

Staffordshire County Council

Horninglow Bungalows

Inspection report

Horninglow Road, Burton on Trent
Staffordshire
DE14 2PY
Tel: 01283 563509
Website: www.staffordshire.gov.uk

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We inspected this service on 2 December 2015 and the inspection was announced. This meant the provider and staff knew we would be visiting the service's office before we arrived. At our previous inspection in April 2013, the service was meeting the regulations that we checked.

Horninglow Bungalows provides personal care for adults with a learning disability and associated conditions. People were supported within three bungalows which were situated next door to each other. The bungalows

were owned and maintained by another provider and people that lived in these bungalows had a tenancy agreement with this provider. There were 16 people using the service at the time of our inspection.

There was 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

Summary of findings

and associated Regulations about how the service is run. The registered manager oversaw the running of the full service and was supported by a senior care manager and two care managers.

Staff understood what constituted abuse or poor practice and systems and processes were in place to protect people from the risk of harm. People were protected against the risk of abuse, as checks were made to confirm staff were of good character and suitable to work in a care environment. People told us and we saw there were sufficient staff available to support them. Medicines were managed safely and people were supported to take their medicine as prescribed.

Staff had knowledge about people's care and support needs to enable support to be provided in a safe way. Equipment was in place to meet people's diverse needs which enabled them to maintain choice and independence. The provider understood their

responsibility to comply with the requirements of the Mental Capacity Act 2005. Staff knew about people's individual capacity to make decisions and supported people to make their own decisions. People's needs and preferences were met when they were supported with their dietary needs and people were supported to maintain good health.

The delivery of care was tailored to meet people's individual needs and preferences. People were supported develop and maintain hobbies and interests within the local community to promote equality and integration. The provider actively sought and included people and their representatives in the planning of care. There were processes in place for people to raise any complaints and express their views and opinions about the service provided. There were systems in place to monitor the quality of the service to enable the registered manager and provider to drive improvement.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff understood their responsibilities to keep people safe and protect them from harm. Risks to people's health and welfare were assessed and actions to minimise risks were recorded and implemented in people's care plans. People were supported to take their medicines as prescribed. There were enough staff available to meet people's needs and preferences. Recruitment procedures were thorough to ensure the staff employed were suitable to support people.

Good



Is the service effective?

The service was effective.

People's needs were met by staff that were suitably skilled. Staff felt confident and equipped to fulfil their role because they received the right training and support. Staff understood the principles of the Mental Capacity Act 2005 so that people's best interests could be met. People were supported to eat and drink enough to maintain their health and staff monitored people's health to ensure any changing health needs were met.

Good



Is the service caring?

The service was caring.

There was a positive relationship between the people that used the service and the staff that supported them. People liked the staff. Staff knew people well and understood their likes, dislikes and preferences. People were supported in their preferred way to promote their independence and autonomy. People were supported to maintain their privacy and dignity and to maintain relationships with their relatives and friends.

Good



Is the service responsive?

The service was responsive.

People's individual needs and preferences were central to the planning and delivery of the support they received. Staff worked in partnership with people to ensure they were involved in discussions about how they were supported. The complaints policy was accessible to people and they were supported to raise any concerns.

Good



Is the service well-led?

The service was well led.

People were encouraged to share their opinion about the quality of the service to enable the provider to identify and make improvements where needed. Staff understood their roles and responsibilities and were given guidance and support by the management team. Systems were in place to monitor the quality and safety of the service provided.

Good



Horninglow Bungalows

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 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 2 December 2015 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office. The inspection team consisted of one inspector.

We did not send the provider a Provider Information Return (PIR) prior to this inspection. 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. However, we gave the management team the opportunity to provide us with information they wished to be considered during our inspection.

We reviewed information we held about the service. This included statutory notifications the registered manager had sent us. We looked at information received from people that used the service, from the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We spoke with four people who used the service and observed how staff interacted with people who used the service. We spoke with the registered manager, the senior care manager and one care manager and two care staff. We looked at three people's care records to check that the care they received matched the information in their records. We reviewed two staff files to see how staff were recruited. We looked at the training records to see how staff were trained and supported to deliver care appropriate to meet each person's needs. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Is the service safe?

