

Hightown Housing Association Limited

Drayton Road

Inspection report

14 Drayton Road
Newton Longville
Milton Keynes
Buckinghamshire
MK17 0BJ

Tel: 01908649592
Website: www.hightownha.org.uk

Date of inspection visit:
04 April 2017
05 April 2017

Date of publication:
02 May 2017

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 inspection took place on the 4 and 5 April 2017 and was unannounced. This is the first inspection carried out at the service since the provider transferred to a new provider and their registration with the Care Quality Commission was completed in October 2016. The service provides accommodation and care for three adults with learning and or physical and sensory disabilities.

The home had 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.

The service was found to be safe. People's medicines were stored and administered in a safe way. Risks assessments had been completed and plans to minimise these risks were in place. There were sufficient staff in place to provide care that met people's individual's needs. Staff were recruited in a safe way, by completing previous employment checks and ensuring candidates were safe to work with people. Staff knew how to identify signs of abuse and what action was required.

Staff received support to carry out their role, through induction, training, supervision and appraisals. Competency checks were carried out for staff administering medicines. Staff meetings facilitated staff discussions on how the service to people could be improved.

Staff understood The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Where restrictions were in place to safeguard people, applications had been made to the local authority.

Staff were caring, kind and considerate. They respected people and their wishes. They knew people well and were able to understand people's communication skills. Where people required support with their meals this was provided in line with professional advice. People had access to health professionals to assist them to maintain good health.

We observed positive interaction between staff and people. Relatives described staff as "Fantastic" "Patient" and "Caring." Staff demonstrated a passion for the care they provided. We saw people's privacy, dignity and independence were respected.

Care plans were in place to guide staff in how to care for people. These were detailed but some needed old information removing from them. This was in progress. Families reported they had contact with staff and the registered manager when needed and on regular visits. Relatives told us people were happy living in the home and their needs were met. People were supported to participate in activities both in the community and in the home. No complaints had been made since the service had changed provider.

From our observations and feedback from staff and relatives we found the service to be well managed. Staff

were clear about their role and their responsibilities. They were working in line with the provider's values. Audits of the service were completed and improvements where needed were planned.

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.

People's safety and well-being had been considered by the service and steps had been taken to ensure that any risk of harm had been assessed.

The provider had systems in place to ensure checks were carried out prior to candidate's being offered employment. This minimised the risk of unsuitable candidates working with people.

People were protected from harm, as staff knew how to protect people from abuse and who to report concerns to.

Is the service effective?

Good 

The service was effective.

Staff had received training to carry out their roles; the training was on-going and relevant to the care being provided by the service.

Staff understood how the MCA and DoLS applied to their role and the lives of the people they were caring for.

People were supported to maintain good health. Staff responded quickly and appropriately to people's changing health needs.

Is the service caring?

Good 

The service was caring.

Staff were described as caring and kind by people's relatives.

We observed how staff cared for people and found it to be appropriate, respectful and courteous.

People's privacy, dignity and independence were respected by staff.

Is the service responsive?

Good 

The service was responsive.

A range of activities was available for people to participate in. This protected people from social isolation.

Care and support was planned and delivered in a way that ensured people's safety and welfare.

The service worked alongside other health professionals to assist people to maintain good health.

Is the service well-led?

Good ●

The service was well led.

Staff told us the registered manager was accessible and they felt comfortable raising issues or concerns with them.

A number of audits took place at the home. These were used to assess the quality and the safety of the service provided.

The staff worked well together as a team. Senior staff were effective in supporting care staff. The registered manager was aware of the day to day culture in the home.

Drayton Road

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 checked 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 4 and 5 April 2017 and was unannounced. This meant the service did not know we were coming. It was carried out by one inspector. The service had transferred to a new provider in July 2016. This was the first inspection since the transfer.

Before the inspection, we asked the provider to complete 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 planned to make. We received this on time and reviewed the information to assist in our planning of the inspection.

During the inspection we looked at three people's records and those relating to the running of the home. This included staffing rotas, policies and procedures, quality checks that had been completed, supervision and training information for staff.

We spoke with five members of staff including the registered manager, the locality manager, the assistant lead and two support staff. We were not able to speak with the people who lived in the home due to communication difficulties. We spoke with two relatives. We carried out observations of care and reviewed documents associated to three people's care and their medicines. We reviewed records related the employment of one staff member, training and supervision records and audits connected to the running of the home.

Is the service safe?

Our findings

People's relatives told us they thought the service was a safe place for their loved ones to live. Comments included "They [people] are very safe here. You can tell by the way they are looked after. I watch them [staff]" "I have no concerns at all".

