

South Yorkshire Housing Association Limited

Howbeck Close

Inspection report

1-2 Howbeck Close
Edlington
Doncaster
South Yorkshire
DN12 1RE

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Ratings

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

Summary of findings

Overall summary

The inspection took place on 9 June 2016 and was unannounced. The home was previously inspected in October 2013 and the service was meeting the regulations we looked at.

Howbeck Close is a 14 bedded care home providing care and support for people with a learning disability and complex needs. It consists of two bungalows within their own grounds. It is in the village of Edlington near Doncaster.

The service had a registered manager in post at the time of our inspection. 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.

We spoke with support workers who knew how to protect people from abuse. Staff told us they had received training in this subject, which had given them information on the types of abuse and how to recognise and report situation.

We looked at records and found medicines were managed in a safe and appropriate manner. Medicines were stored correctly and administered to people in line with their individual care plans.

We looked at records belonging to people who used the service and found that risks associated with their care had been identified.

We saw that there was enough staff around to ensure people's needs were met. Staff worked well as a team and were able to respond to people's needs.

The provider had a safe recruitment system in place to help them employ new staff. This included pre-employment checks being carried out prior to the new member of staff commenced their employment at the service.

We looked at records in relation to staff training and found staff attended sessions to support their learning and refresh current skills. Staff we spoke with felt supported by their managers and received regular supervision sessions.

People were supported to eat and drink sufficient amount to ensure they received a healthy balanced diet. People were assisted with an appropriate diet to suit their needs. Snacks and drinks were also available throughout the day.

We found the service was meeting the requirements of the Mental Capacity Act 2005. Assessments of mental capacity were completed in relation to people's care and support. These included personal care, health

care, community contacts and social life.

People had access to health care professionals when required. We looked at records belonging to people who used the service and found evidence that professionals such as speech and language therapist, physiotherapist and dietician had been involved.

Throughout our inspection we observed staff interacting with people who used the service. We found staff were kind, caring and considerate. They worked hard to ensure people's likes and dislikes were respected.

People's needs were assessed and care and treatment was planned and delivered appropriately. We looked at support plans belonging to people and found they accurately reflected people's needs.

A range of social activities and stimulation was provided for people and we saw people lived full and active lives.

The service had a complaints procedure. The registered manager told us they had not received any complaints but operated an open door policy. This meant people and their relatives could approach staff to discuss issues as they arose.

There was evidence of good leadership at all levels. Staff knew their roles and responsibilities well and looked to senior staff for advice and guidance when required.

We saw audits were completed to ensure the quality of the service was good. Audits had action plans to ensure any issues were identified and resolved.

There was evidence that people who used the service had a voice and were given the opportunity to contribute ideas to the service.

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.

Staff we spoke with understood the procedure to follow if they suspected abuse.

We found medicines were managed in a safe way and people received their medicines as prescribed.

We looked at records belonging to people who used the service and found that risks had been identified and managed in a safe way.

We saw that there was enough staff around to ensure people's needs were met.

We saw that a safe recruitment system was in place.

Is the service effective?

Good ●

The service was effective.

We found staff received training which was relevant to their job roles. Staff felt supported and could speak with their manager openly.

People received sufficient food and drink to maintain a healthy balanced diet.

We found the service was meeting the requirements of the Mental Capacity Act 2005.

People had access to healthcare professionals when required.

Is the service caring?

Good ●

The service was caring.

We observed staff and found they interacted well with people who used the service.

Staff knew people well and were able to support people in line

with their choice and preferences.

Staff we spoke with explained how they respected people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People had support plans in place which reflected their needs.

Activities and social events were planned and enjoyed by people and their relatives.

The service had a complaints procedure and staff knew how to handle and deal with concerns.

Is the service well-led?

Good ●

The service was well led.

There was evidence of good leadership at all levels.

We saw audits were completed to ensure the quality of the service was good.

There was evidence that people who used the service had a voice and were given the opportunity to contribute ideas to the service.

Howbeck Close

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.

The inspection took place on the 9 June 2016 and was unannounced. The inspection was completed by one adult social care inspector.

Prior to the inspection visit we gathered information from a number of sources. We also looked at the information received about the service from notifications sent to the Care Quality Commission by the manager. We also looked at the information sent to us by the manager on the 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 plan to make. We also spoke with the local authority and other professionals supporting people at the service, to gain further information about the service.

We spoke with four relatives of people who used the service and spent time observing staff interacting with people.

We spoke with four support workers, a staff nurse, and the registered manager. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at three people's care and support records, including the plans of their care. We saw the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Is the service safe?

Our findings

We spoke with relatives of people who used the service and they all told us they felt their relative was safe living at the home. One relative said, "We have peace of mind knowing [our relative] is in safe hands." Another relative said, "The home is one hundred percent safe, and I have a good feel about the home."

