

Somerset Care Limited

Halcon House

Inspection report

Hamilton Road
Taunton
Somerset
TA1 2EP
Tel: 01823 353447
Website: www.somersetcare.co.uk

Date of inspection visit: 26 March 2015
Date of publication: 23/04/2015

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

This inspection was unannounced and took place on 26 March 2015.

Halcon House provides care and support to people who have a physical disability and/or sensory loss. The home is able to accommodate up to 18 people. Seven people live permanently at the home and over 80 people use the service for short respite breaks. At the time of the inspection there were 16 people using the service.

There is 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.

People who used the service thought there was an open culture which enabled them to share their views and raise concerns. People said they felt respected and valued as a person. One person said "You couldn't improve this place. The positive attitude comes from the top and filters all the way down."

Summary of findings

Care was personalised to people's individual needs and wishes and there were opportunities to share their views through meetings, taking part in staff interviews, care plan reviews and on-going discussions with staff. People told us they continued to make decisions about their care and were able to make choices about all aspects of their day to day lives.

People spoke very highly about the staff who supported them. More than one person said they thought of Halcon House as a home from home. One person said "It's like staying with family. I couldn't be better cared for if it was my family providing the care." Another person told us "They care about me."

Everyone who lived or stayed at the home had a single room and their privacy was respected. People said they were always able to see visitors in private and staff respected their right to confidentiality.

Staff felt well supported and had opportunities to take part in up to date training to make sure they had the skills needed to effectively support people. People using the service felt staff had the appropriate skills and experience to meet their needs.

People had access to healthcare professionals according to their individual needs. People who lived at the home were registered with local doctor's surgeries and the staff accessed healthcare professionals for those staying on a respite care basis when required.

People's nutritional needs were assessed and met. The staff catered for people's dietary preferences and made sure food was in line with their nutritional needs. People told us drinks and snacks were available throughout the day and night.

There were sufficient numbers of staff at all times to meet people's needs in an unhurried and safe manner. People told us they never felt rushed and staff were always available when they needed them.

People's medicines were safely administered by staff who had received training and had their competency assessed. Risk assessments were carried out with people who wished to administer their own medicines and these were regularly reviewed to ensure they remained safe to do so.

There was a thorough recruitment process which minimised the risks of abuse to people. New staff undertook an induction training programme and had opportunities to shadow more experienced staff to make sure they were confident and safe to carry out their roles.

People told us they felt safe at the home and with the staff who supported them. We observed a relaxed and friendly atmosphere with lots of laughter and friendly banter throughout our visit.

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.

There were sufficient numbers of staff to make sure people received care safely and in an unhurried manner.

People's medicines were safely stored and administered by staff who had been assessed as competent to carry out this role.

Risk assessments had been carried out to enable people to maintain their independence with minimum risk to themselves or others.

Good



Is the service effective?

The service was effective.

People received care and support from staff who had the skills and knowledge to meet their needs.

People's healthcare needs were monitored and they had access to professionals according to their individual needs.

People were able to make choices about the food they ate and specialist diets were catered for.

Good



Is the service caring?

The service was caring.

People had built up trusting and caring relationships with staff and other people who used the service. People described the service as a 'home from home.'

People's privacy was respected and they were able to make choices about how they spent their time.

People were involved in all decisions about how their care and support was planned and delivered. Staff were patient and listened to people's views.

Good



Is the service responsive?

The service was responsive.

Staff had a real commitment to providing personalised care to everyone who used the service. Feedback from people showed this commitment was put into practice.

People felt listened to and were confident that any complaints made would be investigated.

People were involved in all aspects of the running of the home to make sure the service was responsive to their needs and wishes.

Good



Is the service well-led?

The service was well led.

There was an open culture which enabled people to share their views, make suggestions and raise concerns.

Good



Summary of findings

The registered manager was very visible in the home and very accessible to people who used the service.

There were effective quality assurance systems which took account of people's views. This helped to ensure improvements were made in line with people's wishes and expectations.

Halcon House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 26 March 2015 and was unannounced. It 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 looked at the information in the PIR and also looked at other information we held about the home

before the inspection visit. At the last inspection on 28 October 2013 the service was meeting the essential standards of quality and safety and no concerns were identified.

During the inspection visit we were able to speak with 10 people using the service, seven members of staff and one visiting relative. The registered manager was available throughout the day and we also met with the area manager for the service.