Our findings

People told us they felt safe with the staff that supported them. One person told us, “The staff are nice, they help us to keep safe and make sure we are alright.” Another person said, “The staff are my friends, they help me to do lots of things and they are make sure I’m safe when I’m at home and when I go out.”

Staff we spoke with were aware of the signs to look out for that might mean a person was at risk of harm or abuse. Staff knew the procedure to follow if they identified any concerns or if any information of concern was disclosed to them. One member of staff told us, “We get training and we discuss safeguarding with the tenants regularly as part of the tenants meetings.” One person that used the service confirmed this and told us, “It’s about keeping safe and telling the staff if anyone does something to you, like shouting or being nasty.” We saw that staff had undertaken training to support their knowledge and understanding of how to keep people safe.

Risk assessments were in place regarding people’s assessed needs. The assessments included the actions needed to reduce risks. We saw that actions were in place to minimise the risk, whilst supporting people to maintain as much choice and independence as possible. For example, we saw that one person had been supported by staff to access a community activity of their choice independently. This had been achieved by staff initially working with this person to familiarise them with the public transport route until they were confident to do this alone. Another person had been supported to spend time alone with their partner. In doing this the person had developed their independence. Staff were working with this person to further increase their independence by supporting them to find their own accommodation so that they could live independently. Discussions with staff and a check on the daily records showed plans were followed to ensure people were supported safely and restrictions on their freedom, choice and control were minimised.

We saw that plans were in place to respond to emergencies, such as personal emergency evacuation plans. The plans provided information on the level of support a person would need in the event of fire or any other incident that required their home to be evacuated. We saw that the information recorded was specific to each person’s individual needs and supported staff to

understand the actions that would be required. Records were in place to demonstrate that the maintenance and servicing of equipment was undertaken as needed to maintain people’s safety.

People told us there were enough staff to meet their needs and support them as agreed. One person told us, “There are staff here all the time, I don’t need much help with things but the staff are always here if I need them and they are here to help other people.” Another person said, “I’ve got a key worker who helps me a lot but all the staff help me and when I go out they support me as well.” The registered manager told us that staffing levels were determined according to the needs of each person and the activity they were undertaking. Staff we spoke with confirmed this. One member of staff told us, “We always have enough staff, like today several people have gone out Christmas shopping to Derby and Sheffield, so additional staff are on duty to support them.” This showed us that the staffing levels in place were monitored on an ongoing basis to ensure people were supported as required to enable them to live full lives.

The provider checked staff’s suitability to deliver personal care before they started work. Staff told us they were unable to start work until all of the required checks had been done. We looked at the recruitment checks in place for two staff. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. The staff files seen had all the required documentation in place.

We looked at how staff supported people to take their medicines. We saw that assessments were completed to determine if people needed prompting to take their medicine so that staff could support the person according to their needs. One person told us, “I have a special box with an alarm that means it’s time to take my tablets.” This person was able to administer their own medicine through this assistive technology, which supported them to develop their independence. Staff told us they had undertaken medicine training and records confirmed this. For people who required support with their medicines an administration record was kept in the person’s bedroom and we saw that staff signed when people had taken their medicine. This ensured that a clear audit trail was in place to monitor when people had taken their prescribed medicines.

Is the service effective?

Our findings

Staff had the necessary skills and training to meet people's needs and promote their wellbeing and independence. People we spoke with said the staff met their needs. One person told us, "They (staff) help me and teach me how to do things for myself." Staff told us and we saw that they received the training they needed to care for people. One member of staff told us, "We have a lot of training and if there's anything extra we need to help us support people we just ask for it." Another member of staff said, "We had one person who had very specific needs and we had training to support them." Staff confirmed they received supervision and an annual appraisal and we saw a plan was in place to ensure supervision was provided on a regular basis. One member of staff said, "We have regular supervision but there's ongoing support from the manager and the seniors whenever we need it, we all work as one team." This showed us that staff were supported to meet people's needs.

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 registered manager confirmed that some of the people supported required support to make some decisions. The information in people's assessments and care plans reflected people's capacity when they needed support to make decisions.

