

Trident Reach The People Charity Hampton Road

Inspection report

20 Hampton Road
Erdington
Birmingham
West Midlands
B23 7JJ
Tel: 0121 226 5800
www.reachthecharity.org.uk

Date of inspection visit: 2 November 2015
Date of publication: 11/02/2016

Ratings

Overall rating for this service		Good	
Is the service safe?		Good	
Is the service effective?		Good	
Is the service caring?		Good	
Is the service responsive?		Good	
Is the service well-led?		Good	

Overall summary

This inspection took place on 2 November 2015 and was unannounced. This was the first time we have inspected the service.

Hampton Road is a residential home which provides support to people who have learning disabilities. It provides an enablement service to help people learn life skills such as managing their medication and personal care to enable them to live more independently in the community. The service is registered with the Commission to provide personal care for up to four

people and at the time of our inspection there were four people using the service. There was a registered manager at this location. 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 and associated Regulations about how the service is run.

Summary of findings

People were kept safe by staff who were confident to whistle blow if they felt someone was at risk of harm. People were able to express if they felt unsafe and staff constantly asked people if they required support and provided reassurance when necessary.

People had their needs and requests responded to promptly. All the people and staff we spoke with told us that there were enough staff to meet people's care needs. Several new members of staff were undergoing an induction process.

Medication was managed safely. People were supported to manage their own medicines when appropriate and could tell us how they took their medication safely. The registered manager conducted regular audits and we saw that any errors had been dealt with appropriately.

People were supported by staff who had received regular training and supervisions to maintain their skills and knowledge. Staff could explain the actions they would take if people suddenly became unwell. This meant that people received the care they required to keep them well.

People's rights to receive care in line with their wishes were upheld as they were supported in line with the principles of the Mental Capacity Act 2005 (MCA). When people were thought to lack mental capacity the provider had taken the appropriate action to ensure their care did not restrict their movement and rights.

People who used the service told us they enjoyed the food they were supported to prepare. There was a wide choice of food available and people could choose what they wanted to eat. Meal times were promoted as social events with people who used the service and staff sitting down together.

People had developed caring relationships with the staff who supported them and staff were keen to undertake tasks they knew made people happy. People were supported by staff to take part in tasks around the home to promote their independence and keep their environment how they wanted.

People felt that concerns would be sorted out quickly without the need to resort to the formal complaints process. Records showed that any issues were dealt with appropriately and to their satisfaction.

The service encouraged people to comment on how the service operated and to be involved in directing how their care was provided and developed.

The registered manager had obtained and shared examples of good practice from within the organisation. They also attended regular meetings in order to share and learn from the experience of their peers from other homes. This helped to ensure the service continued to develop.

The service had a clear leadership structure which staff understood. Staff told us and records showed that they had annual appraisals and regular supervisions to identify how they could best improve the care people received.

There were processes for monitoring and improving the quality of the care people received. The provider conducted regular audits and we saw that action plans had been put in place when it was identified improvements were needed.

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. People were kept safe by enough staff to meet their specific needs.

Staff knew how to protect people from the risk of abuse.

People were safe from the risks associated with medication. When people managed their own medication they had been assessed as competent to do so safely.

Good



Is the service effective?

The service was effective. People could exercise their right to choose how they wanted to be supported because staff were clear about the requirements of the Mental Capacity Act 2005 (MCA).

People received care which met their needs because they were supported by staff who had the appropriate skills and knowledge.

Meal times were inclusive events which supported people to eat and drink enough to keep them well.

Good



Is the service caring?

The service was caring. People were supported by staff who had taken time to learn their life histories so they could help them pursue their interests.

There were many displays of affection and friendship between the staff and the people who lived at the service.

Good



Is the service responsive?

The service was responsive. People views were taken into account when planning their care and social events.

People were encouraged to raise any concerns about the service. The provider responded to when people expressed their opinions about the service.

Good



Is the service well-led?

The service was well-led. People were supported by staff who shared common values and a vision to improve the service people received.

There was a registered manager in place who was aware of their regulatory responsibilities and of their responsibilities under the HSCA.

Good



Hampton 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 2 November 2015 and was unannounced. The inspection team consisted of one 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 service.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks for key information about what the service does well and improvements they plan to make. We took this into account when we made the judgements in this report. We

also checked if the provider had sent us any notifications since our last visit. These are reports of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We spoke to a health professional who supported people who used the service. We used this information to plan what areas we were going to focus on during our inspection.

