

New Horizon Care Home Ltd

# Hanover Supported Living

## Inspection report

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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

Hanover supported living service provides support for up to four people living with mental health needs and mild learning disabilities. When we carried out this inspection, four people were using the service.

This inspection took place on 31 October and 3rd November 2016. We gave the provider 48 hours' notice because the location is a small supported living service and we needed to be sure that someone would be available to assist with the inspection.

People had tenancy agreements and rented their accommodation. The care and housing provider were two separate organisations. The support people received was dependant on their individual needs. The service was staffed 24 hours a day.

This was Hanover supported living service's first inspection at this location since registering in 2015.

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.

Feedback from people using the service, their relatives and professionals was positive. Staff were also complimentary about the support they received from the registered manager.

People's individual needs and risks had been identified so that staff were accurately informed about how to support people safely.

People using the service told us they felt safe and we saw there were systems and processes in place to protect people from the risk of harm.

People had access to the health care services they needed and were encouraged and supported to seek medical treatment where needed.

There were enough staff to meet people's care and support needs and the provider carried out checks on staff before they worked with people using the service.

The provider had systems in place to gather the views of people using the service and others.

The provider had a policy and procedures for people using the service and others about how to make a complaint.

People's individuality and diversity was taken into account. People were supported to access their local

community and take part in social and recreational activities of their choice. People were supported to build and maintain social relationships so they led fulfilling lives.

Arrangements were in place for the management of medicines and staff had been trained and assessed as competent in medicines administration.

Staff had access to the training and support they needed.

The Mental Capacity Act (2005) had been appropriately applied and the best interest decision making process followed to ensure decisions about people's care were made collectively by more than one person.

The provider had systems to monitor the quality of the service that people received and to make improvements.

## 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.

The risks associated with people's support were assessed and reviewed to ensure they were accurate and relevant to the person.

People using the service told us they felt safe. Staff were aware of the reporting procedures if they had any concerns.

The provider carried out checks to make sure staff were suitable to work with people using the service.

There were enough staff to meet people's needs.

Safe arrangements were in place for the management of medicines and staff had been trained and assessed as competent in medicines administration.

### Is the service effective?

Good ●

The service was effective.

Staff had the skills and knowledge they needed to support people using the service.

The management and staff had an understanding of the Mental Capacity Act 2005 and we saw no examples of people being deprived of their liberty unlawfully.

People were supported with food shopping and cooking. Staff encouraged people to eat a varied and balanced diet.

People had access to the health care services they needed.

### Is the service caring?

Good ●

The service was caring.

People using the service, relatives and professionals told us staff were kind and caring.

Staff told us they enjoyed working in the service and understood people's individual needs.

We saw staff interacted with people in a caring and friendly way and listened to people giving them the opportunity to make decisions about what they did each day.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People using the service were involved in the development of their care plan which recorded their needs and the level of support they required.

Staff understood people's likes and dislikes and supported people to access community places.

People and relatives felt able to raise concerns and complaints to the registered manager. There was a policy and procedure for people using the service and others about how to make a complaint.

### **Is the service well-led?**

**Good** ●

The service was well led.

The registered manager was experienced in supporting people with mental health needs. There were also visible and enthusiastic about providing a good quality of life for the people using the service.

There were clear arrangements for the day to day management of the service and there was a structure in place so that staff understood what was expected of them each day.

There were arrangements in place to monitor the quality of the service.

# Hanover Supported Living

## **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 31 October and 3rd November 2016. We gave the provider 48 hours' notice because the location is a supported living service and we needed to be sure that someone would be available to assist with the inspection.

Before the inspection we reviewed the information we held about the provider and the service. This included statutory notifications the provider sent us about incidents affecting people who used the service.

During the inspection we spoke with three people using the service, two relatives, the provider (who is the registered manager), the director, team leader and two support workers. We also looked at care records, including the care plan for two people using the service, two staff recruitment records, training records and audits carried out to monitor quality in the service and make improvements.

Following the inspection we received feedback from three professionals and one relative to gain their views on the service.