Staff knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions. We saw that staff were provided with training to support their

understanding around the Act. People confirmed that staff explained what they were doing and sought their consent before they provided them with support. One person said, "The staff always ask me, they don't make me do anything. I've got exercises for my arthritis but I don't want to do them. I know the exercises will help and the staff remind me but I choose not to do them." This showed us that staff supported people to make informed decisions and respected their wishes.

People were supported to maintain their nutritional health. We saw that people were empowered to choose meals of their choice. One person told us, "We decide what we want to eat and go shopping for food. I am on diet and have lost weight, the staff have helped me and I am doing really well." This showed us that people were supported to eat healthy food and meals they enjoyed to support their wellbeing. People were supported to prepare meals according to the level of support they required. One person told us, "I can make myself a sandwich without any help." We saw another person was supported to prepare their meal. This showed us that staff encouraged people to maintain their skills and empowered them to learn new skills. The care plans we looked at included an assessment of people's nutritional requirements and their preferences. We saw that people's dietary needs were met and that specific diets were followed in accordance with people's care plans.

Discussions with staff and records viewed demonstrated that staff supported people to maintain their health care needs. One person told us, "I've got my own doctor, optician and dentist. The staff come with me when I go to support me." We saw that hospital passports were in place to support people if they went to hospital. This provided hospital staff with an overall picture of the person's strengths and needs, their method of communication, likes and dislikes and health needs. This was to ensure the person could be supported in an individualised way when accessing hospital services.

Is the service caring?

Our findings

We observed a positive and caring relationship between people who used the service and staff. People appeared comfortable with the staff that supported them. Staff demonstrated a good understanding of people's needs and treated people with respect and in a kind and caring way. One person told us, "I like living here, the staff are great and help me a lot."

Staff worked in partnership with people to ensure they were treated as individuals with their own interests, values and preferences. Information was provided about each person regarding what people liked and admired about them, what was important to them, what was important for them and how best to support them. Where possible the service matched staff with similar interests and hobbies to the people they supported. This was done to further enhance the experiences that people received by working with staff that had a common interest.

Staff understood people's method of communication and this was recorded in their support plans, which provided information on the person's communication methods and how to communicate with them. This enabled people to make decisions about their life and demonstrated that staff worked with the people they supported to ensure decisions were sought, included and respected, according to individual preference and choice. The support provided to people promoted their independence. This was done by

supporting them to make choices on a day to day basis. We saw that people's right to privacy was observed. For example we saw that some people preferred to spend time in their bedrooms and staff respected this.

Where needed people were supported to access the services of an independent advocate. Advocacy is about enabling people who have difficulty speaking out to speak up and make their own, informed, independent choices about decisions that affect their lives. We saw that one person was using an independent advocate to support them in decisions regarding a relationship that was important to them.

People confirmed that staff supported them to maintain their dignity. One person told us about the support staff provided to help them with their continence needs. We saw that staff supported people to maintain their appearance, by supporting them to choose clothing that met their preferences and personal style. This demonstrated that people were partners in their own care and were treated with consideration and respect.

People told us that they were supported to maintain relationships with significant people who were important to them. One person said, "I will go and visit my mum at Christmas and I ring her every day to make sure she is ok, the staff help me to do that." Another person told us about a relationship that was important to them and told us that staff had supported them to maintain this relationships. Information in people's care plans demonstrated that people were supported to maintain contact with their family and friends.

Is the service responsive?

Our findings

People confirmed that the support provided to them met their needs as an individual. One person told us about the support the staff had given them regarding increasing their independence. They told us, "I can do a lot for myself and the staff are helping me to find my own home so that I can be more independent." Another person told us, "The staff help me a lot, they know the things I like to do and they know the things I need support with."

Staff told us and we saw that people had assistive technology in place to promote their independence and keep them safe. For example we saw one cup kettles were used to enable people to make hot drinks without the need for staff support. A memo reminder was used in one bungalow where people did not require 24 hour support. This technology reminded people to follow their daily routine at certain times of the day. This enabled them to maintain their independence without the need for staff support.

Staff supported people to maintain their interests and hobbies. One person told us, "I go to club on Thursday and Friday and sometimes meet up with my girlfriend." On the day of our visit several people had gone out Christmas shopping. One person was listening to music they enjoyed and showed the staff that their headphones had broken. We saw the staff supported the person to find another pair of headphones to enable them to continue listening to their music. We spent time with some people who were

putting up their Christmas tree and saw that staff supported them to put the tree up and decorate it. This showed us the staff supported people to do things they enjoyed and had an interest in.

