date of inspection visit:
15 December 2016

Date of publication:
23 March 2017

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

1 Hamilton Road is registered to provide accommodation and personal care for up to two people with a learning disability or autistic spectrum disorder.

We inspected the home on 15 December 2016. The inspection was announced 24 hours in advance because the service was a small care home for younger adults who may be out during the day. There were two people living in the home at the time of our inspection.

The service had a registered manager in post. A registered manager is a person who has registered with 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.

People were cared for by staff in ways that met their needs and maintained their dignity and respect. Staff understood how to identify, report and manage any concerns related to people's safety and welfare. There were systems and processes in place to protect people from harm, including how medicines were managed.

Safe recruitment practices were followed and appropriate checks had been undertaken, which made sure only suitable staff were employed to care for people in the home. There were sufficient numbers of experienced staff to meet people's needs.

Staff were supported to provide appropriate care to people because they were trained, supervised and appraised. There was an induction, training and development programme, which supported staff to gain relevant knowledge and skills.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which apply to care homes. Where people's liberty or freedoms were at risk of being restricted, the proper authorisations were in place.

People and their relatives or representatives were involved in planning the care and support provided by the service. Staff listened to people and understood and respected their needs. Staff reflected people's wishes and preferences in the way they delivered care. They understood the issues involved in supporting people who had lost capacity to make some decisions.

People were supported to eat and drink enough to meet their needs and to make informed choices about what they ate. Staff ensured people obtained advice and support from other health professionals to maintain and improve their health or when their needs changed.

The service was responsive to people's needs and there were systems in place to help ensure any concerns

or complaints were responded to appropriately. People were encouraged and supported to engage in activities they were interested in.

There was a friendly atmosphere in the home and staff supported people in a kind and caring way that took account of their individual needs and preferences. The staff and management team shared common values about the purpose of the service.

The registered manager demonstrated an open management style and provided leadership to the staff team. There was a range of systems in place to assess and monitor the quality and safety of the service and to ensure people were receiving appropriate support.

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 protected from the risk of abuse because staff understood their responsibilities.

Risks to people's individual health and wellbeing were identified and care was planned to minimise the risks.

The provider checked staff's suitability for their role before they started working at the home. There were sufficient staff deployed to provide safe care.

Medicines were stored, administered and managed safely.

Is the service effective?

Good

The service was effective.

People were cared for and supported by staff who had relevant training and skills.

Staff understood their responsibilities in relation to consent and supporting people to make decisions. The manager understood their legal obligations under the Deprivation of Liberty Safeguards.

People's nutritional and dietary needs were taken into account in menu planning and choices.

People were referred to other healthcare services when their health needs changed.

Is the service caring?

Good

The service was caring.

Staff had developed positive caring relationships with people using the service.

Staff knew people well and respected their privacy and dignity.

Staff promoted people's independence and involved them as much as possible in making decisions about their care and support.

Is the service responsive?

Good

The service was responsive.

Staff had a good understanding of people's needs, choices and preferences, and the knowledge to meet people's individual needs as they changed.

There was a process in place to deal with any complaints and people were supported to express any concerns.

Is the service well-led?

Good

The service was well led.

The registered manager promoted an open and inclusive culture. Staff received support and felt well informed.

People, their families and community professionals were encouraged to give their feedback about the service.

Quality assurance systems were in place and used to monitor and identify improvements within the service.

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1 Hamilton Road

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. The inspection was planned to check whether the provider was 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.

We visited 1 Hamilton Road on 15 December 2016. The inspection was announced 24 hours in advance because we wanted to make sure we could meet people who used the service. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also checked other information that we held about the service and the service provider, including notifications we received from the service. A notification is information about important events which the provider is required to tell us about by law.

We used a number of different methods to help us understand the experiences of people using the service because the people had complex needs, which meant they were not able to tell us their experiences. We obtained feedback from a relative of one person, two advocates and three other community care professionals. We spoke with the registered manager and five members of staff. We observed interactions between staff and people using the service.

We looked at a range of documents and written records including people's care and support plans, risk assessments, staff recruitment and training files. We also looked at information regarding the arrangements for managing complaints and monitoring the quality of the service provided within the home.

We previously inspected the service in September 2014 and no concerns were identified.

Good

Is the service safe?

