

Framework Housing Association

Framework Housing Association - 32 Bentinck Road

Inspection report

32 Bentinck Road
Hyson Green
Nottingham
Nottinghamshire
NG7 4AF

Tel: 01158504002
Website: www.frameworkha.org

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out an unannounced inspection of the service on 7 September 2016.

32 Bentinck Road provides accommodation and personal care for up to 23 people. The service provides 24 hour care and support for single homeless people with alcohol dependency or mental health problems. At the time of our inspection there were 21 people living at the service.

Bentinck Road is required to have a registered manager in post. 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. At the time of the inspection a registered manager was in post.

People were safe and protected from avoidable harm. Staff ensured people's safety and were clear about their roles and responsibilities in protecting people from harm and risks associated to people's needs. Risks to people's health and welfare were assessed and action was taken to minimise any risk. Sufficient staff were employed to ensure that people were safe and staff had appropriate recruitment checks undertaken to ensure that they were suitable to care for people in the service. People received their medicine as prescribed and in a safe and timely manner.

People's needs were met by skilled and knowledgeable staff who had the opportunities to improve and develop their skills and knowledge. People were involved and consented to how they wanted their care and support. The requirements of the Mental Capacity Act 2005 were adhered to. People received sufficient to eat and drink and appropriately supported was provided to ensure that people receive a balanced diet. People were supported and had access to other healthcare professionals to ensure they maintained their health and wellbeing.

People were encouraged to form and develop caring relationships with the staff that supported them. We saw that people were supported to express their views and were actively involved with decisions about their care and support. People were involved with their care planning and had access to advocacy services if needed. People were treated with dignity and respect.

People felt their needs were consistently responded to in a timely manner. People felt encouraged and supported to make choices and have their preferences adhered to. A range of activities were available that were meaningful and of interest to people. There was a complaints procedure available and accessible for people should they wish to raise a concern. People were aware of how to make a complaint in line with the provider's policy and procedures.

There were systems in place for the registered manager to ensure all areas of the service were regularly checked and the overall quality of care was monitored by the provider. The service promoted open and

transparent communication to ensure people were involved in how the service was run.

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 avoidable harm and felt safe.

Individual risks were identified and managed. People's health and welfare was assessed and any risks to their health identified.

Sufficient staff were on duty and staff were recruited in a safe way.

People received their medicines as prescribed, in a safe and timely manner.

Is the service effective?

Good ●

The service was effective.

People had their needs met by staff that was knowledgeable and skilled to carry out their roles and responsibilities.

People were involved in decisions about their care and welfare. The Mental Capacity Act was adhered to.

People felt the food was good and they received and had access to drinks throughout the day.

People were supported to have access to other healthcare professionals to ensure they maintained their health and wellbeing.

Is the service caring?

Good ●

The service was Caring.

People were encouraged to form and develop caring relationships. They were supported to express their views and were actively involved with decisions about their care and support.

People were involved with their care planning and had access to advocacy services if needed.

People were treated with dignity and respect and encouraged to be independent.

Is the service responsive?

Good ●

The service was Responsive.

People's needs were responded to appropriately and in a timely manner.

People were encouraged to make choices and their preferences were adhered to.

People were supported to participate in activities that were meaningful and of interest to them.

There was a complaints procedure available and accessible for people which they felt confident to use.

Is the service well-led?

Good ●

The service was well led:

People gave positive comments about the registered manager and their staff team.

People felt the manager was approachable and supportive.

Effective systems were in place to monitor and access the quality of the service provided.

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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.

This inspection took place on 7 September 2016 and was unannounced. The inspection team consisted of one inspector and Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 reviewed the PIR and other information we held about the service, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We also contacted the commissioners of the service, and the local Healthwatch to obtain their views about the service provided.

On the day of the inspection we spoke with four people who used the service and one volunteer. We also observed staff interacting with people to help us understand people's experience of the care and support they received. We spoke with the registered manager, deputy manager, two senior support workers, one support planner and the cook. We looked at all or parts of the care records of five people along with other records relevant to the running of the service. This included policies and procedures, records of staff training and records of associated quality assurance processes.

Is the service safe?