In addition to speaking with people we were able to view the premises and observe care in the communal areas of the home. We looked at records relating to people's individual care and the running of the home. Records included three care and support plans, medication administration records, three staff personal files and records of complaints and compliments.

Is the service safe?

Our findings

People told us they felt safe at the home and with the staff who supported them. One person said “I feel totally safe with all the staff.” A visiting relative said “I never worry when they come here because I know they are safe and well cared for. It means I get a complete break.”

Risks assessments had been carried out to enable people to take part in activities with minimum risk to themselves and others. One person liked to travel on the bus to visit another town. The registered manager had accompanied them on a trip to make sure they were able to retain their independence in the safest way. After assessing the situation, control measures which included ensuring the person always carried a mobile phone and information detailing their address, were put in place to minimise risk. The person told us they enjoyed going out on their own but knew they could phone a member of staff if they needed support.

Information had been given to people who used a wheelchair independently about the safest routes to follow when accessing local community facilities such as public houses and shops. People told us risks were discussed with them but ultimately they had the choice about what risks they took. One person said “We’re still in control but there is always advice and assistance. Whether you take the advice is really up to you.”

Risks of abuse to people were minimised because the provider had a robust recruitment process which ensured all new staff were thoroughly checked before they began work. Checks included seeking references from previous employers and carrying out checks to make sure new staff were suitable to work with vulnerable adults. Staff told us they were only able to start work once all checks had been received by the registered manager. Staff personnel files confirmed this.

Staff received training in how to recognise and report abuse. In addition to the providers’ training about abuse, all staff were completing an in-depth distance learning course on safeguarding vulnerable adults. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. There were posters in the home giving contact details of how to report

abuse which made sure everyone had easy access to numbers if they had any concerns. Where concerns or allegations had been brought to the registered managers’ attention they had responded appropriately and notified the relevant authorities. This ensured any concerns were fully investigated by the appropriate bodies.

People were supported by sufficient numbers of staff who had the skills and knowledge to understand and meet their needs. In addition to permanent staff there was also a team of relief staff who had undergone a training programme relevant to the needs of people using the service. Relief staff could be used to cover permanent staff absences such as holidays and sickness. The registered manager told us they were also used when the level of dependency of people staying at the home was high and they required additional support.

People using the service, and staff, told us there were always sufficient numbers of staff to meet their needs. One person said “There are always staff available when you need them.” Another person said “There’s enough staff. You never have to wait for ages to get the help you need.” A member of staff said “We have enough staff to make sure everyone gets as long as they need.”

People’s medicines were administered by staff who had received specific training to carry out this role and had their competency assessed by a senior member of staff. One member of staff said after they had completed their medication training they had been observed giving out medicines on several occasions before being assessed as competent to perform the task without supervision. People said they had confidence in the systems in place to administer medicines. One person said “Tablets are done really well. I get the right tablets at the right time.”

All medicines entering the home were checked by two members of staff to make sure people had the correct medication and had sufficient supplies to last throughout their stay. Additional supplies were ordered at the beginning of the stay if required to make sure people continued to receive their medicines correctly. Each bedroom had a medication cupboard where the person’s medicines could be securely stored. Some people who used the service administered their own medicines and risk assessments had been completed to make sure people were safe to do so. These risk assessments were reviewed each time a person stayed at the home.

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. People were very complementary about the staff who worked at the home. One person said “Staff have the right skills and I always feel comfortable with them.” Another person who required very specific care to meet a healthcare need said “A team of staff have been specially trained to support me. They all know what they are doing so I never have to worry.”

New staff underwent an induction programme to make sure they had the basic skills to support people using the service. New staff also had opportunities to shadow more experienced staff to learn how to care for each person. At the time of the inspection one new staff member was shadowing an experienced member of staff. We heard senior staff asking them about their confidence and offering additional support if they required it. This meant that new staff only worked unsupervised once they were confident and felt able to effectively support people. Staff told us they felt well supported and were always able to ask for advice. One person said “The new staff are very good. If they take a lead from the old hands they won’t go too far wrong because they are all brilliant.”

People received care and support from staff who kept their skills up to date to make sure they were practising in line with current good practice guidelines. Staff had opportunities for on-going training including nationally recognised vocational qualifications and training that was specific to people’s needs. Specific training included; caring for people with multiple sclerosis, stoma care and diabetes. One member of staff said “You can always ask for training and it is usually provided if they can find the right course.”

