

Hucknall Hope Lea Project Limited

Hucknall Hope Lea Project

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 

Overall summary

We carried out an unannounced inspection of the service on 21 October 2015. Hucknall Hope Lea Project is registered to accommodate up to six people and specialises in providing care and support for people who live with a learning disability. At the time of the inspection there were four people using the service.

On the day of our inspection there was a registered manager in place. 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.

Appropriate recruitment checks had not always been carried out on staff before they started to ensure they were of good character. However, people told us they felt safe. People were supported by an appropriate number of staff. Staff had attended safeguarding adults training,

Summary of findings

could identify different types of abuse and knew the procedure for reporting concerns. People who used the service managed their medication independently and felt confident to do so.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. An application for Deprived of Liberty Safeguards (DoLS) was required for one person. Assessments of people's capacity were generally in place but were required about managing people's finances.

Staff received regular support and supervision from their manager to carry out their role effectively. People were supported to follow a healthy and balanced diet and weekly meetings took place to plan meals in advance. People's day to day health needs were met by the staff and external professionals.

People told us the staff were very caring towards them. People were treated with kindness by a team of staff who valued them as individuals. The staff took time to get to

know people and what was important to them. People who used the service and staff interacted with each other well. People's privacy was respected, their dignity was maintained and their independence encouraged.

People were involved in planning their care and were supported to pursue their interests and hobbies. People's care records were written in a person-centred way whilst staff knew people's like and dislikes and what interested them. People were able to see their friends and relatives when they wanted to. People and relatives felt comfortable to approach the manager with any issues and complaint were dealt with appropriately.

The registered manager had developed positive working relationships with people who use the service, the staff and relatives. People, staff members and relatives spoke positively about the registered manager. The registered manager encouraged open communication with people who use the service, those that matter to them, staff and external professionals through surveys. The management team ensured all requirements of their CQC registration were met.

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.

The risk of abuse was reduced because the provider had systems in place to recognise and respond to allegations or incidents.

People received their medication as prescribed and they were managed safely.

People were supported by an appropriate number of staff to keep them safe

Good



Is the service effective?

The service was effective.

Staff received regular support and supervision from their manager to carry out their role effectively.

People were supported to follow a healthy and balanced diet.

People's day to day health needs were met by the staff and external professionals

Good



Is the service caring?

The service was caring.

People were treated with kindness by a team of staff who valued them as individuals.

People's privacy was respected and their dignity was maintained by the staff.

Staff had a good understanding of people's needs.

Good



Is the service responsive?

The service was responsive.

People were involved in planning their care and were supported to pursue their interests and hobbies.

Staff knew people's like and dislikes and what interested them.

People felt comfortable to approach the manager with any issues and felt complaints would be dealt with appropriately.

Good



Is the service well-led?

The service was well led.

The registered manager had developed positive working relationships with people who use the service, the staff team and relatives.

The registered manager encouraged open communication with people who use the service, those that matter to them, staff and external professionals.

The management team ensured all requirements of their CQC registration were met.

Good



Hucknall Hope Lea Project

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.

We inspected the service on 21 October 2015. This was an unannounced inspection. The inspection team consisted of two inspectors.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports and information received. We contacted commissioners (who fund the care for some people) of the service and asked them for their views. We observed staff interacting with the people they supported. After the inspection we spoke with two relatives and a social care professional.

We looked at parts or all of the care records for all four people who used the service. Additionally, we looked other records relating to the running of the service such as policies and procedures and staff files.

Is the service safe?

Our findings

All of the people who used the service told us they felt safe. One person said, "I feel safe here. I have no troubles, no worries. I am very happy." Another person said, "Absolutely we are safe. We are well looked after." A third person said, "We have a fire practice to make sure we know how to get out safely." People told us if they had any concerns about their safety they would talk to a member of staff or the manager. A relative also felt that their relation was safe and said, "There is always someone there for them to talk to."

Staff had received training in protecting people from the risk of abuse. A member of staff told us, "If I thought someone was being abused I'd report it to the manager, their manager if I needed to and also the authorities like CQC or the Police." We checked the provider's records and saw there had not been any incidents which needed to be shared with the local authority. The provider had appropriate systems in place to ensure people were protected from the risk of harm. We found further staff training was planned in this area which would ensure staff remained confident in protecting people from abuse whilst maintaining their safety.

People were provided with information throughout the home about how to keep themselves safe for example, the equal opportunities policy. However, these were either difficult for people to access or not in a format that was easy to understand. User friendly versions were kept in a folder in the office. The registered manager agreed to make these more available for people who used the service.