# Is the service safe?

## Our findings

We asked people who used the service if they felt safe. They all confirmed they did. Comments included, "Everything is ok," "I feel safe, the staff look after me," "I would not let anyone take advantage of me" and "If I have any worries I would go to my keyworker or the manager." Relatives also told us that they felt their family members were safely being supported.

The provider had systems in place to identify the possibility of and protect people using the service from abuse. Staff told us if they had any safeguarding concerns they would report this to the registered manager. They were also aware that they could report concerns to the local authority. Staff training records showed staff had completed safeguarding adults training so they had the knowledge they needed to support people safely.

A copy of the safeguarding policy and procedures was available for staff and had the contact details of the local authority. The registered manager also confirmed that they had a copy of the revised London safeguarding adult's guidance, which was guidance agreed by all of the London local authorities.

The provider informed the local authority and the Care Quality Commission (CQC) of possible safeguarding concerns. We viewed the records for recording safeguarding concerns. There had been one since the service registered. This had been reported appropriately, investigated and closed. A professional also confirmed that the registered manager had been "quick to raise an adult safeguarding alert" when they had concerns about a person using the service.

Staff recorded accidents and incidents. The records included details of what and how the accident or incident happened and the actions staff took immediately afterwards. The registered manager told us they reviewed the accident and incident reports to make sure they supported people safely.

The registered manager took action to identify and manage possible risks to people using the service. People's care records included assessments of possible risks and guidance for support staff on how they should manage these. By the second day of the inspection the registered manager had developed a risk profile which gave an overview of the potential risks to both the person and to others. Risks were noted in areas such as mental health, healthy eating and managing finances and gave guidance for staff to minimise the risks occurring.

Emergency contact details, such as the gas and water company details, were available for staff should there be an emergency. The registered manager confirmed that there was always someone on call out of hours should staff require advice or assistance.

There were a number of checks carried out to make sure staff delivered services safely. This included regular audits of people's personal finances and risk assessments. The provider confirmed that the health and safety checks they carried out included checks on the fire systems and fire doors. On the first day of the inspection we noted a fire door did not fully close automatically and the registered manager confirmed they

had addressed this by the second day of the inspection. The registered manager explained that all the upstairs windows, except for one, had restrictors on them. They confirmed this window would be fitted to ensure people using the service were safe. Other checks had been carried out on the equipment in the service which ensured everything was in good working order, such as the gas supply, portable appliance tests on equipment and electrical tests.

We reviewed staffing levels. People told us there were always staff available to talk with which we saw evidence of during the inspection. One staff member said, "There were enough staff on shift to meet people's needs." We viewed the rota for the end of October/ early November 2016 and saw that there were always at least two staff members working on shift. Additionally there were senior staff available and one support worker had recently been promoted to be a team leader to support the registered manager in their role. The registered manager confirmed there were no staff vacancies and the service did not use external agency staff. This meant people using the service were supported by regular and familiar staff.

The registered manager ensured people were supported by staff who were suitable to work in the service. Staff records included application forms, references from previous employers, proof of the person's identity and Disclosure and Barring Service (DBS) criminal records checks. The registered manager had been seeking one employment reference and one character reference. We talked with them about requesting two employment references, if an applicant had worked for more than one organisation so that they could gain more details about their work practice and character. They agreed to do this to ensure they had more details about each staff member.

People received the medicines they needed in a safe way. Some people told us about the medicines they were prescribed. One person said, "The medicines keep me well, think they stop the voices" and "I know why I am on the medicines, I agree to take them."

Staff received training on handling and administering medicines. Staff told us that they only carried out this task once the registered manager had observed them and were satisfied that they were confident to do this. We saw evidence of the registered manager carrying out competency assessments on staff so that they could identify if staff required extra training or support.

We carried out a spot check on one person's medicines and found these to be correct at the time of the inspection. The medicine administration records (MARS) were all signed by staff with no gaps. On the first day of the inspection we saw that the recording of the amount of medicines that were to be taken as and when needed (PRN) were not recorded and therefore could not then be accurately audited. The registered manager made the amendments by the second day of the inspection and we saw a separate MARS had been developed for PRN medicines and were highlighted in red so that staff knew these were not medicines that needed to be administered on a regular or daily basis.