Our findings

A relative confirmed staff worked in ways that promoted people's safety. A person's advocate told us "I have never observed poor practice".

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. They were aware of the policy and procedures for protecting people from abuse or avoidable harm. Staff understood the possible signs that could indicate abuse and were confident that any issues they reported would be responded to appropriately by the organisation. There was also a policy protecting staff if they needed to report concerns to other agencies in the event of the organisation not taking appropriate action.

People were supported to take planned risks to promote their independence. Risk assessment and management plans were in place to support people to do activities they enjoyed, including accessing the community. Staff were able to tell us about the risks associated with certain situations and people, demonstrating they knew people well. Staff gave an example of how they had dealt with a situation that had occurred just before a planned picnic outing, when the service vehicle was found to have a flat tyre. Being aware of the person's need to keep things in a sequence, staff had improvised a picnic activity in the hallway while the tyre was being mended.

Staff understood the need for consistency in their approach and the importance of communication between staff, in order to reduce the level of frustration people may feel and the possible risk. Handovers took place between each shift. New staff were paired up with experienced staff to support them in getting to know how people communicated.

Occasionally people became upset, anxious or emotional. Staff demonstrated their knowledge of people's behavioural support plans and appropriate action such as redirecting a person to other activities. Staff had received specialist training in responding positively to people's individual behaviours and were provided with protective clothing, such as bite guards and zipped sweatshirts that could be removed easily if grabbed. Specific physical interventions were monitored, recorded and reviewed. A positive outcome of this was one person was now more confident in going out for walks. Staff told us "The best and most effective way is for staff to increase his space, not reduce it". Staff talked about "seeing things from (the person's) perspective". For example, "Lifting up the flooring is fixing it, not breaking it". Staff used positive reinforcement to work with and support the person effectively.

Staff were deployed according to the assessed needs of people using the service, including three to one staffing for one person when accessing the community. The rota was planned in advance and could be rotated in order to ensure staff cover was flexible in to cope with incidents or changing circumstances. The rota also ensured adequate rest periods for staff and that a suitable mix of staff competency and skill was available at all times. Two regular agency staff were being regularly booked to provide continuity of support for people. There was an induction period and specific training that agency staff were required to complete. A member of staff told us "Support hours are well covered".

The provider followed safe recruitment and selection processes to make sure staff were safe and suitable to work with people. We looked at the records for two of the most recently employed staff. These included evidence that pre-employment checks had been carried out, including written references, employment histories, and satisfactory Disclosure and Barring Service (DBS) clearance.

People's medicines were stored and managed so that they received them safely. Up to date records were kept of the receipt and administration of medicines. There were individual support plans in relation to people's medicines, including any associated risks. Clear guidelines were in place for when prescribed 'as required' (PRN) medicines should be given and a member of staff demonstrated their knowledge of these. Daily checks were carried out to help ensure any issues or errors were identified and action taken quickly. Staff received training in the safe administration of medicines.

The service had a business continuity plan, which included guidance for staff about what to do in the event of an emergency, such as an unforeseen staff shortage or if people had to be evacuated from the premises.

Good

Is the service effective?

Our findings

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. A relative told us staff "have the right attitudes" and had been effective, for example in getting the person more involved in physical activities.

There was a comprehensive induction and training programme for all new staff and temporary staff, including a small pool of agency staff who received specific training to work at the service. All staff followed a programme of initial and refresher training so their skills were updated and they worked in accordance with good practice. The training programme included subjects such as safeguarding people, equality and diversity, resuscitation, and moving and handling people. Staff told us the training they had received helped them to deal with situations confidently. We observed that they interacted with people using the service in a calm and positive manner. They were aware of people's behavioural support plans and the procedures for reporting any incidents.

Staff also received specialist training to support people with specific behavioural needs. A community care professional involved in the training told us "The staff I have met during training have come across as professional, approachable and friendly". They said "The service ask for training for all new staff joining the team". There was a referral process that the service could access should people's needs change. This confirmed the service worked with other community care professionals to support people with complex needs.

Another professional who had previously been involved in the service told us staff "Interactions were of a good standard". They said the service organised training and staff development and monitored changes in practise as a result of the training.

Staff were further supported using a system of supervision and appraisal meetings. They told us there were regular meetings with the registered manager and management team that provided an opportunity to discuss their personal development and training requirements. They demonstrated knowledge and understanding of people's needs and said they felt well supported in their work.