We spoke with support workers who knew how to protect people from abuse. Staff told us they had received training in this subject, which had given them information on the types of abuse and how to recognise and report situations. They told us they would report anything of this nature immediately and were confident it would be dealt with. One support worker said, "I would report abuse straight away. If I felt no action had been taken I would take it further."

We checked to see if medicines were managed in a safe way. We found medication records included a Medication Administration Record (MAR), a photo of the person receiving the medicines, and where required a care plan indicating how the person required support. Records we saw were up to date and accurately completed.

We spoke with the staff nurse who was able to explain the process for ordering and receiving medicines. We saw this was done in a safe way, which ensured people had access to their prescribed medicines.

People who required medicines on an 'as and when' basis were administered them in line with their care plan and this was recorded on the reverse of the MAR sheet. This also indicated the time the medicine was given and what it was for and the outcome.

We saw that medicines were stored safely. Each bungalow had a small medication room which housed the medicines, the medication fridge and the CD cabinet. Temperatures were taken of the room and the fridge and recorded daily.

We looked at records belonging to people who used the service and found that risks associated with their care had been identified. Risk assessments we saw were in relation to moving and handling, choking, and bathing. We saw the hazard had been identified as well as the element of risk. We spoke with staff who were aware of the risks presented and how to minimise them from occurring.

We observed staff interacting with people who used the service. We found there were enough staff available to meet people's needs in a safe and appropriate manner; in line with their individual support plans. On the day of our inspection we saw staff were available to support people to appointments in the community and to assist people to attend day care using the mini bus. There were also adequate staff available throughout the day at the home where some people spent the day. We saw staff took time to support people at a pace which suited the person and were unrushed.

We found the provider had a safe and effective system in place for employing new staff. Staff files were stored at a different office, known as the community homes office and were not available to view on site. We

contacted this department and asked them to send us information regarding pre-employment checks obtained prior to staff commencing employment. This was sent to us shortly after our inspection. We looked at information and found pre-employment checks were obtained prior to new staff commencing employment. These included two references, and a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable people. We spoke with staff who confirmed that pre-employment checks were obtained.

One relative said, "When a new member of staff starts working at the home, they work alongside one of the regular staff to get to know people."

Is the service effective?

Our findings

We spoke with relatives of people who used the service and they told us that they felt their relative's needs were fully met by staff. People told us they had been involved in initial care planning and had regular, informal reviews with staff. Relatives told us that they felt confidence that staff knew their relative well and that if they were concerned about their health they would quickly take action. One relative said, "The staff keep us well informed and I don't have to prise information out of them."

We looked at records in relation to staff training and found staff attended sessions to support their learning and refresh current skills. The registered manager showed us a training matrix which identified what training staff had attended and when courses were due to be refreshed. We found this was in line with the providers policies.

We spoke with staff about the training they received. They told us the quality of training was good and gave them the skills to do their job well. One member of staff said, "Most of the training we receive is face to face although we have done some eLearning. It is always specific to our roles and responsibilities."

We looked at staff records in relation to supervision sessions received. Supervision sessions were one to one meetings with their line manager. These sessions occurred frequently and staff confirmed this. Staff told us the sessions were supportive and gave direction and guidance to their role.

People were supported to eat and drink sufficient amount to ensure they received a healthy balanced diet. We saw snacks and drinks were provided throughout the day. We observed lunch and found staff made sure they assisted people at a pace suitable to them. Staff ensured people were happy with the meal offered and told us they would change the meal if it was not suitable.

Care plans we viewed contained information about people's dietary needs and what support they required with eating and drinking. For example, people had food and fluid charts in place to record what diet had been taken and ensure a well-balanced diet was provided. Staff we spoke with were knowledgeable about people's dietary requirements.

Relatives of people who used the service told us that meals were of a good quality and looked appetising. They told us staff worked hard to ensure their relatives food likes were incorporated in the menu planning.

The registered manager told us staff had received Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) training. 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We looked at records belonging to people who used the service and found they contained information about the person's capacity. Assessments of mental capacity were completed in relation to people's care and support. These included personal care, health care, community contacts and social life. We saw that best interest decisions had been made for people who lacked capacity. These included consideration for the person's preferences, choices and beliefs.

People had access to health care professionals when required. We looked at records belonging to people who used the service and found evidence that professionals such as speech and language therapist, physiotherapist and dietician had been involved. This was to ensure people received the appropriate care and that staff understood how to support the person.

We also saw that people were assisted to attend appointments in the community, for example a wheelchair assessment.

Is the service caring?

Our findings

Throughout the inspection we observed staff supporting people who used the service with consideration and respect. We spoke with relatives of people who used the service and they were happy with the care provided and told us staff were always kind and approachable.

One relative said, "It's like a five star hotel, there is absolutely nothing they could improve on. They [the staff] are brilliant with everyone." Another relative said, "It's a fantastic service and my relative is very happy, and that's the main thing. We are always welcomed when we visit. It's like home from home." Another relative said, "The care and dedication is excellent."