There was no-one currently looking after their own medicines. The registered manager confirmed there were systems in place to support people if they assessed they were ready to take care of their own medicines. They also told us that medicines were not being administered in a covert way (which is the administration of any medical treatment in disguised form such as hidden in food or drink) as people using the service agreed to take their medicines.

There was a policy and procedure in place for managing people's medicines and the registered manager had reviewed and updated this recently to ensure it covered all the necessary areas relevant to the service. There was clear information on the medicines people had been prescribed, the reason why and the outcomes for taking the medicines were available for staff. This enabled them to have a better



understanding of why people were taking certain medicines.

## Is the service effective?

### Our findings

Staff told us they could access the training they needed to support people using the service. Some staff who worked elsewhere within a health and social care setting received additional training which complimented the work they carried out in the service. The staff confirmed they had received an induction when they first starting working in the service and that if they wanted more training "it would be offered to us." The staff team completed training on various subjects such as, health and safety, equality and diversity and first aid. One staff member we were informed had been fully trained to be a first aider. The registered manager had ensured that the staff team had attended specialist training in epilepsy at a national epilepsy service in order to meet the needs of people living with this condition. Staff confirmed this had been informative. They also had the opportunity to study for a nationally recognised qualification in health and social care to develop their skills and knowledge.

Staff told us that they felt supported by the registered manager. One staff member said, "The good thing here is the amount of support we get." They confirmed they received regular supervision that gave them an opportunity to discuss their work, training needs and personal development. Records showed that staff had a supervision agreement in place so that they knew what to expect from their line manager and the support they would receive. Staff met with a senior member of staff approximately once a month and all permanent staff had received an annual appraisal if they had worked in the service for over twelve months.

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 community services would be via the local authority and Court of Protection. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. It was clear on people's records that they had been involved in how their care was provided for them. We saw evidence that they had signed if they agreed to the contents of their support plans. People confirmed to us that they were given choices and did not take part in anything they did not want to do.

We saw evidence of where the court of protection had agreed that for some people's safety they needed to be supported by staff to access the community and therefore could not go out alone. Thus they required a Court of Protection authorisation restricting them. Some people were also on a Community Treatment Order (CTO). CTO is a legal order made by the Mental Health Review Tribunal or by a Magistrate. It sets out the terms under which a person must accept certain conditions if they are living in the community, such as agree to take their prescribed medicines. We saw the registered manager worked closely with people using the service and professionals to ensure the order and any restrictions were being lawfully followed.

Staff had received training on the MCA so that they could understand the principles of this legislation. Staff we talked with understood that their work involved helping people to make daily decisions for themselves.

People were supported to plan the meals they ate and cook, with various levels of support from the staff team. People told us, "I cook anything from a recipe book," "I can cook a bit with help" and "I can make simple things if staff help me." People had their own food cupboard and confirmed they went out with assistance from the staff team to buy food. The registered manager told us that a relative was planning to visit the service soon to show people using the service and the staff team how to prepare and cook certain meals. This would help staff support people who enjoyed particular meals that met their preferences and cultural needs.

We saw where staff needed to monitor what people were eating was recorded. This was usually where there were concerns about people's weight and staff needed to monitor people's diet more closely. People, if they agreed, had been referred to the dietician so that the staff team could help people make positive choices about their meals. People had capacity to make informed choices and this was recorded if they had declined to meet with a dietician. The registered manager confirmed that staff would continue to review this so that should the person change their mind staff could be quick to make a referral to the relevant professionals.

People were effectively supported to access a range of healthcare services and the staff team were responsive in ensuring people's health needs were being met. We were given an example, from the registered manager, staff, a person using the service and a professional on how they were encouraged to access relevant specialists. One person had been reluctant for a long time to have a procedure and they had capacity to make an informed decision about this. Over the months as they became settled in the service, and with care and attention from the staff team, they agreed to have the treatment. The person described how this had made their life much better and that they went out into the community more often which we saw during the inspection. The professional told us, "I have been very impressed with his (the registered manager) level of contribution to the welfare of the service users." Another professional also confirmed that the registered manager responded quickly when they felt a person using the service was becoming unwell and needed to see the psychiatrist. This demonstrated that the registered manager and staff team were familiar with people's needs and could assist them to live healthy and meaningful lives if they received the right level of support and assistance.