We saw there were plans in place for emergency situations such as an outbreak of fire and personal emergency evacuation plans (PEEP) were in place for people using the service. These plans provide staff with guidance on how to support people to evacuate the premises in the event of an emergency. Each person's care records contained risk assessments in areas such as their ability to take a shower or bath alone, to undertaking domestic tasks and their level of mobility. People's risk assessments were reviewed monthly to ensure they reflected their current level of need.

There were sufficient numbers of staff to keep people safe and meet their needs. One person who used the service said, "There are enough staff here." Staff told us they felt the home had enough staff working in the service to meet people's needs. One member of staff said, "We definitely

have the right number of staff here to make sure people are safe." We observed there were sufficient staff to give people support in a timely way. We looked at a sample of staff rota's which showed appropriate levels of staff required to support people.

We checked the recruitment files of four staff members. The majority of these contained the relevant documentation required to enable the provider to make safe recruitment choices. Each file contained references, proof of identity and the relevant health checks for each member of staff. In one of the records we saw the person did not have a reference from a previous employer and three of the staff worked briefly before the provider had received their criminal record checks. The criminal record checks for these people were clear, however by starting these staff before the results had been received could have placed people's safety at risk of receiving support from inappropriate staff. The registered manager told us recruitment was carried out by the provider, however they assured us they would discuss this with them to ensure safer recruitment processes were followed in the future.

The registered manager told us they were proud of having very low staff turnover. The two staff we spoke with during the inspection had worked at the service for a long time. One member of staff told us, "I'll never leave here, they'll have to retire me first." A consistent staffing team increased the opportunity for people to build trusting relationships with people which also reduced the risk of people receiving unsafe care.

People administered their own medication. One person told us, "I keep all of my medicines in my room. I keep the key to the cupboard. Staff just check that I have taken them." A member of staff told us, "I'm happy that people can handle their own medicines. I have no concerns with this. The registered manager told us they encouraged people to take responsibility for their own medicines. We found that people's ability to administer their own medicines had been assessed and recorded within their care records.

We checked the medicine administration records for all four people. These had been appropriately completed. We checked the stocks of each person's medicines and they matched the totals as recorded within their records. Where medicines needed to be stored at a certain temperature

Is the service safe?

they were stored safely within a medicine fridge. The temperature of this fridge was tested and recorded daily to ensure the medicines were stored in a safe way and their effectiveness was not compromised.

Is the service effective?

Our findings

People received effective care from staff who had the knowledge and skills to carry out their roles and responsibilities. One person said, “If I feel sad I talk to the staff, they make me feel much better.” A relative told us the staff were “very good indeed”. A social care professional said the staff were “very professional” and respected confidentiality.

Staff told us they enjoyed working at the home. One member of staff said, “I love my job, I never want to leave.” Another said, “If you enjoy your job whilst earning money at the same time it is so much better.”

When staff commenced working at the service they were given an induction to prepare them for the role. We saw a new member of staff’s induction record which showed appropriate training had been completed. Records confirmed staff were given training in a range of areas such as moving and handling and infection control. Staff were also given training in relation to care needs such as nutrition and dementia. One member of staff said, “I’ve had lots of training, it’s very regular. I’ve had first aid and moving and handling. I’ve even been shown how to use the fire extinguishers.” Staff told us they had regular support and supervision with the manager. One member of staff said, “I have regular supervision and a yearly review.” We saw records of staff supervision which clearly indicated that people were receiving advice to support people’s needs from the registered manager. Members of staff said they had regular staff meetings and handovers to discuss any concerns such as the risks people may face which helps to provide people with effective care and support.

Where appropriate we checked the records to see if an assessment of people’s capacity to make and understand decisions relating to their care had been undertaken in line with the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People told us they were able to do what they wanted when they wanted. One person told us, “If I want to do something I can. The staff respect what I say and listen to me.” Records showed that people had the capacity to make their own decisions in a variety of areas and would understand the impact of these decisions. However, in three of the four records we looked at people had been assessed as being at risk of financial abuse. The registered manager told us they managed their money and kept it safe. The home had not completed the appropriate mental capacity assessment to ensure they had followed the appropriate legal guidelines when making this decision for people. The registered manager told us they would ensure this was completed immediately.

The registered manager displayed an understanding of the DoLS process and told us there were none in place for people who lived at the home.

Records showed that staff had received MCA and DoLS training but their knowledge was varied when we spoke with them. When reviewing people’s records and speaking with them we identified one person who we felt would need an DoLS application submitted to a ‘Supervisory Body’. This is because the staff we spoke with told us they would accompany this person whenever they went out and therefore restricting their movements if they wished to go out alone. The registered manager acknowledged that a DoLS application was required for this person and would submit this immediately.