Where people required assistance with medicines these were administered by trained staff. The home had a medicine policy and this was being adhered to. We undertook checks to ensure the storage, administration and records related to medicines were safe. Medicines were stored securely. The Medication Administration Record (MAR) charts were up to date, properly maintained, appeared complete and were easy to follow. Medicine amount balances were recorded and were correct at the time of this inspection. There were policies and procedures for following up any errors or mistakes in the administration of medicines. There had been two recorded medicines errors in the previous two months. There had been no impact for people and the staff had taken appropriate action in line with their policy. Creams and ointments had their opening dates recorded on the container, this informed staff of the shelf life of the cream, to ensure its effectiveness.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. These covered areas such as skin integrity, repositioning people and fire risk assessments. The risk assessments were clear and contained clear guidelines for staff on how to manage the risks. The risk assessments were reviewed monthly and a summary was recorded of any changes required.

There were sufficient numbers of staff supporting people. Each person had had their needs assessed. The registered manager was in the process of arranging reviews of each person's care with the funding authority. From the review the provider and the funding authority would be able to check that people's individual needs were being met and that staffing levels were satisfactory. Relatives stated they felt there were sufficient numbers of staff employed at the home. Comments from staff indicated they would appreciate extra assistance when taking people out of the home for activities. We spoke with the registered manager who told us they could always arrange extra help or transport for day trips if and when needed.

The registered manager informed us staffing levels were determined through an assessment of people's needs. The registered manager told us one of the challenges faced by the service was the recruitment of appropriate staff to ensure staffing levels always remained safe. Where staffing levels dropped below the required number, bank or agency staff were used. This ensured there were always sufficient numbers of staff available to meet people's needs and to keep them safe.

The registered manager understood their responsibility to ensure suitable staff were employed. We looked at the recruitment records of one staff member employed at the home. Recruitment records contained the relevant checks including a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with people. References were obtained from previous employers as part of the process to ensure staff were suitable and of good character. We were not able to view the application form as this was held at head office.

The service had a safeguarding adults policy and procedure. Staff were aware of how to identify concerns and the reporting procedure. One staff member described to us who they would report concerns to. When asked if they had confidence that safeguarding concerns would be addressed appropriately they said "I would like to hope so, if not I would take it further until it got resolved." They were committed to the safety of the people they cared for.

Health and safety checks were carried out. Records showed equipment such as fire alarms and extinguishers had been maintained and checked by external contractors. Test for Legionella and asbestos had been undertaken. Control of substances hazardous to health data sheets were in place to risk assess any materials stored on the premises. The service appeared well maintained and clean.

Is the service effective?

Our findings

From our observations of the care and through discussions with staff and relatives we found the staff to be knowledgeable and skilled in carrying out the care people needed.

New staff completed an induction which covered the administrative and practical aspects of working in the home. They also completed the Care Certificate. The care certificate is based upon 16 standards health and social care workers need to demonstrate knowledge and competency in. Their competency was assessed by the senior staff. Records demonstrated this was in place for the new member of staff.

We spoke with the most recently employed member of staff, they told us following their induction they had shadowed more experienced members of staff. This was to enable them to get to know the people living in the home and how their care was delivered. Only when assessed as competent and confident were staff able to work independently.

Records confirmed training was provided through face to face classroom based approaches as well as e learning. This is training staff would complete online. The staff we spoke with felt they had received good levels of training to enable them to do their job effectively. Training records showed staff had received training in core areas such as safeguarding adults, medicine administration, manual handling, first aid and fire safety. We noted some staff required refresher training in some areas, they showed us evidence they had tried or were booked onto future training. The registered manager was aware of the areas staff needed updating on.

Staff had received regular supervision. These were recorded and kept in staff files. Records showed the discussions between senior staff and staff members were productive and focussed on their abilities to carry out their role. Where appropriate they also identified if the staff member required training or support to improve their performance. It was the provider's policy to undertake annual appraisals with staff. Staff were familiar with this approach as this had been practiced by the previous provider. Staff also received support through team meetings which were held regularly. This allowed staff the opportunity to discuss policies and procedures and any issues or ideas they had regarding the care being provided to people. One staff member told us since they had started working at the home the registered manager had told them if they were unsure about anything they could always ask them or other staff at any time for guidance. Although the registered manager was not always at the service, their whereabouts were recorded on the staff rota. They were happy for staff to contact them when needed.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We saw from the training records that most staff had received training on the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff who were not up to date with training in this area were trying to book training with the provider. When we spoke with staff they were knowledgeable about the implications of MCA and DoLS in the work they carried out. They showed a clear understanding of how it applied to people's rights and how any interventions made on behalf of people in their care needed to be the least restrictive.

Everyone had assessments regarding their capacity to make decisions and where DoLS applications were required, these were made. The service had made three applications to the local authority but these had not yet been processed for approval.