Our findings

People were protected from avoidable harm. People told us they felt safe living in the home. One person said, "I do feel safe most of the time." They told us there had been incidents due to some people's behaviours that were a challenge to others. The person told us that staff deescalated situations quickly and safely. One person told us they felt safe in the home, but not out in the community. The person said, "Staff help me and fully support me when my anxiety levels are high. They said, "Staff even come with me to watch the football match when I want to go." A third person said, "I am very safe and secure here, its lovely." We saw this was dealt with in a safe way. Financial care plans were in place and appropriate receipts had been obtained.

Staff explained to us how they ensured people's safety. They were clear about their responsibilities in protecting people from harm and risks associated to people's needs. Staff told us and records confirmed they had received relevant training which included adult safeguarding, professional boundaries and financial changes. Staff members told us if they had any concerns they would report to the registered manager. One staff member said, "I would contact the local authority if I needed to so to keep people safe."

We found safeguarding incidents were recorded and reported appropriately. There were systems in place to identify and monitor any triggers or behaviours that may challenge others. We found the service had worked with the local authority and other professionals when incidents occurred.

Risks to people's needs had been assessed and managed. People told us there were no restrictions placed on them and they could come and go from the service as they pleased. During our inspection we saw people leaving and returning independently to the service. There was a system in place to identify if a person was in or out of the building, so staff could monitor this appropriately. We also saw people had consented to an individual missing persons plan. If a person had not returned to the service within the length of time agreed in the plan, then their plan was implemented other professionals, for example the police, were contacted as appropriate.

People had care plans and health care plans which identified risks people may take in regards to health issues, for example diabetes, alcohol or substance dependency. People we spoke with were aware they had both a care and a health care plan that they identified any risks to their health or how the risks should be managed. Staff told us they found the care and health care plans informative and relevant to people's needs. One staff member commented to us how the plans provided them with appropriate guidance on how to support each person. Another staff member described how they used the plans to discuss risks for people at the staff handover meetings that took place between each shift. The registered manager told us and records we viewed confirmed that identified risks were assessed and reviewed regularly.

The accommodation was within safe secure grounds that minimised restrictions on people's freedom. During our visit we saw people able to access the garden area independently. Staff had a good understanding of safety issues in relation to the premises and how hazards or emergencies would be dealt with. They told us they had regular fire drills and weekly testing of fire alarms. Both internal and external

areas of the building maintained to ensure people were safe. The gas boiler and fire safety equipment checks were completed by external contractors. We saw records that confirmed this.

The registered manager told us there was a generic evacuation plan for the service in case of emergencies. They also told us that they were in the process of implementing a full evacuation drill of the building and this would identify each person's individual need for a personal emergency evacuation plan (PEEP). This meant people could be assured they would be supported to remain safe in an unexpected event which required them to leave the building.

Staff were deployed appropriately and there was sufficient to meet people's needs. People told us there was enough staff. One person said, "The staff are there if you need them." Another person said, "Staff are here 24/7 and very helpful." Staff told us they felt there was enough staff and had no concerns about the staffing levels. The registered manager told us staffing levels were determined on people's needs and that they had secured one to one hours for people. This meant staff were able to spend more individual time with people. We observed staff worked well as a team and communicated effectively with people. Staff had a good mix of knowledge and skills to meet people's needs.

The provider operated an effective recruitment process to ensure staff were suitable to work at the service. The provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions. Staff spoke with also confirmed they had undertaken appropriate checks before starting work at the service.

People received their prescribed medicine in a safe and timely manner. People told us they received their medicines at appropriate times. One person said, "I get my medicine ok." Another person said, "Staff are very good at sorting my medicines out." Staff told us and records we looked at showed they had received relevant training to administer medicines. A named person was responsible for completing audits of Medication Administration Records (MAR), as well as ordering and disposing of medicines. MAR's included a picture of the person and how they liked to take their medicines. There were protocols in place to use and manage medicines that needed to be taken for pain or anxiety.

We saw medicines were safely stored. Medicines were kept at the appropriate temperature and this was recorded daily. We did not observe a medication round during our visit. However we spoke with two staff who described the process they followed and showed us records they kept to ensure people received their medicines safely.

Is the service effective?

Our findings

People had their needs met by staff that who were knowledgeable and skilled to carry out their roles and responsibilities. People spoke positively about the staff who supported them.