People told us they were supported to have enough to eat and drink. One person said, “We have a great choice of food. We get to choose. On a Friday we have a takeaway. Sometimes we go to the chippie.” Another person said, “I went out for lunch today. I had shepherd’s pie. I chose it.” We observed people making their own drinks throughout the day. People’s care records contained information about

Is the service effective?

the food and drink they liked to eat. People told us they were able to make their own choices and took it in turns to do the food shopping. Staff told us healthy options were encouraged wherever possible.

Healthy food options such as fruit were readily available for people to eat. There was a large menu in the kitchen which recorded the choices people had made for the week and who was cooking each meal. Food stocks were good, with a mix of branded and supermarket own branded products. The kitchen was clean and tidy and the fridges and freezers were clean. The temperature of the fridge and freezers were checked daily to ensure people's food and drink was stored safely.

People told us they were happy with the access they had to health care professionals. One person said, "If I need to see the dentist or doctor, the manager will take me." Two other people in the room agreed. Another person said, "I had my

health MOT yesterday with my doctor. I am well." A relative told us if their relation was poorly the staff took them to their doctors. Records showed that people were involved with reviewing their health and where appropriate their relatives were included in the review. People were had annual flu jabs and blood pressure tests when needed. People were weighed regularly to identify whether any significant weight loss or gain could have a detrimental effect on their health.

One person's care records showed that encouraging healthy options had resulted in them losing the required weight. People's health action plans were fully completed and contained detailed information about their health needs, how these were monitored and reviewed and details of external health care appointments were also recorded.

Is the service caring?

Our findings

People who used the service and their relatives told us that staff were caring and kind and that they felt very well cared for. One person said, “The staff are good. They do care about you.” Another person said, “If I feel sad I talk to the staff, they make me feel much better.” A relative told us the staff were, “Very caring and kind to everyone.” We observed members of staff speaking to people in a kind tone of voice and were patient and understanding. We saw that people who used the service were at ease with members of staff and they both spoke openly and warmly to each other.

The staff spoke kindly of people who used the service and said they had a lot of fun together. A member of staff described the home as, “like one big family.” One member of staff said, “I love the residents. They are all different. They have their own personalities. I just love my job.”

The registered manager told us they supported people to see a person who had recently left the service. The registered manager told us the people were still close with this person and wanted them to remain friends. This ensured people were supported to maintain lasting friendships.

People’s care records contained their likes and dislikes, details about their life history and their personal preferences. When we spoke with the staff about the people they supported they had a good understanding of their needs and their interests.

People’s religious and cultural needs were assessed when they first arrived at the home and were regularly reviewed to ensure staff were able to support people if needed. One person’s records showed they liked to visit church on special occasions, but did not practice their religion. The records showed that staff were to support them with this and to ensure they reminded the person that if they wished to attend church then they would be able to do so.

People were supported to contribute to decisions relating to their care and to make independent choices. One person said, “If I want to do something I can. The staff respect what I say and listen to me.” We saw records that showed people

were present during reviews of their care and their views were sought. One person said during their review they were happy and wanted to continue to live with the other people who used the service.

Information was unavailable for people about how to access and receive support from an independent advocate to make decisions where needed. Advocates are trained professionals who support, enable and empower people to speak up about what is important to them. They support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care. The registered manager told us that as people’s relatives were actively involved with decisions relating to their care and support the need for advocates was not generally required. However, they acknowledged that people should be given the option to use an advocate if they wished to and would ensure this was made available.

Staff respected people’s privacy and dignity. We observed members of staff knocking on people’s doors before entering. One person said, “I have a key to my room and to the house. I am in control.”

In each of the care records we looked at we saw people’s ability to carry out tasks independently had been assessed. The level of support people needed from staff was recorded. A member of staff told us, “The main aim of the service is to support people to be as independent as possible.” One person’s records showed they liked to vacuum their own room and they required support with moving the vacuum. Guidance was provided for the staff to ensure they enabled this person to do as much for themselves as possible. We saw that all people’s records contained information about people’s strengths which resulted in the staff promoting people’s independence in areas such as all domestic chores.

People’s relatives were able to visit them whenever they wanted to. The registered manager told us there were no restrictions on people being able to see their family or friends. A relative told us their family member was able to go out on their own. Another relative told us they spent time with their family member on a regular basis whenever they want. A third relative said their family member visited them once a week and they enjoyed the time they have together.

Is the service responsive?

Our findings

People told us that they were able to take part in activities that were important to them. One person said, “I do whatever I want. I go to the arcade. We go to the pub. I can always do what I want.” Another person said, “I go to lots of places”. People were also supported to maintain their individual hobbies and interests. One person told us, “I went to Silverstone last year. I went with my family.”

A family member told us their relative was able to do a variety of activities that they enjoyed. In each person’s care records we saw the hobbies and interests they enjoyed were recorded. We observed one person’s room that reflected their hobby and they enjoyed talking to us about it.