Through our observations of interactions between staff and the people they were caring for, it was obvious that staff knew people well. Where people were able to make choices these were offered to them. Although people could not always articulate their choices verbally staff understood their non-verbal communication. For example, on the second day of the inspection, one person did not want to get out of bed. Staff respected their choice, they carried out their personal care and gave them the food, fluids and medicines they required and left them in bed. They arose later in the day when they were ready.

Staff were able to provide us with detailed accounts of peoples' daily routines as well as their likes and dislikes. They were aware of risks to people and how these were minimised.

It was evident throughout the inspection that the staff respected the wishes of people using the service. For example, when staff visited people in their bedrooms they knocked on the door before entering their room.

Care records included information about any special arrangements for meal times and people's dietary needs. Where people had special dietary needs, there was evidence that the relevant professionals were involved in providing advice to staff on how to support people. Each of the three people had different dietary needs regarding the preparation of food. We saw how each person's needs were met. For example one person required pureed food. We saw each element of the meal being pureed prior to serving to them.

Where people were able they were encouraged to participate in the planning of meals. Documents were available to inform staff of people's likes and dislikes, including information about the texture of some food people didn't like. Relatives told us they believed people received nutritious food, one relative commented on how well their loved one looked. Another told us how staff had supported a person to lose a little weight, they told us staff had achieved this without the person being upset in any way. They felt this was an achievement. We saw people were supplied with regular food and drinks. There were concerns related to one person being under weight, after staff had followed the advice of the dietitian, the person's weight had increased.

People had access to health professionals including speech and language therapist, occupational therapists, physiotherapists, opticians, dentists and GP. Records were kept when people attended medical appointments. From the records we could see any advice given by medical professionals was followed by staff. Relatives told us staff responded quickly and appropriately to any health concerns people may have had.

Is the service caring?

Our findings

Comments from relatives about the service included "I am very happy with the service. I have dropped in when passing and the staff have made me feel very welcome. It is not a care home in the sense of people in uniforms and being regimented. It is a proper family home." "It is an excellent service." "It is fantastic. They (people) are extremely well looked after by lovely ladies who look after them so well. X [staff member] is fantastic, she has so much patience and she cares. You can't do this job if you don't care."

We observed positive interactions between staff and people. We listened to conversations between staff and people which were very relaxed and informal but at the same time confirmed the respect the staff had for people. People were treated with kindness by staff. We observed how staff supported a person when the person became extremely upset and agitated. Staff were familiar with this person's behaviour and knew how to manage and support the person. We observed one staff member gently approach the person and take their hand. Quiet verbal reassurance was given. The staff member sat with the person in silence for a while. They stroked the person's hand. Eventually the person became quiet and calm.

One relative described their observations of the care provided. They told us the best thing about the service was "The care and love that is shown to X [named person] I have watched how they (staff) feed her and I have watched her response. They (staff) are so kind and caring, it is great."

The staff we spoke with demonstrated a passion for the care they provided. One spoke about the support they had received from the other team members. They said "They are a nice bunch, they had been really supportive. From the word go they have helped me along, so I am very grateful for that." They told us "They (people) are a pleasure to work with. The standards here are very high and that benefits the people living here. I enjoy coming to work it is a lovely atmosphere."

One staff member was able to describe to us how they showed respect for the people they cared for. Comments included "Giving people their own space. Knocking on door before entering. Cover ladies when carrying out personal care. Show them respect by the way we speak to them. By offering choice and involving them. Saying hello when we come in and treating the house as their home."

We saw that people's privacy, dignity and independence were respected. We observed on numerous occasions that staff knocked on people's doors before entering. We heard how staff approached a person in their bedroom. Conversations were polite and meaningful. Consideration had been given to people's appearance; they had been supported to look clean and well presented.

Each person had a communication dictionary. The document informed staff on what non-verbal and verbal communication expressed by the person meant. For example, if a person was happy they would clap their hands. This enabled staff to interpret people's communication and assist with decision making and choices. We observed the information in the communication dictionaries was accurate. They enabled new staff to get to know people and understand their needs.

It was evident positive relationships had been built between the staff and people living at Drayton road. The atmosphere was relaxed and people's needs were responded to quickly. There was a light hearted approach and we saw smiles and laughter from people in response to staff interventions. We concluded the staff and the culture at Drayton road was caring, and people benefited from this.

Is the service responsive?

Our findings

The service was responsive to people's needs. Each person had a care plan and a structure to record and review information. The care plans detailed individual needs and how staff were to support people. Some care plan documents were still recorded on headed paper from the previous provider. We were assured by the registered manager and the locality manager that all information would be reviewed and transferred to the current provider's paperwork by the 1st July 2017. Information in the care plans had been reviewed although some information was no longer up to date. This was work in progress.

