Hampshire County Council

Hindson House

Inspection report

Warwick Road
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Date of inspection visit:
26 February 2018

Date of publication:
09 May 2018

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

Hindson House is a residential care home which provides residential respite care for up to six adults with physical and/or learning disabilities. The care home comprised of one floor, was wheelchair accessible and was set in its own secure gardens.

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

At this inspection we found the service remained rated overall as Good.

At our last inspection in December 2015 we found that the provider did not provide full employment histories for all of their staff. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the provider had taken action to meet the requirements of the regulation. Full employment histories were provided for all staff.

People were kept safe from the risk of harm and abuse. Staff were appropriately trained and robust reporting systems were in place. Risks to people were assessed and monitored effectively.
Sufficient numbers of staff were deployed to meet people's needs. Medicines were stored, recorded and administered safely and risk assessments were in place to keep people safe and support their wellbeing.

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

Staff were trained to support people according to their needs, choices and preferences. Care plans and risk assessments were regularly reviewed and contained personalised information to support people's needs. Staff worked in partnership with health and social care professionals to promote people's health and wellbeing.

Staff had developed respectful, caring relationships with people and involved them in making decisions about their care.

Care and support was planned so that it met people's needs and reflect their choices, capabilities and preferences. There was a complaints policy in place and a range of communication methods were used to support people to express concerns.

The registered manager promoted a person centred, caring culture which was shared by staff. Robust systems were in place for monitoring quality within the service. Feedback gathered was used to drive improvements in the service and meet people's requests. There was a calm and positive atmosphere within

the home and it was obvious that people enjoyed being there.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service has improved to Good.	Good
Is the service effective? The service remains Good.	Good
Is the service caring? The service remains Good.	Good
Is the service responsive? The service remains Good.	Good
Is the service well-led? The service remains Good.	Good

Hindson House

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.

The inspection took place on 26 February 2018 and was unannounced. This was a comprehensive inspection.

The inspection team included one Inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience's area of expertise was care of people with a learning disability.

We reviewed key information before the inspection. We asked the provider to complete a Provider Information Return (PIR). This is a document which provides information about the service such as what they do well and what improvements they plan to make. We also reviewed any notifications sent to us. By law, a provider must inform CQC of any significant events by sending a notification.

We observed three people having care and support in Hindson House. We also spoke with the registered manager, regional manager, three members of staff and three people who received care and support. We reviewed records relating to people's care including care plans and medicines administration records. We also reviewed staff training records, three staff recruitment files, quality assurance audits, records of accidents and incidents and the provider's policies and procedures on whistleblowing, lone working and managing sickness. After the inspection we spoke with three members of staff and reviewed additional records sent to us by the provider. This included the complaints procedure, statement of purpose, nutritional support tools and the service improvement plan.

Good

Is the service safe?

Our findings

At our last inspection in December 2015 we found that the provider did not have an effective recruitment procedure in place to ensure that care staff provided full employment histories before being employed to deliver care. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the provider to take action to make improvements to their recruitment procedures by providing full employment histories for all staff. At this inspection we found that the provider had made improvements therefore there was no longer a breach of regulation in this area.

There were appropriate recruitment checks in place to ensure that only staff who were suitable to work with people in a care setting were employed. Staff files contained full employment histories, evidence of two previous employer references, full education histories, evidence of right to work in the UK and checks with the Disclosure and Barring Service (DBS). A DBS check helps employers make safer recruitment decisions by identifying applicants who may be unsuitable to work with people made vulnerable by their circumstances.

The provider had robust systems and processes in place to safeguard people from the risk of abuse and support them to stay safe. The registered manager told us that staff received safeguarding training during their induction which included detailed safeguarding awareness training. Policies on safeguarding and whistleblowing were available on the provider's electronic system and staff reported that they accessed these. The provider told us safeguarding scenarios were also discussed in monthly staff meetings.

Staff we spoke with were aware of safeguarding procedures and knew how to use the provider's safeguarding and whistleblowing policies to escalate concerns. Staff were able to identify different types of abuse and actions to take in order to protect people. Staff were aware of the need to document concerns and follow them up with the registered manager. One staff member said, "I would speak to [registered manager], record and report everything, raise it with the care management and safeguarding team."