Many of the people who used the service relied on staff for all their mobility needs and required support of manual hoists for all transfers. Staff had up to date moving and handling training and one senior member of staff was the moving and handling lead for the Somerset Care group. One member of staff said they had recently asked for additional moving and handling training and this had been promptly provided. One person told us “I feel totally safe when they are hoisting me.”

People’s nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. Where people needed to have their meal at a particular

consistency due to swallowing difficulties this was provided. One person had a number of food allergies and this was very clearly recorded in their care plan. Staff were very knowledgeable about the food they were able to eat and what needed to be avoided.

The registered manager told us in their Provider Information Return (PIR) they had plans to improve menu choices and employ an assistant cook. People told us they found the quality of the food good and many people made positive comments about the new chef who had recently been employed. People told us there was always a choice of food and drinks and snacks were always available. One person said “If you want something to eat at eleven at night it never seems to be a problem. There really are no restrictions as far as I know.” In addition to the main kitchen there was a small kitchen where people who were able to, could make drinks and snacks. During the day we saw one person use this facility regularly.

The main meal of the day was in the evening and there was a lighter meal provided for people at lunch time. One person said “Most of us don’t get up very early so it’s better to have the big meal at tea time.” At lunch time people were able to choose where they ate their meal and made individual choices from a wide range of options. In the evening some people had requested a Chinese take away and staff had arranged this. We noticed that staff sat with people at the dining tables and provided discreet support to people who required physical assistance to eat their meal. Throughout both meals there was lots of chatter and friendly banter which made meals a sociable and pleasant occasion.

People who lived permanently at the home were registered with local doctors and other relevant healthcare professionals. For people who were receiving respite care the provider had arrangements in place to make sure people continued to receive appropriate healthcare support during their stay. For example if people receiving respite care were supported by district nurses when they were at home this care was transferred to the local district nursing team for the duration of their stay. The home had a system in place which informed district nurses a week in advance of the people who required support so this was available when they stayed at the home.

People said the home were very pro-active in ensuring their healthcare needs were met. One person said “Soon after I arrived I didn’t feel well and they got a doctor to me

Is the service effective?

straight away.” On the day of the inspection another person complained of being unwell and staff arranged for them to be seen by a doctor. During the inspection we attended a handover meeting between staff working in the morning and those working in the afternoon. All people using the service were discussed and there was evidence that staff monitored people’s well-being and liaised with appropriate health and social care professionals to make sure people’s healthcare needs were met.

People were always asked for their consent before staff assisted them with any tasks. People told us “They never do anything without your permission” and “They discuss everything with you. Still my choice.”

Staff had an understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as

not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Staff told us the majority of people who used the service were able to make choices about all aspects of their care and support. One member of staff said “We always give people options but if we can’t we would decide with other people what was best.”

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. No one using the service was receiving care under this legislation but the registered manager was aware of the law and the procedure to follow if anyone required this level of protection.

Is the service caring?

Our findings

People spoke very highly about the staff who supported them. More than one person said they thought of Halcon House as a home from home. One person said “It’s like staying with family. I couldn’t be better cared for if it was my family providing the care.” Another person told us “They care about me.”

People said staff were kind and patient and they never felt rushed. One person said “They make you feel like they have all the time in the world.” A person who was spending time in their room said “They come in and out all the time.”

People felt listened to by staff. Where people had difficulty expressing themselves verbally we saw that staff were patient and took time to understand and clarify what the person was saying. Staff supported people to use communication aids, such as portable typing devices, to enable them to effectively communicate their views.

People told us they had used the service for many years and had built up caring and trusting relationships with other people who used the service and staff. Some people booked their respite breaks when they knew friends would be at the home so they could spend time together. We heard from staff how a group of men always booked their weeks together as they had shared interests and the staff assisted them to take part in these during their stay.

Throughout our visit there was a relaxed and friendly atmosphere in the home. People were extremely comfortable with staff and other people. People using the service and staff spent time chatting together and there was lots of laughter. Staff had an excellent knowledge of each person which enabled them to communicate well and talk about subjects that interested them. People made choices about where they wished to spend their time. People socialised with each other and with staff. Some people went out to use local facilities, with and without, staff support depending on their needs and abilities. One person said “If you want to go anywhere, like the hairdressers, the staff will always take you.”