During our inspection we spoke with four people who used the service. We observed how staff supported people and if this was in line with their wishes. We also spoke to the registered manager and five members of staff. We looked at records including three people's care records and staff training. We looked at the provider's records for monitoring the quality of the service and how they responded to issues raised. 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.

Is the service safe?

Our findings

All of the people we spoke with told us they felt safe. A person who used the service told us, “I feel safe,” and another person said, “Yes, I’m safe.” Throughout our visit we observed that people were confident to approach the registered manager and staff. Staff regularly interacted with people and provided reassurance when necessary and there was also a range of communication aids available to help people express themselves. This gave people the opportunity to say if they felt unsafe.

People were kept safe from the risk of harm by staff who could recognise the signs of abuse. Staff we spoke with could explain the process they would take if they felt a person was at risk of abuse. A member of staff told us, “I feel staff would whistle blow if they needed to.” When necessary the registered manager had notified the local safeguarding authority when people were felt to be at risk of harm. They were also aware when a person had a court of protection order to protect them from known risks. We saw that processes were in place to support people in line with these orders. People we spoke with gave us several examples of how staff supported their rights and freedom. They told us that they could choose what to eat, what they wanted to do each day and when they wanted to get up and go to bed. Throughout the day we saw that staff supported people in line with these wishes.

The provider had conducted assessments to identify if people were at risk of harm and how this could be reduced. Staff we spoke with and our observations confirmed that care records contained information which enabled them to manage the risks associated with people’s specific conditions. The records for a person whose behaviour could put them at risk of harm or harming others, had been updated as their condition changed. Their behaviour was monitored so staff could quickly identify if the person was becoming unwell and take the appropriate action to keep them safe.

All the people who used the service and staff we spoke with told us that they felt there were enough staff to meet people’s care needs. People told us they were always supported when they wanted and during our visit we observed that people received support when requested. This included help with personal care and impromptu visits out to the local shops and park. The registered manager and staff told us that there had been some vacancies at the service earlier in the year and we saw that these had been recruited to recently. Staff told us that they covered vacancies by working additional shifts and several members of staff told us they welcomed the opportunity to work more hours. A member of staff suggested that more staff would be an advantage to support people to go out in the evenings.

Medication was managed safely. A member of staff we spoke with was able to explain the provider’s protocols for the administration and reporting of medication errors. The registered manager conducted monthly medication audits to identify any errors and took action to prevent them from reoccurring. Medicines were stored correctly to ensure they were safe and maintained their effectiveness. The quantity of medication was counted each day to identify if people had taken their medication as prescribed. People’s care records contained details of the medicines they were prescribed and any side effects. Where people were prescribed medicines to be taken on an “as required” basis there were details in their files about when they should be used.

People were supported to take their medications safely. One person told us, “I have the big tablet with yoghurt; I have the small tablet without yoghurt.” As part of the enablement service, the provider had supported a person who used the service to manage their own medication. Staff conducted regular reviews and assessments to ensure the person was managing their medication effectively and during our visit we observed staff meet with the person to review their medication. The person was confident and able to explain to us and staff about how they ensured they took their medication safely.

Is the service effective?

Our findings

People were supported to maintain their health and welfare. People told us they were pleased with how they were supported and several members of staff told us that they had witnessed people developing new skills and their conditions become more stable. The registered manager told us that it was the aim of the service to, “Help people move on and be independent.”

Staff told us and records confirmed that they received regular training and supervisions with senior staff to maintain their skills and knowledge. All the staff we spoke with said their training had made them confident to support the people who used the service.

Two members of staff who had recently started to work at the service told us they underwent a robust induction process which included a mix of formal and practical training sessions. They were required to shadow experienced staff in order to learn how to support people’s specific care needs. We saw that members of staff had undergone additional training when necessary so they could continue to support people as their care needs changed. Several members of staff said they had recently attended training on supporting people whose behaviour might challenge others. A member of staff explained how they would support a specific person if they became agitated. They told us, “I will take her out to get some space. I speak to her calmly and her mood will change.”

Records also showed that staff discussed, and were made aware of, people’s latest support needs at daily handovers and regular staff meetings. We observed a member of staff updating a person’s daily notes and they told us it was, “Completed every 2-3 hours.” Care records were up to date and contained detailed guidance for staff about how to keep people safe from specific risks associated with their conditions. A member of staff told us they regularly had time to sit and review people’s care plans. We spoke to a health professional who supported people who used the service and both said they felt that staff supported people in line with their instructions and care plans. They described one person as, “Improving more than I’d ever imagined,” and another person, “Has come on leaps and bounds.”