Any changes to people's care was discussed during handover, staff meetings or through the communication book. Changes were recorded in the person's care plan. This was to ensure staff were kept up to date with people's needs and appropriate care was provided. Care plans were reviewed regularly.

Reviews were to be arranged with families to discuss the care being provided. Each person's care had been reviewed by the local authority in the last year. One relative told us they would appreciate six monthly reviews. Another told us they had found the previous reviews interesting as they were able to discuss with staff "What they (staff) had achieved, and what they were hoping to achieve in the future" with their loved one.

Relatives told us people were happy living in the home and their needs were met. If any changes or concerns arose they were kept informed by staff. They felt listened to by staff and their views were taken seriously. In each person's care plan reference was made to "Communication with family". This highlighted the named individual, their contact details and their relationship with the person. It gave the reasons why staff would contact them. For example, a named parent if the person was unwell. This ensured the right information was shared with the right individual.

People were supported to participate in activities. These included shopping and trips to the theatre at Christmas. People were supported to meet up with old friends on a regular basis at sensory sessions at an adult learning centre. A musician visited the home to play music which people enjoyed. This activity was shared with another service, and people visited each other's homes on an alternate basis. People also got the opportunity to attend the local church each weekend. On the first day of our inspection one person spent the day out of the home with their relative. The other two people were supported to go out for lunch by staff. The service had its own transport to be able to transport people and their wheelchairs.

The service had a complaints policy and procedure. No complaints had been made since the new provider had taken over the running of the service. Relatives confirmed they had not made any complaints. They told us they visited the home regularly and if they had any issues they would discuss this with the staff or with the registered manager. Staff knew how to deal with complaints.

Is the service well-led?

Our findings

Relatives spoke positively about the care provided within the service and the attitude of the staff and registered manager.

A new registered manager had taken up their position in July 2016 at the time of the changeover of providers. They managed two services including Drayton Road. They shared their time between the two services. In their absence a support lead was in place. They shared the management responsibilities for some aspects of the running of the service.

Staff told us the registered manager was office based, but the door was always open, and they were accessible. One staff member raised the point with us that they did not always know the whereabouts of the registered manager when they were not present in the home. We spoke with the registered manager about how this could be improved. They told us and records confirmed they wrote on the staff rota where they would be based each day. They were going to give further thought as to how this could be improved for staff.

There was a contingency plan in place to ensure the service could continue to be provided in the event of an unexpected emergency. Consideration had been given to alternative accommodation if the home became inaccessible. This ensured as far as possible people would be kept safe and comfortable.

We observed staff working and communicating well together. One staff member told us "We work well together as a team." Another told us how they had been supported by the staff team since they joined the service. Staff appeared to be enjoying their work and spending time with the people in the service. This added to the positive atmosphere in the home.

We were aware the support lead was well informed as to the needs of the people living in the home and shared their knowledge and experience with less experienced staff. One staff member told us "[The lead support] was very able to do their job, if I have problems I can go to them. [The registered manager] has taken time out to help me. [The support lead] is very knowledgeable about the ladies and the priority is very much them (people.) They are both very good and very approachable."

Staff told us team meetings allowed them the opportunity to address issues. They felt this was the time the staff team could discuss things openly. They told us following the items discussed in the meeting the senior staff put actions into place where necessary. In this way staff were able to offer feedback and suggestions on how the service could be developed and improved.

The provider's values included "Our residents and service users come first. We treat people with respect, promoting independence and choice." Through discussions with staff it was clear they understood their roles and their responsibilities. Comments included "My role is to support the ladies in the way they want to be supported. If anything needs changing this is recorded in their care plan. I try to enable them to be more independent and involved more in the community." "My role is to support the ladies and give them the best

quality of life possible, to meet their needs and be accountable for our actions."

The registered manager and support lead carried out audits of the service to establish if improvements were required. Audits were completed weekly on people's finances and medicines. Other checks included fire safety, lone working, health and safety and care plans, amongst others. Peer audits were carried out by a manager from another service. Any actions arising from the audits were recorded with a date for completion. We saw some action had been taken, but the date for completion was after the inspection.

The provider planned to engage with people, their relatives and staff to obtain feedback on how the service was running and any suggested improvements. Staff were able to feedback to the registered manager in team meetings and supervision and appraisals. Relatives were able to feedback during visits to the home. One relative told us "[The registered manager] has been very generous with his time, I am grateful for that." Other comments included "I am happy with the way things are, and for the opportunity to discuss [named person's] care, feedback has always been through discussions." "The place seems well managed and well organised." Staff told us if it was appropriate they would be happy for a loved one of theirs to live at Drayton Road.