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.

Staff had been trained and showed an understanding of the MCA. Staff recognised that people could make some decisions but not others and supported them to make as many decisions as possible. Support plans contained mental capacity assessments demonstrating how decisions were made in the person's best interests. There was clear guidance for staff about how to support people to understand choices and be involved in making decisions. This included the use of pictures and the best ways to engage the person.

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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had applied for and received DoLS authorisations in respect of both person living in the home. Detailed support plans provided clear guidance for staff in working in the least restrictive manner and we saw staff working in line with the guidance. For example, a particular door was always left unlocked so as not to restrict the person's movement.

Advocates for both people confirmed the service took into account people's mental capacity and consent. One advocate said "The service have demonstrated good practice when it comes to liaising with advocacy and are very good at making relevant referrals when needed". A community care professional also said staff showed an understanding of capacity and consent issues.

People were effectively supported to eat and drink enough to meet their needs. Each person had a detailed eating and drinking support plan based on their requirements, routines and preferences. Plans included behaviour support guidelines for mealtimes and how to minimise the risk of choking for one person. Staff provided people with different food options, including the use of pictures, so that they were able to make an informed choice.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. The service had referred to a speech and language therapist (SALT) for guidance on supporting a person following a choking incident. The registered manager told us the service had worked closely with hospital staff in planning important dental treatment for one person. Advocates and other community care professionals confirmed people were supported to maintain good health. One person's advocate told us "The service does try to be proactive in ensuring (the person's) health". They commented "Staff have always told me what I need to know about (the person's) mood and needs at the time of my visits".

Good

Is the service caring?

Our findings

Through observation and talking with a relative, staff and community care professionals, it was evident that positive caring relationships were developed with people using the service. A relative told us staff were caring and interacted well with the person. An advocate commented that staff they had worked with over a period of time were "Very person centred and have a positive way of working with clients"; and provided a "Quality and understanding service to my client".

An advocate for the other person told us "I have always found the staff very friendly and approachable". They said "From what I have seen they communicate well so everyone knows what is going on and how to support the client". They acknowledged that people "have very specific individual needs and it can take a while for them to build up a relationship with the staff". They also told us "I have had no concerns during my visits surrounding care. Staff seem to know the clients very well and the best ways to support them".

A community care professional told us "During my visits I have observed positive work between staff and clients". They commented that long term staff members contributed "A deeper understanding of the service users".

There was a good rapport between the registered manager, staff and people who used the service. The atmosphere throughout the home was friendly, calm and caring. The registered manager and staff spoke fondly and with knowledge and understanding of both people. People's relatives and/or representatives were encouraged to be involved in their care and support. This involvement included taking part in formal care reviews with staff as well as day to day contact with the service.

Staff knew people's individual communication skills, abilities and preferences. There was a range of ways used to make sure people were able to say how they felt about the care they received. People's care and support plans included guidance to assist staff to involve the person and help them with everyday decisions. For example, how best to present information and ways to help the person understand. The records showed staff had spent time with people, involving them in discussions about their goals, activities, care and support. A member of staff said "If you ask (person) to do anything, do it with them. For example, exercise. They enjoy the interaction".

Staff respected people's privacy and protected their dignity. Staff spoke about people in a respectful manner and demonstrated understanding of their individual needs. Staff were knowledgeable about people's preferences and what mattered to them, enabling them to communicate positively and valuing the person. People's care and support plans were written in a respectful way that promoted people's dignity and independence.

The advocates confirmed that staff respected people's choices, for example when to get up and what to eat. One advocate told us "From my observations, I can see that the client comes first, which is the way it should be. If a member of staff was to be in the lounge and the client went in and did not wish the member of staff in there (staff) would leave.….as they say it is the clients home and not theirs".

The service supported people to have end of life care plans so that staff would know their wishes and be able to support the person to have a dignified death, ensure that their wishes were carried out and support their family/friends with their loss. Staff were aware of professionals in the areas of palliative care and end of life charities who would be able to provide additional support during this time. Loss and bereavement training was available to staff when required.

Good

Is the service responsive?

Our findings

A relative confirmed that the service was responsive to people's changing health needs. They said they were kept informed about any significant events affecting the person receiving care.