People told us that staff regularly sought their consent before providing personal care. During our visit we

observed staff regularly asking people if they were happy and how they wanted to be supported. We noted that people were supported in line with their wishes. The registered manager and staff we spoke with were knowledgeable about the principles of the Mental Capacity Act 2005 (MCA). When a person who used the service was thought to lack mental capacity the provider had a process to assess how care could be provided in line with their wishes and best interest. We saw that people had been supported by relatives and friends to express their views. When it was identified that a person lacked mental capacity, the provider had approached the appropriate authority for approval to support them in a specific way and identify if less restrictive alternatives were available. The local safeguarding authority had approved the provider’s proposals. Decisions about the care people received were made by the people who had the legal right to do so.

A person who used the service told us they had food they enjoyed. They said, “I have a choice over what I eat, I had cheese on toast with chilli sauce for breakfast.” They also told us, “I don’t know what I’m having for lunch but I’ll choose. Everybody chooses.” We saw another person choose to cook boiled eggs for their breakfast. There was a wide range of food available including fresh fruit and vegetables. This choice reflected people’s religious and cultural preferences and care records contained details for staff about people’s meal preferences. A person told us how they were supported by staff to make a specific flatbread associated with their cultural heritage. This supported people to eat and drink the foods of their choice.

People were encouraged to make their own meals and drinks in order to promote their independence however we saw staff regularly offer people drinks and snacks. We saw that mealtimes were a social occasion with both the people who used the service and staff all sitting around a table together to eat. During our visit the lunch meal time was lively and inclusive. There were communication aids available to help people decide what they wanted to eat and healthy eating guidance so people could make informed choices. This supported people to eat and drink enough to keep them well.

Records showed that people had regular access to healthcare services when people became unwell or it was felt their condition was deteriorating. A member of staff

Is the service effective?

told us, “I took [Person’s name] to the dentist who talked about how to clean their teeth properly.” They also told us, “If residents are unwell, we phone the GP or the healthcare centre is five minutes away. They are quite good.” we saw that when possible people were supported to continue to attend the same health care professionals they did before

starting to use the service. We saw evidence that meetings had been arranged with other health care professionals to review people’s care plans and identify any changes in people’s’ conditions. Details from doctors’ appointments were shared at staff handover and how staff were to follow any advice and guidance given.

Is the service caring?

Our findings

All the people we spoke with said they enjoyed living at the service. A person who used the service told us, “Staff are kind. There’s a good feeling here,” and, “I have friends here and the staff are my friends. I talk to the other residents, they are good to me and I am good to them.” Another person said, “If I am unhappy I speak to my friend, [Staff’s name].” Some people said that when they were occasionally unhappy this was due to them missing their families.

We observed people had developed caring relationships with the staff who supported them. Staff constantly interacted with people and were considerate and respectful of their wishes and feelings. Staff we spoke to were knowledgeable and took an interest in people’s lives and wishes. Staff actively encouraged people to maintain contact with the people they knew were important to them.

The registered manager told us that people were supported to attend social events in order to meet and form friendships with other people. Several staff spoke proudly about how they had supported a person who used the service to develop a personal relationship with a person they had met at a social event. Staff had been involved with helping the person to develop their relationship and provide the appropriate advice and guidance when necessary. The registered manager told us, “She deserves to be happy.” Staff regarded promoting people’s happiness as an important part of the service.

People were paired with members of staff who shared similar cultural backgrounds and interests. We observed a person who used the service and a member of staff discuss their common interest in baking. The member of staff spoke fondly about the person and said they enjoyed helping them. This was because the person had told them it was a pleasant reminder of when they used to cook with their mother.

The provider had a process in place to support people to be involved in developing their care plans and expressing how they wanted their care to be delivered. We saw that there were regular review meetings with people who used the service. When necessary people were supported with communication aids and people who were important to them to help express their views. The provider sought out and respected people’s views about the care they received.

People were supported by staff to take part in tasks around the home and look after their general welfare. These included cleaning, cooking and laundry. One person we spoke to said they enjoyed supporting the staff to keep the home clean. Meal times were social events and people were supported to help prepare meals and interact with other diners. This promoted people’s goal of living independently.

People told us staff respected their privacy. One person said, “I don’t have any help with my personal care. That’s how I like it.” We observed that staff would seek people’s permission before entering their bedrooms and staff respected a person’s request to be left alone. People were able to lock their bedroom doors when they did not want to be disturbed.