We completed a tour of the two bungalows with the registered manager and found that people's personal space was appropriate to their likes and dislikes and decorated in line with their individual tastes. For example, different themes, lighting and music were available so that people could relax and enjoy their own space.

Staff ensured that people were cared for in an appropriate manner and respected their individuality. We observed staff interacting with people and found they were kind, caring and friendly. Each person had a named nurse who was responsible for formalising the persons support plan. A group of staff worked alongside the nurse to support individuals. One of the staff in the group was known as a special interest worker. The special interest worker was responsible for ensuring the individual and personal requirements of people were met.

We spoke with staff who were able to explain how they maintained people's privacy and dignity. One support worker said, "It is important to remember that the person is at the centre of their care and to ensure support is given in line with what they want." Another support worker said, "When we do personal care tasks we make sure we close doors and curtains."

One relative we spoke with said, "They [my relative] is always dressed well and looks lovely. They like to wear jewellery and staff always help [my relative] to put this on. The staff look after people's clothes well."

We saw records belonging to people who used the service and found they identified people's likes and dislikes. For example, one person liked going to shows and concerts or out for a pub meal. One person disliked a certain food.

People had equipment in place which assessed them to be as independent as possible. One person had assistive technology and was able to operate their door, blinds, lights, television and music by using eye recognition.

Is the service responsive?

Our findings

We spoke with people's relatives and they told us the staff knew their relative well and were able to meet their needs in an individual way. Relatives felt involved in support plans. One relative said, "Staff always chat to me about [my relative's] care. They involve me well."

We looked at records belonging to people who used the service and found they contained information about people's medical and care needs. People's needs were assessed and care and treatment was provided in line with individual support plans. We observed staff supporting people and found they did this in accordance with the support plan. We saw plans were reviewed regularly to ensure they were current and still required.

Some support plans had pictures in them which made the information easy to read and understand and showed an accurate account of how to support the person.

People who used the service enjoyed an active social life and had various interests. During the daytime some people attended a day centre; others stayed at the service but went out in to the community on occasions supported by staff. The service held themed nights on a frequent basis. These were talked about with passion from staff as they explained how they really got involved with the theme. These included casino nights, Halloween, birthday party celebrations and games evenings. A DVD was made of the evening for people to enjoy afterwards. On the day of our inspection we saw people watching one of the DVD's and they were enjoying looking back and watching the event.

Relatives we spoke with told us they enjoyed getting involved with the theme nights. One relative said, "They [the staff] go above and beyond to make sure people enjoy the themed nights. They [the staff] put a lot of effort in to them."

The service had a complaints procedure in place which was displayed in the main reception area. This was also available in an easy to read format. We spoke with the registered manager about complaints and they told us they operated an open door policy so that people and their relatives can approach her at any time. The registered manager said, "This prevents things getting out of hand, and can be resolved easier."

The registered manager told us that they had not received any complaints. However they had a procedure in place to ensure complaints were handled appropriately.

Relatives we spoke with told us they had no concerns but felt at ease to chat to the registered manager and staff if they needed to. One relative said, "You can say exactly how you are feeling without any fear of retribution."

Is the service well-led?

Our findings

Relatives of people who used the service told us the service was well led. One relative said, "The manager runs a tight ship but a happy ship." Another relative said, "I admire [the manager] they sort everything out, they are just brilliant." Another person said, "The manager is very helpful and easy to chat to."

The registered manager was supported by four staff nurses, two of which were deputy managers. Staff we spoke with also spoke highly of the registered manager and the management team. One support worker said, "The manager is very approachable, always listens and is there for us all."

We observed the management team interacting with people who used the service, their relatives and the staff team. We found they did this professionally and with consideration for people. The registered manager was well known by people who used the service and took pride in the service, ensuring people were at the centre of their care and treatment.

We saw audits were in place to assist the management team in ensuring a quality service was being delivered. These included audits about care plans, supervision, finance, privacy and dignity.

A general audit was completed by the provider on a monthly basis. This focused on a topic area each month, for example, training, infection control, care plans, food and nutrition and activities. We saw all audits had action plans where issues raised could be addressed in a timely manner.

There was evidence that people were consulted about the service provided. A meeting was held on a monthly basis for people who used the service. This gave people the opportunity to discuss issues and have their say in how the service operated. Following the meetings a newsletter was distributed which gave information such as birthdays and recent and upcoming events.

We spoke with staff and found staff meetings took place regularly. Staff felt able to suggest ideas and voice their opinions about the service. We also observed a handover session, where information was passed to staff starting their duty. Information was passed over from the senior on the morning shift in a professional, clear and concise manner. Staff were able to check things out and ask questions to gain further clarity if needed.

There was evidence of good leadership at all levels. Staff knew their roles and responsibilities and when to pass something on to their senior.