People told us staff were helpful and always willing to assist them. During the inspection we heard staff assisting someone with an appointment and at their request

booking a taxi. One person told us “They always go that little bit further.” Another person said “They would do anything for you. It’s well over and above what I ever expected.”

Staff assisted people to keep in touch with relatives to maintain their relationships. One person said the staff assisted them to travel to meet a family member. Another person said family were always made welcome and always invited to celebrations and events.

People told us they were able to have visitors at any time. Each person who lived or stayed at the home had a single room where they were able to see personal or professional visitors in private. All rooms had en-suite facilities with large level access showers that were suitable for people with all levels of mobility. This ensured people could receive personal care in the privacy of their room.

For people who preferred a bath there was assisted bathing facilities which included a Jacuzzi bath with coloured lighting and music. One person said “You can have a shower every day and a bath whenever you want one. What’s not to like about that.” Another person told us “The bath is wonderful. It’s so relaxing, I know the staff are there keeping an eye on me but they are very respectful and discreet.”

People who lived permanently at the home had been able to personalise their rooms to reflect their tastes and wishes. Respite rooms were fully equipped to meet the needs of people who stayed. People told us their rooms were always ready with the equipment they needed when they arrived. People said their privacy was respected and no one entered their room without permission. One person said “You can have privacy whenever you want. They respect that.”

Everyone said they felt fully involved in planning their care and support. Each person had a care plan where their needs and preferences were recorded. People who came for respite care went through their care plan with a member of staff on the first day of their stay to ensure it continued to be appropriate to their needs. One person told us “When I arrive on a Monday we always go through the care plan. You’re fully involved in every decision.” Someone who lived permanently at the home said they sat down with their care co-ordinator at least every three months to look at their care plan but they could ask to change things at any time. Throughout the inspection we

Is the service caring?

heard staff discussing people's needs and wishes with them to make sure they were receiving care in their preferred way. One person said "I'm still very much in charge of what happens."

Care plans at the home were computerised and the system was password protected to ensure confidentiality. Staff were respectful of people's right to privacy and

confidentiality. All staff discussions about people who used the service were carried out in private to maintain their privacy. Staff talked about people in a respectful way and always sought their opinions before making any decision. One person said "Staff discuss everything with you. You can see them in your room or the office if you'd rather other people didn't hear."

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives and their care. Throughout the day we saw that everyone was treated as an individual and all support was personalised to their needs and wishes. People chose where they wanted to spend time, what they wanted to do and who they chose to socialise with.

Staff had a real commitment to providing individualised care and all talked about how they personalised care to each person. They had a good knowledge of everyone's likes and dislikes and how people preferred to be supported. We saw staff used gentle encouragement with some people and humour with others according to their personalities. One member of staff said "We want the best for people. It doesn't matter how long things take. It's all about it being right for them and giving them the most independence they can have." Another member of staff said "We want to provide an enabling environment. That's not just the building but it's about attitude."

Feedback from people using the service demonstrated that the staff's commitment to personalised care was put into action and people felt valued as individuals. Everyone said they felt their care and support was personalised to them. Comments included; "I'm still in charge and I don't have to fit in with anyone else," "Everything is designed around us" and "Very much about me as an individual."

Each person had their needs assessed before they used the service and on each respite stay. This ensured staff had the information they needed to provide care and support in line with people's current needs and wishes. People told us the staff responded to changes and adapted their practice to meet their changing needs. One person told us that due to their increased nutritional needs staff now assisted them more pro-actively in this area. Another person told us the home had worked with other professionals to meet their changing physical needs.

Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their wishes. One member of staff

told us "The care plans are very important. Although we discuss changes to people and their abilities we know we can always go back to the care plans for the information we need."

People were involved in decisions about the running of the home and had opportunities to share their views and make suggestions. People who used the service took part in interviews for new staff and had an active voice in this process. One member of staff said how good the interview had been. They said they felt they understood the service better and what was important to people because of the mixed interview panel.

The registered manager actively sought people's feedback and took action to address issues raised. They operated a system called 'You said. We did' which meant when someone made a suggestion or raised a concern a response was provided which showed what action the registered manager had taken. We saw that one person had suggested the provider purchased a sports package for the main TV to enable people to watch a wider variety of sports programmes. In response to this a package had been purchased. Another suggestion was for larger televisions in bedrooms and a number of these had been made available.