We saw there were several notices and instructions for people who used the service and staff on walls all over the premises and there was a list of “rules” for visitors in reception. We discussed this with the registered manager and they said this had been recognised and was developing less intrusive ways of sharing this information. Residents were also required to sign a register when they entered and left the home. We also observed some loud maintenance work being undertaken early in the morning while two people were still in bed. The registered manager told us that maintenance work was arranged by the provider and they could not always plan the time the work would be undertaken. These practices did not help to promote a homely feel.

Is the service responsive?

Our findings

People told us that staff knew how they wanted to be supported and that staff respected their wishes.

The provider supported people to engage in interests they knew were important to them. One person told us, "I like to go out. I like swimming and shopping." The person showed us items they had recently bought and we noted these were associated with a film the person said they enjoyed. Staff we spoke with could explain people's interests and what they liked to do. We noted this information was also available in people's care records as guidance for new staff.

During our visit we observed people were continually supported to engage in the activities they said they wanted to do such as making their lunch and shopping. When a person who had asked to go out changed their mind we saw staff respected this. A member of staff told them, "If you change your mind, let me know. I am here for you." We observed later that when the person asked to go out they were supported to do so.

People told us and records confirmed that they were involved in reviewing their care plans. When necessary people received help to express their views from the people who they said were important to them such as relatives and social workers. People told us and records confirmed that the registered manager sought people's opinions of the service at regular meetings. We saw that they had taken action when people had made suggestions about new things they would like to do. This included visiting the

cinema and a shopping centre. Care records were updated to reflect people's views when they changed. This supported staff to provide care in line with people's latest wishes.

The provider had a process to include people who used the service to in the recruitment of new staff. This would help the provider to employ members of staff people said they liked.

Staff we spoke with were able to demonstrate they knew people's life histories and what support they needed to promote their cultural and religious beliefs. Staff supported people to maintain relationships with the people they said were important to them. This included visiting relatives at home and going on family holidays.

People we spoke with were aware of the provider's complaints process. All the people we spoke with felt they could talk openly with staff and their concerns would be addressed appropriately. We observed that people were confident to approach and speak with the staff who were supporting them. People regularly joined us and the registered manager to chat about the service and their experiences. There were details of the provider's complaints policy around the home and this was available in a variety of formats to meet people's specific communication needs. There was a process in place to submit any complaints or incidences to the provider's head office for review in order to identify any adverse trends and the actions required to reduce the risk of them happening again.

Is the service well-led?

Our findings

All the people we spoke with were happy to be supported by the service and were pleased with how it was managed. People told us they were encouraged to express their views about the service and felt people were involved in directing how their care was provided and developed. Staff felt involved and expressed their confidence in the leadership at the service. A member of staff referred to the registered manager as a, “Mother figure” and, “Very caring.” A new member of staff said they had felt very supported by the registered manager and senior staff since starting to work at the service.

The service had a registered manager who understood their responsibilities. This included informing the Care Quality Commission of specific events the provider is required, by law, to notify us about and working with other agencies to keep people safe. The registered manager was also responsible for supporting another of the provider’s locations. They gave us some examples of how they had been able to obtain examples of good practice from the other location and from meetings with manager’s from the provider’s other services. These included holding joint training events to share information and experience about supporting people with similar conditions.

The service had a clear leadership structure which staff understood. Staff told us and we saw that they had annual appraisals and regular supervisions to identify how they could best improve the care people received. The provider operated a key worker system which meant that specific

staff were responsible for developing and leading on the quality of the care people received. Other staff could approach key workers for guidance and advice on how to meet people’s specific needs. Key workers we spoke with were knowledgeable about the people they supported and championed their rights to be treated appropriately and in line with current legislation.

Staff were aware of the provider’s philosophy and vision to promote people’s independence. The registered manager told us, “We will know when we’ve done our job right, because everyone would have left.” Staff gave us several examples of how they helped deliver the people’s enablement plans, such as supporting them to make informed decisions about their lifestyle choices and developing skills to help them live independently.

The provider had processes for monitoring and improving the quality of the care people received. We noted that when adverse events occurred the registered manager had identified the actions to prevent a similar incident from reoccurring. The provider conducted regular audits and we saw that action plans had been put in place when it was identified improvements such as decoration were needed. There were systems in place to review people’s care records and check they contained information necessary to meet people’s current conditions. We looked at the care records for three people and saw that they had been regularly reviewed. Therefore staff had access to information which enabled them to provide a quality of care which met people’s needs.