

Valeo Limited

Hascott House

Inspection report

243 Gleadless Road
Sheffield
South Yorkshire
S2 3AL

Tel: 01142588895

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Hascott House is a residential care home providing accommodation and personal care for up to nine people, over the age of 18, who have a learning disability. At the time of the inspection seven people were living Hascott House.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to nine people. Seven people were using the service. The size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found

People were supported by staff who were skilled and competent to carry out their roles and responsibilities. Staff were aware of how to keep people safe and risks to people and the environment had been managed.

People received their medicines on time and as prescribed. The provider carried out checks on new staff to ensure they were suitable to work. Suitable infection control arrangements were in place. We identified some minor infection control issues which were being addressed.

The staff knew people well and were kind and caring. Staff planned and provided care to meet people's needs and to take account of their preferences.

People were offered choices around their meals and maintained a well-balanced diet. People received access to health care services when required. Various professionals were involved in providing healthcare to people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice

guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

There was no registered manager in post, however a new manager had been employed and intended to apply to be the registered manager. The provider had suitable and safe systems in place to monitor the service and were carrying out learning from accidents and incidents.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was [good (published 12 March 2016)]. There was also an inspection on [8 January 2018] however, the report following that inspection was withdrawn as there was an issue with some of the information that we gathered.

Why we inspected

This is a planned re-inspection because of the issue highlighted above.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Details are in our well-led findings below.

Hascott House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Hascott House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with one person who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including the manager, locality manager, and support workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records and multiple medication records. A

variety of records relating to the management of the service, including training records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes in place to safeguard people from abuse.
- Staff were aware of how to recognise and respond to concerns. One staff member said, "To ensure people are safe I would record and report any concerns straightaway."
- Relatives told us people were safe. One relative said, "[My relative] has lived there over 20 years, they are happy and safe."
- The registered manager was aware of their responsibilities in relation to safeguarding and had made referrals to the local authority and submitted notifications to CQC as required by law.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk relating to people and the environment had been assessed and regularly reviewed. Staff knew people well and were aware on how to reduce risk to keep people safe.
- Staff we spoke with were aware of people's individual risks and shared with us how they used techniques to reduce the likelihood of people being harmed. Some people living at the service required support to manage difficult or distressed behaviours and staff received training and clear guidance about how to do this safely.
- The manager reviewed incidents and information about risks regularly. Care plans were updated to ensure staff had information about people's current needs.
- The manager had started to carry out regular observation of staff practice. This enabled them to support staff to make immediate changes or improvements to the way they supported people.
- Emergency evacuation plans were in place to ensure people were safe in the event of fire.

Staffing and recruitment

- The provider continued to follow safe recruitment processes and had made the necessary checks before staff worked with vulnerable people.
- We found there were suitable numbers of staff available to meet people's assessed need, including 1:1 support where this had been commissioned.

Using medicines safely

- Medicines were administered, stored and disposed of safely.
- The provider had effective audits in place to check medicines had been administered as and when prescribed.
- Staff received regular training and competency assessments on the administration of medicines to ensure they were safely administering medicines.

Preventing and controlling infection

- Staff received training in infection prevention and control and had an ample supply of personal protective equipment available to them.
- We identified some minor infection control issues during our visit. We found some areas that could not be thoroughly cleaned, for example areas which had untreated wood. The manager was aware of the issues and was taking action to address them.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The manager ensured people's needs were regularly assessed and monitored. This helped to ensure the service and support were suitable to meet individuals' assessed needs.
- Staff followed and applied their learning in line with professional guidance, such as the management of managing challenging behaviour and following the principles of positive behaviour support.
- The manager was up to date with best practice guidelines for supporting people with learning disabilities and autism.

Staff support: induction, training, skills and experience

- Staff told us they received a thorough and in-depth induction prior to lone working. They completed a range of training to give them the skills and knowledge to support people, this included completing qualifications in health and social care.
- We carried out observations of staff interacting with people and they knew people well and followed guidance on how to reduce people's anxieties. For example, one person was getting anxious whilst they were waiting to go out, staff reacted to the situation quickly and this helped the person to calm down.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support;

- Various health professionals were involved to ensure people's health needs were met. People's physical and emotional needs were well documented and clear records of professional input and outcomes were recorded.
- Staff understood people's dietary needs. Staff ensured people were involved, as much as they wanted to be, with choosing, planning, preparing and cooking meals.
- People's preferences were documented in their support plans. Some people were required to follow specific diets due to their health needs. Where people had been assessed as needing special diets we saw that eating and drinking guidelines, from the speech and language therapy team, (SALT) were recorded in people's support plans, so staff had clear instructions to follow.
- One person told us they liked the food. They were following a weight loss programme and had successfully lost a significant amount of weight. Staff worked hard to redirect the person to choose healthier options. The person's relative said, "[My relative] has lost five stone and has really got into eating healthier."