People's care plans contained detailed risk assessments which provided staff with appropriate guidance to support people to remain safe and promote their independence. We also saw that risk assessments were documented using a traffic light risk rating system so that staff could help manage risks for people according to the level of risk. This enabled staff to manage risks safely for people whilst encouraging people to maintain their independence. If people required equipment to help them move, this was documented in their risk assessments. There was evidence that regular safety checks were performed on equipment.

There were suitable numbers of staff to meet people's needs and help them to stay safe. The registered manager told us they used a dependency tool to identify the number of hours of care needed by people using the service. Staffing levels were planned responsively each day according to people's needs. When agency staff were deployed the registered manager ensured that the same staff were used to ensure continuity for people. One staff member told us, "We do have that continuity, the same familiar faces."

We observed that safe procedures were in place for the recording, storage and disposal of medicines. People's Medicines Administration Records (MARs) were accurate and included details of people's allergies. If people needed topical creams or ointments this was recorded on a body map and on their MAR which also contained instructions about where and when to apply these. Medicines were given by competent, trained staff. Staff competencies were checked regularly. One staff member told us. "We have to have a competency update annually."

Staff told us that they were able to seek advice from a local pharmacist for support with medicines. Staff were aware of the correct procedures for giving medicines safely. They ensured that they involved the person when they gave them medicines. We observed one staff member asking a person if they were in pain and whether they would like one or two pain relieving tablets. Medicines were administered in a hygienic way by staff who wore the appropriate protective clothing. People were supported to take medicines at their own pace and in a private space.

Staff wore the appropriate personal protective equipment (PPE) and followed the provider's infection control policy when supporting people with personal care. Staff were able to identify potential causes of infection and used appropriate preventative hygiene practices such as effective hand washing technique. All areas of the home were clean. Waste disposals were kept clean and clinical waste bins were available throughout the home.

The provider monitored accidents and incidents and reflected on them as a means of improving safety for people. Accidents and incidents were reported on using the provider's incident reporting system. During team meetings staff reflected on incidents to promote shared learning. The registered manager told us, "We try to promote a no blame culture…so people are comfortable talking about when things haven't gone right." This helped staff to identify areas for improvement and to put plans in place to prevent future incidents.

Good

Is the service effective?

Our findings

People's needs and choices were thoroughly assessed and documented in their care plans. Records showed that these were reviewed regularly and updated. The provider used 'All About Me' booklets to record people's preferences, interests, important relationships and care needs. There was evidence that this had been done in partnership with people and their families. Before people attended the home for respite, a 'pre stay call' was completed by a staff member. This helped staff identify any changes in people's needs and update their care plans accordingly.

The provider gave staff a comprehensive eight day induction programme with annual updates. Staff training needs were identified in regular supervisions and appraisals. Staff competencies were checked regularly. Staff told us they had sufficient training to be able to meet people's needs and felt comfortable requesting additional training when appropriate.

People told us that they enjoyed the food on offer. One person said, "The food is good. We get a choice." People were supported to maintain a healthy diet and to express their preferences for meal choices. There was a varied menu available including healthy snacks. People were encouraged to make healthy choices whilst their preferences were respected. Staff worked with families to record dietary intake for those people at risk of being overweight.

Staff we spoke with told us they worked with professionals such as learning disability nurses, occupational therapists and education workers to deliver effective care and meet people's needs. This was documented in people's care plans. Staff told us they made referrals to a behavioural support specialist to devise positive behavioural management plans for people. This was confirmed in records we reviewed.

The home was light and spacious with several communal areas for people to relax in. Corridors and doorways were wide enough to allow wheelchair access. There were several large wet rooms in the home with ample space for wheelchairs. There was a large communal garden which staff told us was enjoyed by people in the summer.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLs).The registered manager had applied for authorisations under the safeguards for people where necessary. People's care plans contained records of capacity assessments and best interest meetings. Staff we spoke with had been trained in the Mental Capacity Act 2005 and were competent to apply its principles.

Good

Is the service caring?

Our findings

People received care from friendly, approachable staff who knew them well. One person told us, "Staff are good, they're special. They help out." Another person said, "Staff are just good. They always listen and are patient". Staff had developed positive, caring relationships with the people they supported. We observed staff treating people in a kind and respectful way and responding to people's emotional needs. Staff had worked to develop trusting relationships with the people they cared for. One staff member told us, "You make yourself approachable, they see you as a friend and they're happy to see you when they come in, so they trust you. It's the little things you do that matter".