Care plans were written in a personalised way, including what and who was important to the person. People's plans gave clear guidance in an easy to read style using people's preferred ways of communicating. For example, one person used a sequence board and a communications book. Their support plan gave clear guidelines for staff about how they communicated using pictorial symbols, which enabled them to exercise some choice and control in their life. Activities and tasks, such as maintaining personal hygiene, were broken down into clear steps for staff and the person they were supporting. In this way a consistent and personalised approach had been developed that responded to each person's needs and promoted their independence.

People's needs were reviewed regularly and as required. Where necessary, external health and social care professionals were involved. Staff demonstrated knowledge and understanding of people's needs and the strategies for supporting them. People were supported by proactive, confident staff who worked effectively as a "cohesive, responsive team", as one staff member commented. Another told us "It's a cracking team". Handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored.

Each person had a 'communication passport', which they could take when they left the service for any reason, so that other people involved in their life would know how they communicated and liked to be supported, including any potential risks to the person. Staff also had communication books, diaries and records of support notes, which assisted them to share events and new information and ensure continuity of practice for the people they were supporting.

Staff had good relationships with families and friends of people receiving the service, which helped staff to develop understanding of who and what and was important to people in their life. This informed the support planning process. A person's relative had taken part in an outside activity with the person and staff, which had been arranged by the service.

The service provided people with structured days and a secure, low stimulus environment. Each person had a planned activity chart that included in-house activities such as meal preparation, music and films, walks and drives, and an outside gym. People were also supported to access the community. A member of staff told us "Staff are good at coming up with new ideas". One person had been supported to visit a safari park. Staff were looking into the possibility of another person visiting a sea life centre outside of normal hours, as they were aware of potential sensory overload but also knew the person liked action and outdoor activities. One person preferred open spaces where they felt more comfortable. A sports hall was hired twice a week for this person's use.

Staff were aware that a person felt safe and secure with activities he was used to, so it was important to

understand his communication and introduce new experiences in a way he was receptive to. Staff told us this required "Patience, not pushing him, listening to him". This approach had been effective and the person had started changing how he interacted with staff, for example choosing activities from his communication book.

The registered manager told us they had received no complaints about the service. A complaints procedure was available in written and pictorial formats to assist people to make a complaint. The provider employed a customer experience officer who was independent of operational services to support people to make complaints or raise concerns. Staff understood people's needs well and demonstrated how they would be able to tell if a person was not happy about something, which meant that people would be supported to express any concerns.

Good

Is the service well-led?

Our findings

A relative said the service was "very good". They told us they were kept informed of any issues affecting their family member and the service had an "open and honest" approach.

The service was in transition as a new provider was due to take over. The registered manager had recognised the challenges of supporting people through this process and had taken a proactive approach. The registered manager and staff had met with the new provider. People's care and support plans were being continually monitored to ensure they were accurate at the time of transition. This had included liaison with service commissioners to ensure people were assessed for the correct amount of support to continue meeting all their needs to a high standard.

The registered manager promoted an open and inclusive culture in the home. Staff told us they were well supported by the management team and said they were able to raise any concerns with the managers and were confident that they would be addressed. Records of staff meetings showed that staff were asked for their input in developing and improving the service and staff confirmed this. On-going agenda items included policy updates, training, health and safety, discussions about issues affecting people who used the service and about ensuring good practice. Any actions identified at previous meetings were reviewed and updated at subsequent meetings.

Records showed that investigations were undertaken following incidents and that appropriate actions were taken in response. For example, following a medicines error the staff member involved was supported to reflect on what had happened and received further training and a competency assessment. The registered manager notified of us of incidents and important events, in accordance with their statutory obligations, and demonstrated the skills of good leadership. Staff were aware of the values and aims of the service and demonstrated this by promoting people's rights, independence and quality of life. There were clear lines of accountability within the service with each shift having clearly designated members of staff in charge. An on-call management system was in place at all times in case of emergencies.

Quality assurance systems were in place and used to monitor and identify improvements within the service. A range of audits were carried out by the registered manager and the provider. Managers of services conducted bi-monthly audits of each other's services, which also provided opportunities for sharing ideas and good practice. Satisfaction surveys had been carried out annually, including to relatives and external professionals. There had been no feedback to date in response to the latest survey.