The Community of St Antony & St Elias

Hamelin

Inspection report

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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

This unannounced inspection took place on 24 July 2018. Hamelin is a small care home that provides accommodation, personal care and support to a maximum of seven people of working age who are experiencing severe and enduring mental health conditions.

People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of the inspection there were seven people living at the home. Hamelin belongs to a group of homes owned by The Community of St Antony and St Elias. The homes act as a community with group activities and group management meetings and oversight.

At our last inspection in March 2016 we rated Hamelin overall as good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the home has not changed since our last inspection.

People received a service that was safe. The registered manager and staff understood their role and responsibilities to keep people safe from harm, protect people from any type of discrimination and ensure people's rights were protected. Risks had been appropriately assessed and staff had been provided with information on how to support people safely. There were enough staff to meet people's needs and checks were carried out on staff before they started work to assess their suitability.

People were protected from the risks associated with unsafe medicine administration. The home was clean, maintained and people were protected from the risk and/or spread of infection as staff had access to personal protective equipment (PPE) and received training in infection control.

The home was effective in meeting people's needs. People's health and wellbeing were promoted and protected as the home recognised the importance of seeking advice from community health and social care professionals. People were supported to eat a healthy balanced diet. Staff were knowledgeable about how to provide effective care and support. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the home support this practice.

People received a service that was caring and they were supported by staff who knew them well. People were actively involved in making decisions about their care and support. Staff were passionate about their role and treated people with dignity and respect. People continued to have control over their lives and were free to come and go from the home as they pleased.

The home was responsive to people's needs. Care and support was personalised which ensured people were able to make choices about their day to day lives. Activities were important to people's quality of life at

the home and staff ensured people had the opportunity to take part in one-to-one activities both in the home and the wider community. People were aware of how to make a complaint and felt able to raise concerns if something was not right.

People benefitted from a home that was well led. People, relatives and staff were positive about the leadership of the home and told us the management team were open and approachable. The provider had systems in place to review, monitor and improve the quality of service provided. This included a programme of audits and checks, reviewing medicines management, quality of care records, support to staff and environmental health and safety checks.

We have made two recommendations one in relation to the provider's recruitment systems and one in relation to staff training. Further information is in the detailed findings below.

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 home remains Good.

Is the service effective?

Good

The home remains Good.

Is the service caring?

Good

The home remains Good.

Is the service responsive?

Good

The home remains Good.

Is the service well-led?

Good

The home remains Good.

Hamelin

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 home under the Care Act 2014.
This unannounced comprehensive inspection took place on 24 July 2018. The inspection team consisted of one adult social care inspector and an 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 home.

Prior to the inspection, we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make. We also reviewed the information we held about the home. This included previous inspection reports and statutory notifications we had received. A statutory notification contains information about significant events that affect people's safety, which the provider is required to send to us by law.

During the inspection, we met with five people living at the home as well as four members of staff, the registered manager and a senior manager [provider's representative]. We asked the local authority who commissions with the home for their views on the care and support given by the home and received feedback from three healthcare professionals. Following the inspection, we received feedback from four relatives.

To help us assess and understand how people's care needs were being met, we reviewed three people's care records. We looked at the medication administration records and systems for administering people's medicines. We also looked at records relating to the management of the home: these included four staff recruitment files, training records and systems for monitoring the quality of the services provided.

Good

Is the service safe?

Our findings

The home continued to provide safe care to people. People were relaxed and comfortable with the staff who supported them. People told us they felt safe. One person said, "Yes, I feel safe here, always have done never felt unsafe." Another said, "Yes I do feel safe living here and the staff look after us very well." Relatives and healthcare professionals did not have any concerns about people's safety. One relative said, "People are safe and very well looked after, they are the best in the area."

Safe recruitment procedures did not always protect people. Staff told us as part of their recruitment they had spent a 'taster day' at the home. This allowed people who lived in the home to meet them and feedback whether they would feel comfortable with them working at the home. We looked at the recruitment files for four staff and found most checks had been undertaken prior to their employment. For instance, Disclosure and Barring (police) checks had been completed. This helped reduce the risk of employing a person who may be a risk to people who use care and support services.

However, we found two recruitment files that did not contain satisfactory evidence of conduct in previous employment. Recruitment was managed centrally and the system in place meant that registered managers did not always have access to the recruitment files of staff working in their home. This meant were there had been gaps in the recruitment process the registered manager was not always aware. For example, one of the recruitment files we viewed had been located at another home owned by the provider. This person's recruitment file had not been seen by the registered manager and did not contain satisfactory evidence of conduct in previous employment. We discussed what we found with a senior manager who agreed the current system needed to be reviewed, we did not identify any concerns with either person's employment.

We recommend the provider undertakes a review of their current recruitment systems and processes.