Staff told us they had completed an induction when they first started work at the service. One staff member said, "I was introduced to the people who used the service and shadowed an experienced member of staff before I provided support on my own." Staff told us they felt the induction helped them understand their roles. Staff described both the training they had completed and the opportunities for them to undertake further training. They said they received a mix of face to face and online training. One staff member told us they also completed refresher training to keep their skills and knowledge up to date. Staff gave example of training they had completed which included mental health awareness, safeguarding, introduction to drug and Alcohol awareness, suicide awareness and health and safety. The provider told us they were looking at staff becoming 'champions' (an individual who is knowledgeable in a specific area) in different aspects of the work and support they provided. They will then look at ways for staff to receive and share specialist knowledge with the rest of the staff team.

We looked at the providers training programme and found there were robust systems in place to ensure staff had completed relevant training. We looked at four staff files and found staff had also received the required training Staff felt supported and confirmed they had regular supervision and yearly appraisals. We found staff were also regularly supported as part of their induction and received supervision every six to eight weeks thereafter. This told us staff was fully supported.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and DoLS applications were made where appropriate.

The requirements of the MCA were adhered to. When a person lacked the capacity to make some decisions for themselves, a mental capacity assessment and best interest's documentation had been completed. We saw where relevant referrals had been made under DoLS and authorised at the time of our visit.

People told us their needs were met. They were involved in planning their care and consented to how they wanted to be cared for. One person told us they had regular discussions about their care and support with their support planner. Staff were aware of people's capacity and how the MCA reflected peoples human rights. Signed documentation was kept on people's individual care files accordingly. We saw copies of mental capacity assessments including best interest assessments for people where capacity was an issue.

We observed staff interaction with people and saw they were respectful with regards consent. We observed people were given choices and explanations and staff were seen to respect people's decisions. People experienced periods of anxiety and behaviours that may challenge others. Staff we spoke with were knowledgeable of people's mental health needs. Care plans we viewed identified strategies for staff to use and manage risk.

The registered manager gave us examples where the care and support that people who used the service had received positively impacted on their lives. We heard how people had turned their life around since coming into the service, which enabled them to return back to live in to the community and have responsibility for their own daily living. We saw case studies for three people that described their dependencies, mental health issues and complex needs. People were supported to set and achieve their long term goals. For example, one person wanted to de-tox. The person was supported by staff to attend weekly meetings with multi agencies including a GP, Last orders (a specialist alcohol treatment centre) and other medical appointments. After two years of support from the service the person became drug and alcohol free. Another person was supported and achieved their goal to live back in the community and after two years the person was still living independently. This showed us the care and support people received was effective.

People were supported to eat and drink enough to keep them healthy and told us the food was good. One person said, "The food is lovely, we get a choice every day." Another person said, "I have a healthcare plan regarding my diet. The food is top quality." Staff told us people had individual written agreements in relation to their food choices and preferences. We spoke with the cook and found they were knowledgeable of people's dietary requirements. For example, they identified who required a fortified diet or was living with diabetes and how this affected their diet. The cook told us and we saw the service promoted healthy eating. We saw the menu was on a four week rotation. We heard from the cook that they discussed the menu at resident meetings every two months. The cook also told us they took account of people's culture and religious needs when planning the menu. For example, they cooked Caribbean and Indian food once a week and one of these choices was on the daily menu board on the day of our visit. There was a good selection of food in the food store, which included fresh produce and reduced sugar items. People were able to get a drink at any time. We saw jugs of juice and a hot drinks machine in the dining area. This demonstrated to us that people were supported to eat and drink sufficiently.

The provider told us through the provider Information return that they were focusing on long term health conditions especially in relation to diet. They provided people with information and literature to empower people to take responsibility around their own diet needs.

People were supported to maintain their health and wellbeing by having access to healthcare services. One person said, "Staff are very good at sorting out medical stuff or me." Another person said, "They [staff] are quite good at getting an appointment." This included a GP, dentist, chiropodist and specialist support groups. People had individual health care plans that identified all their health care needs. Staff told us people's health was monitored, which included people being weighed regularly as well as having use of a malnutrition universal screening tool in to calculate people's body mass index. People were referred to health professionals in a timely way should this be required.

Is the service caring?