Two people sat with us and went through their care plans. Both people agreed that the information in their care plans was an accurate reflection of their strengths and the support they needed. Both confirmed that staff respected their documented preferences and went through their care plans with them on a regular basis. One person said, "They do it to check if anything has changed and if it has, they write it down." This showed us that people were supported to be involved in reviews of their care.

Staff told us that any complaints or concerns made to them would be reported to the registered manager. One member of staff told us, "We have a complaints book and if I had any complaints I would tell the manager or one of the seniors but we haven't had any." People we spoke with were aware of the procedure for making complaints and told us they would feel comfortable if they ever had the need to do this. One person said, "I would tell the staff if I wasn't happy about something, they would sort it out for me." A complaints procedure was in place and this was included in the information given to people when they started using the service. This information was provided in a pictorial format to support people. We saw a system was in place to record complaints received and the actions taken and outcome. The service manager confirmed that no complaints had been received in the last 12 months.

Is the service well-led?

Our findings

People told us the service was managed well. Comments included, “I like it here, all the staff are nice and the manager is nice as well.” And “The manager is very nice and talks to me, she asks me if everything is alright.” Staff told us they were supported well by the registered manager and management team. One member of staff said, “There is always someone available if we have any problems, I feel supported by management and my colleagues.”

Reviews were completed with people using the service and their views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Tenants meetings were held for the people in each bungalow every three months. We saw that at a meeting in October discussions had taken place about the Christmas shopping trip to Sheffield that was taking place on the day of our visit. This demonstrated people were consulted and their views were acted on.

People's views were sought through satisfaction questionnaires. The registered manager confirmed that information from the surveys was audited to provide an overall result. Any areas where improvements were needed were fed back to people through tenants meetings. Questionnaires were also sent to people's relatives. We looked at the results of the questionnaires sent out in 2015 and saw that positive feedback had been received. One relative had written, “Staff take [the person who used the service] on holidays they enjoy it so much. They take them shopping and to events. Staff are wonderful with [the person who used the service].” Other comments received included, ‘The staff put the well-being of residents first.’ And ‘The staff always show care and attention.’

People told us about the staff that supported them. One person said, “My link worker is [name] and they help me a lot.” We saw that staff were supported by a clear management structure and demonstrated that they understood their roles and responsibilities. One member of staff said, “The senior care staff are key workers to people and care staff are link workers. The key worker and link worker work together to ensure people get the support

they need.” Senior staff confirmed they had key responsibilities. For example one person was responsible for doing the staff rotas another was responsible for checking staff were up to date with training. This showed us that the staff worked together as a team and were empowered to develop their skills and knowledge.

Regular audits were undertaken to check that people received good quality care. We saw the provider had linked care practices and audits of care with the new fundamental standards and associated key lines of enquiry to promote good practice. Monthly audits covered any incidents and accidents, complaints, medicines management and infection control. We saw the registered manager checked for any patterns and trends to ensure actions could be taken as needed. For example we saw that monitoring of incidents had identified that one person required medical intervention to treat an infection. Monthly visits were also undertaken by the provider to audit areas of care such as people's care plans, medicines management and to gather the views of people that used the service and speak to staff.

Team meetings were provided and staff told us that if they were unable to attend minutes were available to them. This ensured staff were kept up to date with any changes. We looked at the minutes of the most recent senior team meeting held in October 2015. We saw that the registered manager discussed senior staff ensuring the Care Act was discussed in team meetings, to promote staff's understanding. We saw from the minutes of team meetings that this was done. For example we saw the staff had discussed how they met the key question regarding the service being effective. They talked about how a person had been referred for an assessment regarding their diet. The staff were also asked at provider monitoring visits about the associated key lines of enquiry to review their understanding. This showed us that the management team and provider supported and encouraged staff to promote the quality of care people received.

We saw the data management systems ensured only authorised persons had access to records. People's confidential records were kept securely so that only staff could access them. Staff records were kept securely and confidentially by the management team.