People continued to be protected against the risk of harm and abuse. Staff attended safeguarding training to enhance their understanding of how to protect people. People told us they could talk with staff if they had any concerns or worries. One person said, "I would talk with [registered managers name] if I had any concerns or write to you [Care Quality Commission]." People, staff and relatives knew how to escalate their concerns outside the organisation if they needed to.

People receive care and support from sufficient numbers of staff to meet their needs. People and staff felt there were enough staff on duty at any one time to support them and keep them safe. We discussed staffing levels with the registered manager who explained staffing levels were flexible to meet people's changing needs and said the provider was now working on a new staffing dependency tool. A staff member said, "There is always someone, we have our own bank staff we can call on, we don't use agency staff."

People were protected from the risk of harm. We found risks such as those associated with people's complex mental health, medical needs and the environment had been assessed and were being managed safely. For example, where people had been identified as being at risk of self-harm, financial abuse or displayed behaviours which challenged others. Risk management plans identified potential triggers, signs that might

show the person was becoming unwell and guided staff on how they could manage and support the person to minimise these risks. For example, giving the person reassurance and space when needed, talking to them about their concerns and taking time to work things through logically, engaging them in activities or by reminding them of the consequences of their behaviour. Risk management plans were regularly reviewed and staff were aware of the risk associated with supporting people and able to refer to these plans when we spoke with them.

People continued to receive their medicines safely. There were systems in place to audit medication practices and clear records were kept to show when medicines had been administered or refused. Where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way. Staff had received training in the safe administration of medicines and were having competencies regularly assessed. We checked the quantities of a sample of medicines against the records and found them to be correct.

However, we found one person's care records contained conflicting advice in relation to the administration of a pain relieving medicine. We discussed what we found with the registered manager who told us they would take advice from the person's doctor. Following the inspection, the registered manager confirmed they had taken advice and updated the person care records. The person had not been adversely affected by what we found as they had not taken this medication.

People continued to be protected against the risk of infection. The home was clean and there was an on-going programme to redecorate and make other upgrades to the premises when needed. Staff were aware of infection control procedures and had access to personal protective equipment (PPE) to reduce the risk of cross contamination, spread of infection and had received training in infection control and food hygiene.

The home maintained a safe environment for people. Risk assessments were undertaken to identify hazards to the environment, such as, fire risk, gas safety, water and electricity safety. Records showed that health and safety systems were checked and serviced regularly and these were up to date. For example, staff undertook weekly fire alarm test to ensure equipment was in good conditions and water temperatures were checked regularly to ensure these were within a safe range. Personal Emergency Evacuation Plans had been developed for each person. These documents provided staff and emergency service personnel with detailed guidance on the support each person would require to leave the building in an emergency.

Good

Is the service effective?

Our findings

The home continued to provide people with effective care and support. People continued to have freedom of choice and were supported with their dietary and health needs. Staff were competent in their roles and provided with the support they needed to keep people safe and to meet their individual needs.

People told us staff understood their needs and knew how to support them. One person said, "They [staff] really know me which is important especially when I'm not well and need their support." Another said, "I'm able to talk to the staff and they listen." We looked at the induction, supervision and training records for three staff. The registered manager told us newly appointed staff undertook an induction which followed the Care Certificate framework. This is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high-quality care and support. The induction process included a period of working alongside more experienced staff until they had developed their skills sufficiently to support people living at the home.

Relatives and healthcare professionals told us they had confidence in the staff and felt staff were well trained. A relative said "I'm not sure what training they have, but the staff I have met understand how to support people." There was a staff training programme in place and staff confirmed they received regular training in a variety of topics. These included safeguarding, health and safety, fire awareness and medication training. Other more specialist training included mental health awareness, personality disorders, autism and conflict resolution. However, records showed that not all staff had received specialist mental health training to support the complex needs of people living at home.

We recommend the provider carries out a review of the specialist training provided to staff and managers.

Staff received regular supervisions and annual appraisals. Staff told us they felt supported in their role. Staff felt they worked well as a team and told us they all had different skills and experiences, which they used to support each other. One member of staff said, "We have regular one-to-one with the registered manager and anything I'm not sure about I can discuss." Another said, "I do feel supported, both the registered manager and deputy have a clam approach and you can be open with them and they will always do their best to help and support you."

People's needs were assessed to help ensure their physical, mental health and social needs were known and recorded as part of their support plan. People's care records included details of their appointments and staff knew people well. People's mental and physical health was monitored by staff and where concerns had been identified, people were referred to or reviewed by appropriate healthcare professionals. The provider employed an independent consultant psychiatrist who was available to see people on a weekly basis, liaised directly with people's individual GP's, and was available to provide support and guidance to staff when needed. Records demonstrated that staff were proactive in obtaining advice or support from health professionals when they had concerns about a person's wellbeing.