Our findings

People were encouraged and supported to develop positive caring relationships with staff and each other. One person told us they had family visit them and staff make them all welcome. They also said, "I know all the staff by name as they wear name badges." The case studies we looked at told us how people had been supported to regain contact with family and friends. For example, one person was supported to have regular contact with a family member. Another person was supported to trace their children and now they received fortnightly visits from them.

Staff told us about how they spend quality time with people and that they made a difference to people's lives. Staff told us they treated people as though they were part of the family. One staff member said, "They are more supported now than when they lived on the streets." We observed a relaxed and homely environment with established positive relationships between the staff and people who used the service.

People were supported to express their views and be actively involved with decisions about their care and support. People told us they felt involved in how their care was delivered because the staff always asked them about the care they wanted on a daily basis. One person said, "I am encouraged not to bottle things up." Another person told us they were encouraged to go to staff if they had any issues or concerns. A third person said, "Staff are always willing to listen to me." People also told us they were able to sit and chat with staff if they needed to.

Information was available for people about independent advocacy services. An Advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known. The registered manager gave us examples of where people had been supported by an independent mental capacity advocate (IMCA) in relation to a safeguarding. We saw an IMCA were visiting a person on the day of our inspection.

The service worked with volunteers and befrienders services. This was to ensure that every person had a befriender if they requested one. The befriending service aimed to ensure people felt less lonely or socially isolated. This in turn helped people to gain more confidence and a greater sense of independence.

People told us they felt they were treated with dignity and respect. We heard staff speaking to people calmly and in a dignified manner. Staff described how they treated people with dignity and respected their wishes. One staff member said, "I always call people by their preferred name. Another staff member said, "We try and encourage people to do things for themselves and be as independent as possible." They gave us examples of how people had developed their independence to achieve their goal of moving back into the community. We observed people being treated respectfully and with dignity by staff who were caring and kind. Staff received dignity training. The registered manager told us they were setting up working groups to empower people to ensure they had a greater choice and self-worth. They said they want people to have a sense of belonging and a greater autonomy in relation to their life and lifestyle.

Is the service responsive?

Our findings

People and professionals gave consistently positive feedback about how the service was personalised to meet individual needs.

People were free to leave the service and encouraged to engage in leisurely pursuits and personal interests. One person said, "We [staff and I] go for walks." The person also told us they participated in the design of the garden. They told us they liked gardening and that it stimulated their mind. This meant the person had real purpose in their life. We found staff encouraged people to take part in the local community either by themselves or with the support of a staff member.

Staff told us people were treated as individuals and made personal choices, telling us, "It is all about what the person wants and how they prefer their care." Staff also told us they had appropriate information available to them on how to meet people's needs. They said this enabled them to provide an effective and responsive service. We observed staff responding promptly to people when they required assistance or support.

People, or their representatives were actively involved in making decisions about the way their care was to be delivered and arrangements were made to review their care needs. Staff told us they listened and responded to people's choices and everyday decisions. We observed staff asking people to make choices throughout the day, such as where they wanted to sit or if they wanted to participate in an activity.

Care plans showed that detailed pre assessments had taken place before people moved to the service. This was important to ensure people's needs were known and assessed to ensure they could be met. Care plans identified what people could do as well as areas in which they needed support. This showed us that person centred care was provided and people's independence was promoted.

The service responded to people's requests for support to give up alcohol or substance dependency. Individual plans were put in place for people to follow and take responsibility for their life choices. We looked at three case studies that gave detailed information how the service had responded to each person's needs. We could tell how a person had lived before they moved into the service. There was detailed information about what the person wanted to achieve from the point of admission to the service and through positive engagement from staff. We saw people had focussed on the life plans and with hard work and determination they reached their goals. Each person was allocated a support worker and support planner. A support planner is a member of staff who assisted people to plan their support and document their progress towards the goals within their care plans. The service had a number of success stories that they shared with us. Other professionals commended the support people had received and continued to receive. People's needs were cascaded to other members through team meetings and care file reviews.

People's personal choices were promoted. We saw recorded in the care files that people had a choice of what time they wanted to get up or go to bed. If they wanted to go out or what time they wanted to return home. The staff adopted a flexible approach to ensure that if support was identified, this was available when

people wanted it.