We also saw that regular health checks were carried out on people such as weight checks, heart rates and blood pressure checks so that any changes or concerns could quickly be referred to the GP. Health appointments were recorded along with the outcomes so that staff could easily see when people had their health needs reviewed.

## Is the service caring?

### Our findings

Comments on the staff from people using the service and their relatives were positive. They included, "staff have a caring approach," "they support (X) to visit us" and "we are satisfied with the care (X) is receiving."

A professional commented that "Staff are welcoming and make me feel comfortable and make the effort that I speak with the service user in a place where there is less distraction."

People confirmed that they had privacy when they needed it. They told us "I have a key to my bedroom so I can lock it whenever I need to." We saw staff knocked on people's bedroom doors and waited for a reply before entering. People could spend time with each other in the communal areas of the building or in their bedrooms. One person showed us their room and described how they liked to watch television or play music.

Staff encouraged and supported people to develop and maintain relationships with people that mattered to them and avoid social isolation. During the inspection we saw two relatives visiting the service. They said the service "provided good accommodation" and confirmed they saw their family member more often now they lived in the service. One person using the service told us they had been in contact with their relative since having the support from the staff team. A professional also confirmed that staff had helped the person "initiate contact" with this family member who they had not seen for many years.

During the inspection we saw staff communicated with people in a cheerful and friendly way. They listened to people and provided advice and support appropriately. There was a relaxed atmosphere and staff took the time people needed to support them.

The staff and management team spoke respectfully about the people they supported. Staff talked of valuing people and respecting their human rights and diverse needs. They understood that they needed to respect people's right to make choices about their lives whilst balancing the need to provide a level of care and support to ensure they were well and safe.

## Is the service responsive?

### Our findings

Feedback from people using the service confirmed they were involved in their move to the service and in the ongoing support and care provided for them. One person told us, "I see staff a lot and they take time to talk with me," "Yes I have seen my tenancy and support plan" and "I know what is recorded about me and I agree to how much help I need."

Comments from health and social care professionals included, "I am confident in their (staff) support to the service users," "Due to consistency of approach by the provider and constant seeking of professional advice to manage and use a holistic approach to support my client, (X) has become better in engaging and speaking up of their emotions which is essential in recovery process for them" and "Staff on duty are able to answer to any of my queries and they are able to give me accurate feedback and handover about the service user."

Records showed that the registered manager carried out an in depth assessment of people's needs prior to agreeing for them to move into the service. They took into account feedback from the person, their family members and professionals before making a decision about if the service would be able to meet the person's needs. A relative told us that, "The transition was managed well." Professionals confirmed that the staff team were "person centred" and "very experienced" in meeting the different and sometimes complex needs of the people using the service. We could see that regular reviews had taken place to ensure the service continued to meet the person's needs.

People had person centred plans that included the support they needed to achieve their goals and aspirations. For example, support plans included specific goals such as support with personal finances and budgeting, menu planning addressing health care issues and daily living skills. The registered manager had also developed a summary of people's routines and personal preferences which provided an overview of the support the person needed which was particularly useful for new staff.

If people had particular needs which staff needed to closely monitor so that they could see if there were any patterns then we saw this was carried out and recorded. Furthermore if people and the staff team required input from specialists then the registered manager ensured that the appropriate referrals were made. This included support from psychologists and positive behaviour specialists. Their role was to assess people and to assist the staff team to support people in the best way. Their advice helped the staff team understand people's needs and why they reacted in particular ways.

At least once a week people met with a member of staff to talk through any problems and review their support plan. One person told us they met on a regular basis with staff to chat about anything they wanted to.

Staff recorded information about each person each day. These records included information about the person's well-being, health and how they had spent their day. This helped the registered manager to review the effectiveness of each person's plan.