People who lived at Hamelin had needs relating to their mental health, which potentially affected their ability to make some decisions. We checked whether the home was working within the principles of The Mental Capacity Act 2005 (MCA). We found people's legal rights were protected because staff had received training about the Mental Capacity Act 2005 (MCA) and demonstrated a good understanding about obtaining consent and knew how to support people who lacked the capacity to make decisions for themselves. People told us staff always sought their consent before supporting them. We found people's care records identified their capacity to make decisions about their care and support, people decision were respected by staff and people were free to come and go as they wished.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of their responsibilities, had liaised with professionals and made appropriate applications for people who needed this level of support to keep them safe.

People were supported to maintain a balanced healthy diet. People were encouraged to be involved in choosing, planning and preparing their own meals and could make decisions about what they ate and drank and when. Staff usually cooked an evening meal but people were freely able to self-cater if the wished to do so. We asked people what they thought of the food provided by the home. One person said, "We can make toast all day, the food is pretty good and we get to choose what we want." Another said, "Yes, very good and plenty of it. I'm a vegetarian and that can be a bit awkward but it's never a problem. I have my own fridge and a shelf in the larder and I am able to keep my food separate."

Staff knew people's food preferences well and were knowledgeable about how to support people who might have historically a difficult relationship with food and understood how this might affect their mental and physical health. Where this was the case, people's support plans guided staff to monitor, encourage and support people during this time. For example, by offering reassurance or providing an alternative without making a fuss. We saw the lunch time meal; food was well presented and looked appetizing people were freely able to choose what they wanted to eat and could help themselves.

Good

Is the service caring?

Our findings

The home continued to provide caring support to people. People told us they were happy and contented living at Hamelin. One person said, "I'm happy here, the staff are really friendly and supportive, I can go into town on my own and I have more independence." Another said, "The staff know me well and treat me with dignity and respect ". A relative said, "They are a specialised service which is 'very special,' they understand people not just the illness."

People told us staff treated them respectfully and asked how they wanted their care and support to be provided. Information about people's needs and preferences were obtained and recorded as part of their pre-admission assessment. Staff recognised the importance of upholding a person's right to equality, recognised diversity, and protected people's human rights. People's support plans were clear about what each person could do for themselves and how staff should provide support. People told us their personal preferences were known by staff and respected. For instance, people had been asked if they wished to have same gender carer to support them with their personal care needs. This was recorded within support plans and people told us this was happening.

People continued to be consulted about the care and support they received. People told us they were actively involved in making decisions about their care and support. One person said, "Yes, I see my support plan, I'm involved in updating it and I have a copy of it." We saw evidence where changes had been made following discussion and this person had signed to agree their support plan met their needs. People's relatives told us they were also involved in the care planning process were appropriate and their views were listened to.

People continued to have control over their lives and were free to come and go from the home as they pleased. On the day of our inspection we saw people chose how they spent time and the activities they engaged with. People told us they were able to make individual choices about how they spent their time, what they did and when. One person said, "I'm able to live my life as I choose if I want to say up all night I can, nobody tells me what I can and can't do." It was clear from our observations and listening to people interact that people had developed strong relationships with the staff supporting them. One person said, "We have our good and bad days, but we all get on well." Another said, "Staff are great they treat me like a person and take the time to listen to what I say."

Staff were motivated and passionate about making a difference to people's lives. They talked about people with passion and commitment. One member of staff said, "I love the job, everyone who lives and works here brings something different to the table"; another said, "There no them and us there's just 'us' meaning Hamelin." People were encouraged to maintain relationships with friends and family and staff supported people to visit their family on a regular basis. One relative told us how staff supported their relation on the train and this had given them peace of mind. Another described how the registered manager had recently created a private space where they could meet, this meant they did not have to sit in their relation's bedroom or the communal lounge which was very much appreciated and welcomed.

Good

Is the service responsive?

Our findings

Hamelin continued to be responsive to people needs.

People's care records reflected their needs and were regularly reviewed and updated. We looked at the care and support records for four people living at the home. We found people's care records were written in a person-centred way and described how each person wished to receive their care and support. Support plans were informative and provided staff with detailed information on people's likes, dislikes and personal preferences, personal care needs and medical history. People's goals were central to the care and support provided and there was an understanding that staff were there to enable and support people to manage their own personal wellbeing and life skills.

The home continued to be creative in enabling people to overcome limitations and increase their independence. This 'can do' attitude had a positive impact on the lives of people they supported. For example, the registered manager described how staff supported one person to become more independent by developing their road safety awareness, which had in the past led to DoLS application being made to keep this person safe. This person was now able to go into town on their own. We spoke with this person who said, "I now go into town on my own and I have more independence, this is all to do with the new manager and staff, they're brilliant."