People were supported to take part in activities and visit the local community. The Activities and Meaningful Occupation Service (AMO) promoted exercise and walks to increase peoples feel good factor. The registered manager told us the aim was to enhance the people's quality of life through a meaningful occupation.

Bentick Road had a wide range of activities suited to individual needs. People could participate in activities such as bingo, board games and quizzes with in the service. We saw one to one time had been factored in to the monthly activity plan we looked at. There was a dedicated games area with in the service that also housed a pool table where people could play a game of pool should they choose. The people taking part in activities on the day of our visit looked like they were enjoying themselves. The PIR and home development plan recorded that people had been allocated one to one hours. These were used to take people to places where they wanted and when they wanted to go. This showed us people were responsible for making choices in what they wanted to do on a daily basis.

People told us they were aware how they could make a complaint and felt happy to raise any issues with the registered manager if needed. They were confident any concerns or complaints would be dealt with. One person said, "If I make a complaint the manager gets it sorted really quickly." Staff were able to explain how they would respond to a complaint if any were received.

We saw a complaint log was kept and complaints were dealt with in line with the provider's complaints policy and procedures. People were provided with guidance on how to make a complaint in the service user guide and we saw a copy of the complaints procedure was displayed in the service. All complaints had been dealt with and action taken was to the satisfactory of the complainant.

Is the service well-led?

Our findings

People told us they were happy living at Bentinck Road and that they were supported to live their life as they wished.

People gave positive comments about the registered manager and their staff team. One person said, "The manager is fair and the staff listen well." Another person said, "The manager is lovely, we can talk to them and the staff about anything." Two people told us that they were encouraged to speak up when they needed to and not bottle things up. This meant there was an open and transparent culture to the service.

We also found a positive culture amongst the staff who had a good understanding of caring and supporting people. One staff member said, "People are valued and given a purpose in life here." Another staff member said, "We respect people's individuality."

Some people were living with long term complex mental health needs. We saw staff provided an environment that was calm and relaxed. We observed positive relationships between people and the staff. This help to create a good atmosphere for people living at the service.

Staff spoke positively about the manager and how the service was run. One staff member said they felt the registered manager was very supportive and they had supported them to improve their career prospects. All staff we spoke with felt the registered manager was approachable and fair.

The service used volunteers and a befriending service. We spoke with a volunteer on the day of our inspection. They discussed their role and said that they attended the service one day a week for three to four hours to be-friend a person living in the home. This was to ensure people were not isolated or lonely. The volunteer told us the management and staff were very supportive. They also told us they were happy with the training and security checks they had received.

The service enabled and encouraged open communication with people through resident and staff meetings. They kept people involved with all areas of the service with the production of a monthly information magazine called 'The Little issue.' This included resident meeting minutes, information about special days and events and interviews with people and staff. They had asked interviewees questions like, "If you could choose to do anything for a day what would it be and what is your proudest accomplishment?" This showed us the service had inclusive ways of communicating with people.

A whistle blowing policy was in place. A 'Whistle- blower' is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation. All staff we spoke with were aware of the policy and procedure and felt they would not hesitate to use if any concerns occurred.

The provider had an effective system to regularly assess and monitor the quality of service that people received. We saw that regular audits had been completed by the registered manager and their team and also by representatives of the provider. The registered manager told us they completed a number of audits,

which covered safety and cleanliness of the premises. Other audits were carried out in the areas such as infection control, care records, medication, health and safety, the laundry, kitchen and domestic areas. This told us the provision of the service was monitored regularly. Where any deficiencies were noted, we saw that there was a plan and time scale in place they had to adhere to in order to effect improvement. These audits checked that the service they provided was effective and efficient.

A registered manager was in post. We saw that staff meetings had taken place and the registered manager had clearly set out their expectations of staff. Their roles and responsibilities were discussed at these meetings, including those of night staff. Staff told us they had handover meetings at the end and start of each shift. They also used a communication book to keep all staff informed of any changes in people's needs. One staff member said, "The handover and communication book are useful and we get enough information about the people who use the service. We can raise questions and issues if needed."

The registered manager responded well when we asked for further information, updates and timescales for completion for some areas of the service that required refurbishment.

We saw that all conditions of registration with the CQC were being met. We received notifications of incidents that the provider was required by law to tell us. Appropriate action had been taken and records we viewed confirmed this.