People went on holiday together or individually with support from staff. A member of staff said, “We go on holiday with the residents wherever they want to go. We have a lot of fun together.” One person said, “I went to Disneyland.” They showed us their photo album, which they told us they were proud of. Another person said, “I like it here, I have been on loads of holidays to places like Butlin’s and Blackpool.”

People were encouraged to clean their own rooms, do their laundry and to contribute to domestic activities around the home. A member of staff told us, “We involve people as much as we can in choosing, buying and cooking their own food. We want people to be as independent as possible.” A rota was in place that enabled everyone to contribute to domestic tasks within the home. One person told us, “I do my own cleaning, and help out with the house chores too.” People’s care records included information about each person’s ability to undertake these tasks and to improve their ability to perform everyday living skills.

People told us they were supported to maintain their independence outside of the home. One person said, “I have a job. I volunteer at the local charity shop. I have been there a year now. I do the tills, clean and stock the shelves, I love it.” People were encouraged and supported to maintain relationships that were important to them. One person said, “I go and see my brother and sister at the weekends, it’s great fun.”

People’s care records were written in a person-centred way that took into account people’s strengths and support needs and had actions and guidance in place for members of staff to support them. Information which showed their likes and dislikes and personal preferences had been considered when support was planned for them. Records were regularly reviewed and family members were involved. One family member told us they attended the yearly review and a social care professional we spoke with said they attended yearly reviews with family members.

The complaints policy was not accessible for everyone but people knew how to make a complaint. The registered manager agreed to make it more accessible for people. People felt they could speak with staff and tell them if they were unhappy with the service. One person said, “If we have any problems we talk to the staff. The staff sort it for us. If we complain I know it will be sorted [by the staff].”

A family member told us they felt staff and the manager would listen to them if they need to make a complaint. Two family members told us they attended monthly relatives meetings where they were able to raise concerns, however both had told us they no complaints. A member of staff could explain how they would deal with complaints and concerns. They said, “I’d try and sort it first, if not I’d go to the manager.”

Is the service well-led?

Our findings

Staff understood the ethos and aims of the service and could explain how they incorporated these into their daily work. One member of staff said, “The aim of this service is to support people to be as independent as possible. Another member of staff said, “It’s their home.” We found that people’s records demonstrated this through risk assessments that promoted independence.

There were strong links with the local community and people were encouraged to access local services. One person told us, “If we run out of bread or milk I like to go and get it.” Another person said, “I go to the dentist on my own.”

One relative we spoke told us they attended a carers group at the service. A carers group is an opportunity for carers to meet together and discuss any issues and concerns they have with their relations and the service. The relative was also on the committee and these meetings were attended by the directors of the Hucknall Hope Lea Project. Another relative described the service as, “Like a family, we are all friends.” A social care professional told us that relatives were involved in the service all the time and attended events such as people’s birthday parties.

The service enabled and encouraged open communication with people who use the service, those that matter to them, staff and external professionals. People who used the service attended weekly house meetings. One person said, “We have a house meeting every Sunday. We talk about shopping, if we have any problems and what we’re having for dinner in the week.” We observed people who used the service and staff being friendly towards each other. A social care professional also told us that they received regular information about people who used the service if their needs changed.

Members of staff and people spoke openly and warmly to each other. A member of staff told us, “We have regular staff meetings to discuss people. I feel like I can contribute to

them and about decisions made.” Relatives told us they were being kept up to date with developments in the service. We saw minutes of relatives meetings that supported this.

The service was being managed by a registered manager who was aware of their legal responsibilities to notify the CQC about certain important events that occurred at the service. The registered manager explained their process for submitting statutory notifications to the CQC about serious injury, abuse and DoLS. .

We received positive feedback from people who felt the service was well-led by the registered manager. One person who used the service said, “The manager looks after us. She cares about us. If they are short staffed, like if someone is sick she will step in and help out.” Another person said, “She [the registered manager] is fantastic.” A member of staff told us, “The manager is always there. I can ask her for advice for anything.” A family member told us that she [the registered manager] will, “sit and listen to you.”

We observed the registered manager was visible and approachable with staff and people who used the service. The registered manager had a range of auditing processes in place to ensure people received a high quality of service. These audits included staff training, medication and care plans. We saw care plans were regularly audited and reviewed by the manager. Daily records were up to date and gave a good overview of what had occurred for that person. The manager director of the provider visits the home on a monthly basis to also carry out regular audits. During these visits they carry out a number of quality monitoring audits to ensure the service is running safely and people receive good quality care.

People and relatives were given the opportunity to have their say in what they thought about the quality of the service by completing an annual survey. We looked at the last survey completed in 2014 and the results were very positive. Comments from people included, “They [staff] treat us well and discuss things with us” and “I like living here”. A comment from a relative included “Staff have taken such wonderful care of [relative].”