Three of the people using the service had a weekly plan in place. The fourth person did not want a plan. The plans gave both the person using the service and the staff team information on planned activities, any appointments and visits from relatives. Different places were accessed such as local mental health social groups, restaurants and shopping. During the inspection we saw that people took part in various activities with the support, where needed, from staff. This also included attending their preferred places of worship, such as the local church and temple.

People confirmed they knew how to raise a complaint and everyone confirmed they would talk with the registered manager if they had a worry. One person told us "I would talk with the registered manager if I had a complaint but I do not have any." A relative said they would be happy to talk with the registered manager if they had a complaint.

The registered manager confirmed they had received three complaints over the past 12 months. We saw they recorded the complaint, the actions they had taken in response and these were now closed. There was a complaints policy and procedure in place which clearly recorded the timescales for when the provider would respond to any complaint.

People had a range of ways they could express their views on the service. Weekly house meetings took place with the last one held on the 21 October 2016. People told us they attended these meetings "to hear what is going on."

Satisfaction surveys were also given to people and their relatives so that the registered manager could review their comments and make any necessary improvements. We saw a sample of the completed surveys that were from 2016. One comment from a person using the service was "I am happy here." Relatives had also been given surveys and we saw one stated, "We are extremely satisfied with the care."

## Is the service well-led?

### Our findings

The feedback on the registered manager from people using the service, relatives, staff and professionals was very positive. People confirmed they could talk with the registered manager about any issues. One person said, "The manager is kind and makes sure everything is done for me." Another person told us, "I am very happy here and would like to stay here for the rest of my life." A relative described how, the registered manager and staff team were helping their family member in "a supportive environment and were caring for (family member's) needs." Another relative told us that the registered manager "understood (family member's) needs." They also confirmed that the staff team were "easy to engage with."

Staff commented that the registered manager was, "very approachable, understanding and hands on," "communication is brilliant" and that there were "no problems." They also confirmed that the team worked well together and that there was good communication. As the service was small the registered manager worked closely with the staff team and they were able to provide ongoing support on a daily basis. Staff meetings took place so that ideas could be shared and staff could hear updates about the service. We saw there was a positive culture in the service where staff were enthusiastic about supporting people and communicated throughout the inspection about what support they were offering to people and if they were taking people out into the community.

Professionals were complimentary about the service and told us, "I am very impressed with the level, quality and standard of care delivered," "I receive regular feedback from the manager and there is a strong partnership between all stakeholders and the provider" and that the person using the service was "supported very well by the team." Professionals had completed satisfaction surveys for the registered manager to view and their feedback was positive. Comments included "Staff are helpful and polite" and "There is a good level of care."

The registered manager was a registered general and mental health nurse and the director was a registered nurse. This enabled them to support people with their different needs and act swiftly should there be a change in their needs. The registered manager had recruited a staff team who had a range of experience and knowledge, including nursing and healthcare backgrounds in some cases so that the service provided professional support to people using the service. The registered manager confirmed that they were keen to engage with other local care providers to ensure they could share experiences and knowledge. They had attended a forum where providers met each other and received updates from organisations such as Skills for Care. This was a social care organisation that provided advice and guidance to care providers.

The registered manager was receptive to the inspection and engaged positively. They provided support for people in an effective and person centred way. They were aware that the service, which had been running for a year, needed to be reviewed on an ongoing basis to ensure improvements were made for the benefit of the people using the service. The registered manager confirmed the aims of the service were to ideally help people move on to more independent living accommodation. However, they also recognised that for some people it was about assisting them to gain their "optimum level of functioning," which might involve people gaining more daily living skills and living with staff supporting them to ensure they were well and safe.

We saw systems were in place to monitor the quality of the service. The registered manager had developed different systems to carry out checks on the running of the service. This included, monitoring the incidents that occurred relating to people using the service, which enabled them to see if there were any patterns to these and to take action if and when necessary. Other audits were also in place on the contents of people's care records; medicines, staff employment files and infection control checks to ensure any areas needing to be improved were regularly identified and addressed swiftly.