Adapting service, design, decoration to meet people's needs

- The environment was suitable to meet the needs of the people living there, however needed redecoration.

- Appropriate moving and handling equipment was available, for people with an assessed need.
- The manager told us they had identified there was room to improve the environment and plans were in place to update it and included providing a sensory room.
- The outside of the property was enclosed and spacious, so people could access the garden when they chose.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When 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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- DoLS applications had been made, and conditions of DoLS were complied with.
- The manager kept a record of DoLS to ensure they were renewed appropriately.
- People's capacity had been assessed and where necessary best interest meetings had been held to ensure appropriate decisions were being made for people.
- Staff were aware of the need to follow the principles of the Mental Capacity Act. One staff member told us, "We offer people choices in way's they understand."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- Staff received training in equality and diversity and were aware everyone should be treated as individuals.
- Staff had developed positive relationships with people and knew how to support them. They spoke with kindness and compassion about the people who stayed at the service.
- Staff told us they treated people like they would their own relatives. One person said, "The staff are nice to me."
- People were encouraged to be involved in making decisions about their care and person-centred reviews were taking place. Due to the complex needs of some people supported, they weren't always able to voice their choices. However, staff told us they would always encourage choice, where possible.

Respecting and promoting people's privacy, dignity and independence

- Records were stored appropriately to ensure they remained confidential.
- Staff were aware of the importance of keeping confidentiality. One said, "We make sure all private information is locked away, and we don't talk about people to family and friends."
- Staff were respectful when they discussed people's support needs. They were able to give examples of how they promoted privacy and dignity, such as closing doors and curtains.
- Staff supported people to be independent and to try and do what they could for themselves, such as making their own drink or sandwich. One staff member told us, "We help people with independence and try and get people involved in house hold tasks."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People at Hascott House were living with a learning disability or autism, which affected their ability to make decisions about their care and support.
- There was detailed personalised information on people's individual characteristics, to help staff get to know people. There were records of 'what was important to people' and their 'likes and dislikes'. One person's support plan of their personal attributes was they 'had an infectious laugh and their family, and shopping was important to them.'
- We saw evidence people had been involved in developing their support plans. Where people were unable the service liaised with family members, the persons circle of support and health professionals.
- People were encouraged to follow their interests and maintain relationships with friends and relatives, where this was important to them.
- People were supported to access community activities and follow their interests and hobbies.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was available for people in accessible formats. For example, information on how to complain.
- There were detailed records on people's preferred methods of communication.
- Where verbal communication was limited, people were supported to use alternative methods. This included pictures, photos and the use of technology, such as an electronic device.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place and an 'easy read' version was available.
- There had only been two complaints at the service since the last inspection. These had been dealt with appropriately.

End of life care and support

- No one living at Hascott House was currently receiving end of life care.
- Staff were able to access training on the subject should they ever need to support in this area.
- Where appropriate, people's end of life wishes had been captured.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Since our last inspection the service had not had a manager registered with the Care Quality Commission (CQC). This means the provider had been legally responsible for how the service is run and for the quality and safety of the care provided.
- Management oversight had been provided by managers from the providers other services, so the quality of the service had been maintained. However, staff felt employment of a new manager was positive. One staff said, "The manager is approachable and fair to staff and easy to talk to. Another staff said, "The manager is open and fair. I 100% feel they are good and here to make positive changes."
- The manager had intended to apply to CQC to become the services registered manager. We found them to be knowledgeable and experienced in managing services and had identified areas in which they could change and improve the service at Hascott House.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager acted openly and professionally.
- Registered providers of health and social care services are required by law to notify CQC of significant events that happen in their services such as allegations of abuse and authorisations to deprive people of their liberty. The registered manager ensured all notifications of significant events had been provided to us promptly. This meant we were able to check appropriate actions had been taken to keep people safe and to protect their rights.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The manager had invested time carrying out direct observations of how staff were engaging with people. This helped to identify where additional training and support was needed.
- The provider ensured the policies and procedures supported equality, diversity and human rights. There was a fair employment process in place which did not discriminate against the protected characteristics, such as age, gender or disability.
- Staff, relatives and professionals were given the opportunity to give feedback on the service, so the provider could drive improvements.

Continuous learning and improving care

- The provider had systems and processes in place to continually learn and improve care following best practice principles for improving the lives of people living with a learning disability or autism.

Working in partnership with others

- The manager and staff worked well with external health and social care professionals. There were various professional involved with the service such as advocacy services, speech and language therapists, occupational therapists and learning disability nurses.