There were regular meetings and newsletters to keep people up to date and enable them to share their views. Minutes of meetings showed people were kept up to date with staff changes and progress on any suggestions that had been made.

An annual satisfaction questionnaire was sent to stakeholders and people using the service. Returned questionnaires showed people were generally very satisfied with the service offered but many commented they would like to have opportunities to take part in more activities. In response to this two activity workers had been employed who were able to provide a wide range of activities. Without exception everyone we spoke with said how much they were enjoying the increased activity programme. One person said "It's brilliant. They have asked us all about our interests and are making sure we get to do things that we like. This week quite a few of us went to the museum which was really interesting." Another person said "The activities are now really good."

People knew how to make a complaint and all felt that any concerns expressed would be listened to and action would

Is the service responsive?

be taken to address any dissatisfaction. One person said “I know the staff would listen to me if I wasn’t happy.” Another person said “They never ignore you, they always sort things out.” One person told us they had made a complaint about the respite care booking process. They said the registered

manager had put them in touch with an independent advocate to assist them to pursue their complaint. They told us “He (the registered manager) got hold of an advocate and we managed to get the system changed. He’s never defensive about complaints.”

Is the service well-led?

Our findings

People were very impressed with the way the home was managed. All thought there was an open culture which enabled people to share their views and raise concerns. People said they felt respected and valued as a person. One person said "This is the best place I can imagine and it certainly meets my needs." Another person told us "You couldn't improve this place. The positive attitude comes from the top and filters all the way down."

The registered manager was very visible in the home which enabled them to constantly seek people's views and monitor practice. One person said "He's a brilliant manager and extremely caring." Another person said "Very good manager. You can always talk with him and he always listens." A visiting relative said "Excellent home, excellent care and always a positive response from the manager." People were very comfortable and relaxed with the registered manager and we noticed people had a good rapport with him when he was in the communal areas of the home or in the office.

There was a clear vision for the service which was to provide a friendly atmosphere where people felt at home, were listened to and enabled to make decisions about their care. This fitted with the provider's philosophy of the 'Three C's' which stood for 'customer' 'care' and 'candour.' The philosophy and aims for the home were communicated to staff through regular meetings, on-going discussions and individual supervisions. People commented on the friendly caring atmosphere and felt involved in decisions which showed the philosophy was put into practice.

All staff received formal supervision with a more senior member of staff. The registered manager received regular supervision from a senior representative of the provider. Supervisions were an opportunity for staff to spend time with a more senior member of staff to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner. One member of staff said "If you highlight training that you think you need in your supervision they do their best to accommodate it."

There was a staffing structure which provided clear lines of accountability and responsibility. There was always a senior member of staff on duty to ensure people using the service, and staff, always had access to a skilled and

experienced member of staff. It also enabled senior staff to continually monitor the standard of care provided within the home. Staff told us they were always able to ask for advice and people said they had confidence in the senior staff at the home.

There were regular meetings for staff which were an opportunity to share information and address any issues arising. Minutes of meetings showed that when an action was needed, a member of staff was nominated to take the action and information stated when it had been completed. This ensured that issues that needed addressing were dealt with in a timely manner.

There were effective quality assurance systems in place to monitor care and plan on-going improvements. There were audits and checks in place to monitor safety and quality of care. A representative of the provider also carried out monthly checks on the home to ensure the home was functioning in line with the standards and ethos expected by them. As well as observing practice and auditing paperwork, the quality assurance system included themed conversations with people who used the service and staff. This enabled the provider to gauge people's satisfaction and views on specific areas of the service.

All accidents and incidents which occurred in the home were recorded and analysed. When an accident occurred risk assessments were reviewed to make sure any risks were minimised. For example when a person had an accident outside the home staff worked out safe wheelchair friendly routes to community facilities.

The registered manager had a level 5 registered managers award. They kept their skills and knowledge up to date by on-going training and reading. They also attended meetings with other registered managers within the provider group which enabled them to keep up to date and share good practice and ideas.

The provider, Somerset Care Limited, is a member of The National Care Forum quality first scheme. Quality first is a framework which demonstrates the commitment of its members to providing a high quality and continually improving service. It is also has an investors in people award.

The home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.