People's support plans guided staff on how to support people in managing their mental health in a way which caused the least amount of distress to the person and others, should they deteriorate or suffer a relapse. Risk management plans contained information on the signs and triggers that might indicate the person was becoming unwell and guided staff as to the action they should take. Staff were skilled in delivering care and support and relatives told us that staff had a good understanding of people's individual needs.

Support plans identified people's communication needs and how they could be supported to understand any information provided. This approach helped to ensure people's communication needs were known and met in line with the Accessible Information Standard (AIS). The AIS is a framework making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

People and relatives, where appropriate, were involved in reviews and could express their views about the care and support they received. People's needs were reviewed on a regular basis with external professionals and any changes in people's needs or support was recorded accordingly. Handover meetings provided staff with clear information and kept staff informed as people's needs changed. Staff wrote daily records detailing the care and support provided and how people had spent their time. Staff told us handovers were informative and they felt they had all the information they needed to provide the right care for people. This helped to ensure people received consistent support to meet their needs.

People were encouraged and supported to maintain links with the local community to help ensure they were not socially isolated. People's support plans contained detailed information about people's hobbies and interests. People had many different opportunities to socialise and take part in activities if they wished to do so. People routinely went to a variety of clubs, pubs, restaurants and social events and were keen to share with us how they spent their time. One person described their passion for music and the arts and told us about a weekly radio show they hosted, were they played music and read poetry. Another said, "I'm never in, I go out every day" and told us they enjoyed taking part in arts and crafts, painting, crochet and running a bingo session every other month. Staff were proud of people's accomplishments and told us how one person had recently completed a local 10K run and were due to take part in the Great North Run. Relatives spoke highly of the way the registered manager and staff supported and encouraged people to take part in activities they enjoyed. One relative said, "They are really good at working out what people's interests are and in supporting them to develop/maintain those interest and links."

The provider produced a monthly activity programme and people were freely able to choose which activities they wanted to take part in, for example, walking, climbing, cookery, art and creative writing, and music sessions. People told us they enjoyed taking part in these activities and the feedback received from people following the 2017 programme was very positive.

People were aware of how to make a complaint and felt able to raise concerns if something was not right. People consistently told us they would speak to the registered manager or staff if they were unhappy. One person described how the registered manager had recently supported them to raise their concerns with an external agency when they had been unhappy. The home's complaints procedure provided people with information on how to make a complaint. The policy outlined the timescales within which complaints would be acknowledged, investigated, and responded to. All the people and relatives we spoke with felt confident the registered manager would take the right action to address any concerns they might have. One relative said, "I have no concerns about the home or staff I think there marvellous. If I did I would speak to [registered manager's name] they are very approachable."

Good

Is the service well-led?

Our findings

The home continues to be well led. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

People, relatives and healthcare professionals told us the home was well managed when asked. Comments included: "very impressed," "extremely well led" and "absolutely." One relative said, "The registered manager see's the 'person' not the illness, I would have no hesitation in recommending this home." A healthcare professional said, "The registered manager has shown considerable leadership ability and has won over the staff to improving the whole functioning of the house."

The registered manager was knowledgeable and passionate about the home and the people who lived there. The management team were open and transparent about the challenges they had faced, but were very proud of what the staff team had achieved in the past year. There was a positive culture within the home. Staff had a clear understanding of the values and vision of the home and told us how they supported people to be as independent as possible and spoke passionately about their role empowering people to take control of their lives and achieve their goals.

The management and staff structure provided clear lines of accountability and responsibility, which helped ensure staff at the right level made decisions about the day-to-day running of the home. There were systems in place for staff to communicate any changes in people's health or care needs to staff coming on duty, through handover meetings. These meetings facilitated the sharing of information and gave staff the opportunity to discuss specific issues or raise concerns. There was an on-call duty system in place and specialist support and advice was obtained from external health and social care professionals when needed. Staff were encouraged to share their views and records showed an employee survey was sent to all staff annually. However, we found the provider had no formal way of recording feedback from people who lived at the home apart from in relation to activities or through care plan reviews. We discussed this with a senior manager who assured us this was being developed.

There were effective quality assurance systems in place and the management team continued to carry out a regular programme of audits to assess the safety and quality of the service and identify issues. These included audits on medicines records, incidents and accidents, care records and environment. These audits and checks supported the registered manager in identifying shortfalls which needed to be addressed. Where shortfalls were found, records showed these were acted upon and action plans were in place.

The registered manager was aware of their responsibilities in relation to duty of candour, that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm. They had notified the Care Quality Commission of all significant events, which had occurred in line with their legal responsibilities. We found the provider had displayed their rating in the home and on their web site.