The provider had implemented a keyworker system to ensure that people received support from a staff member who knew them well. Keyworkers developed relationships with people and their families and supported people to be involved in decisions about their care. Staff used a range of methods such as picture aids and regular meetings to support people with learning disabilities or sensory impairments to express themselves and make choices about their care. One staff member told us, "We use pictures, charts, we've got the staff [photo] board, the menu board. Some of them have their own communication books." Meetings were conducted in formats that people could understand and written information was provided in easy read formats.

During the inspection we observed staff treating people with dignity and respect at all times. Staff understood the importance of maintaining people's confidentiality and had a clear understanding of how to apply the principles of privacy and dignity when supporting people. One staff member said, "It's about really being mindful – you wouldn't speak about any of them in front of anybody else." Another staff member told us, "When I'm carrying out personal care, their dignity is concealed, doors are shut and blinds are shut." People gave us examples of how staff respected their privacy. One person said, "Staff knock at the door before they come in." We also observed staff promoting people's independence and choice in all of their interactions.

Good

Is the service responsive?

Our findings

People who used the service told us they received care which was responsive to their needs. One person told us, "I can choose how to spend the day. I can just ask when I want to go on the bus. I'm not lonely here because of the staff around." Relatives we spoke with described how their loved ones were able to participate in activities which interested them. One relative told us, "Our [loved one] likes it in the sensory room. He listens to music. Staff take him on walks, for a pub lunch."

People were encouraged to give feedback on their experiences during and at the end of their respite stay. Picture cards with smiley or sad faces were distributed around the home so that people who were not able to communicate verbally were able let staff know if they had positive or negative feedback. Feedback forms were written in easy read formats to support people with a learning disability to express themselves. Staff used feedback from people to identify concerns and adapt care so that it met people's needs. Staff gave us examples of how they had supported people to express their views in a sensitive manner. One staff member told us, "[They] got a little bit down – it's about supporting [them] when [they're] a little bit down so that [they] know [they] can knock on the office door." The registered manager maintained an 'open door policy'. Staff confirmed that people were encouraged to express any concerns they had.

We saw records which showed the provider had a complaints policy in place. There was evidence that people's complaints were recorded and investigated. The provider showed us evidence of Regular meetings and told us that informal daily discussions were held with people to identify improvements needed.

The service did not provide care or support for anyone who was nearing the end of their life.

Good

Is the service well-led?

Our findings

There was a registered manager in post. 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 registered manager had a clear vision about how to provide high quality, person centred care and support which promoted people's choice and independence. Staff we spoke with told us that they understood and shared this vision. Peoples' relatives commented on the positive culture of the home and the approachability of staff. One person said, "We meet the manager, she's great, she's helpful. We work with her on solutions for his complex needs, staff are very approachable."

The registered manager effectively used electronic systems for monitoring quality within the service. Action plans and audits contained evidence that improvements had been identified and actioned within specific timescales. The registered manager was supported by the quality assurance team who completed regular visits to the home. Staff had a clear understanding of their roles and responsibilities and were comfortable approaching the registered manager with any queries. Staff performance was monitored through regular supervisions and appraisals and staff were supported to reflect on areas of practice to develop.

The registered manager used a number of methods to continually involve people, their relatives and the public in the service. The registered manager told us about methods used for gathering feedback from people and their relatives. They said, "Working pro-actively with families, we introduced post-stay calls, actively seeking feedback and dealing with [issues], it has worked really well." Staff made pre and post-stay calls to people and their families to identify any changes required in care support, and to assess if any improvements could be made to people's care. Relatives were sent a regular newsletter with updates and were invited to attend social events at the home such as coffee mornings. The registered manager had recruited a volunteer to provide extra support for people.

There were robust systems in place to ensure that the service continually learned and improved. Feedback gathered from people at service user meetings was used to make improvements in the service. As a result of the latest meeting additional meal choices were added to the home's menu as people had requested this. This was recorded in the meeting minutes.

Records we reviewed showed the service worked in partnership with a number of health and social care professionals to ensure that people's needs were met. These included learning disability nurses, occupational therapists, speech and language therapists and district nurses. This was confirmed by staff.