

West Sussex County Council

Hobbs Field

Inspection report

Leechpool Lane
Horsham
West Sussex
RH13 6AG

Tel: 01403254114
Website: www.westsussex.gov.uk

Date of inspection visit:
15 January 2019

Date of publication:
31 January 2019

Ratings

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

Summary of findings

Overall summary

This comprehensive inspection took place on 15 January 2019 and was unannounced.

Hobbs Field is a care home for 15 adults with a learning disability and or autistic spectrum disorders. Autism is a lifelong, developmental disability that affects how a person communicates with and relates to other people, and how they experience the world around them. At the time of our inspection there were 14 people living at the service. The service is made up of two detached houses situated in a residential area of Horsham. The properties had level access throughout and adapted communal bath and shower rooms. The houses are linked by a shared patio area and surrounded by shared gardens.

People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

The care service had not originally been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. At the time of inspection, consultations were in progress to change the use of the building. Registering the Right Support is CQC guidance on how to register learning disability services in line with accepted best practice. However, the provider had taken steps to ensure people and relatives were involved in the process and adaptations had been made to ensure people received personalised care. Despite the building type, the provider managed to ensure these values were displayed including choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last inspection in May 2016 we rated the service as good overall. We found the provider's quality assurance systems had not identified shortfalls in records relating to the delivery of care. This limited the rating for well-led to requires improvement. At this inspection we found improvements to the quality assurance systems and the evidence continued to support the rating of good. 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.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered person's'. 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.

Relatives told us they felt their family members were safe living at Hobbs Field. Staff described procedures that were in place to safeguard the people they supported. They fully understood the safeguarding policies and procedures, felt confident to raise a concern and thought they would be listened to. Risks to people's safety had been assessed and care records contained risk assessments to manage identified risks.

Recruitment systems at the home continued to be safe and robust. There were sufficient trained and competent staff to meet people's individual assessed needs. The staff were supported by the management team through on-going supervision and team meetings.

People received their medicines as prescribed and staff knew how to manage medicines safely.

People received care that was personalised and responsive to their needs. People's needs that related to age, disability, religion or other protected characteristics were considered throughout the assessment and care planning process. 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 supported this practice.

People were involved in the planning of meals and menus. They received appropriate nutrition and hydration support to maintain their health and wellbeing.

We observed kind and caring interactions between people and staff. People living in the home praised the caring nature of the care staff and registered manager. People were involved in planning their care and supported to engage in meaningful activities of their choice.

The registered provider had a clear complaints policy and procedure that people and their relatives were familiar with and felt confident any concerns would be listened to.

The registered manager was accessible, supportive and had good leadership skills. Staff were aware of the values of the provider and understood their roles and responsibilities. Morale was good within the workforce. The service had a quality assurance system and any shortfalls were identified and addressed. There was a culture of listening to people and positively learning from events so similar incidents were not repeated. As a result, the quality of the service continued to develop.

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?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service had improved to Good.

People who used the service, their relatives and staff were engaged and involved in making improvements.

The registered manager promoted an open culture in the service. The provider's values were embedded in staff working practices.

Quality checks had been completed and the service worked in partnership with other agencies to ensure people received a consistent service.

Hobbs Field

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 15 January 2019 and was unannounced. The inspection was carried out by 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 care service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We checked the information we held about the registered provider and the home. This included statutory notifications sent to us by the registered manager about incidents and accidents that had occurred at the home. A notification is information about important events which occur at the home that they are required to send us by law.

We used a range of different methods to help us understand people's experiences. Most of the people who lived at the home had limited verbal communication. Therefore, we observed the interaction between people and the staff who supported them in communal areas throughout the inspection visit.

We spoke with six people who lived in the service and with three relatives. We spoke with the registered manager, deputy manager, a senior support worker and three other support workers.

During the inspection, we looked at four care plan files, four staff recruitment files, four medication administration records (MARs), all the staff training records, complaints, policies and procedures and other records that related to the running of the home.

Is the service safe?

Our findings

The service continued to provide safe care. Some people were unable to communicate verbally. We observed people's body language and interactions and these indicated people felt safe and comfortable with the staff supporting them. Staff agreed that people were safe with one saying; "We get to know each individual. By taking the time to get to know how a person behaves when in pain or unhappy we can work together to keep people safe and meet their needs." One person said "I'm safe, this is my home. I am very happy here." A relative said "[Person] has been here years. She is safe and we know she is very happy."

The provider had procedures in place to safeguard people from the risk of abuse. Staff had completed training in safeguarding adults from abuse. They could recognise the signs of abuse and knew of actions to take to report any concerns of abuse. There was an equality and diversity policy in place and staff received training in this area. Staff demonstrated that they were aware of their responsibility to help protect people from any type of discrimination and ensure people's rights were protected.

Risks to people were managed to improve their health and well-being and to keep them safe. The service conducted assessments to identify risks to people's physical and mental health, including behaviours and activities that may cause harm to people. The provider worked closely with learning disability health professionals who were involved in assessing and drawing up risk management plans for people. We reviewed management plans for people who had asthma, epilepsy, behaviour needs and in relation to activities in the community. Each person living at the home had a personal emergency evacuation plan (PEEP) that described the level of support and intervention they required to evacuate the building in the event of an emergency. These were regularly reviewed and updated.

The service maintained a safe environment for people. Risk assessments were conducted to identify hazards in the environment, such as fire risk, gas safety, water and electricity safety. Records showed that health and safety systems were checked and serviced regularly and these were up to date. Staff conducted regular health and safety checks such as weekly fire alarm tests to ensure equipment was in good condition. Staff practiced fire evacuation procedures regularly to ensure people and staff knew of actions to take in the event of a fire.

People were supported by enough staff to meet their needs. Rotas for the week before the inspection showed staffing levels had been consistently maintained. When new staff were recruited they completed a number of pre-employment checks. These included Disclosure and Barring Service (DBS) checks and supplying suitable references. This meant people were protected from the risk of being supported by staff who were not suitable to work in the care sector.

People's medicines were managed safely. Medicines were stored securely in a locked cabinet. All staff had received training to enable them to administer medicines. Some people had prescribed medicines to use 'as required' to help them when in pain or when they were anxious or distressed. There were protocols in place for staff to follow when administering these medicines. This helped ensure a consistent approach. Medicine Administration Records (MAR) were well organised, clear and completed accurately.

The premises were clean and well maintained. Cleaning equipment was available and any potentially hazardous products were securely stored. People were encouraged to take part in cleaning tasks. Personal protective equipment (PPE) was available to all staff that worked at the home. Staff had completed infection control and food hygiene training.

The service maintained records of incidents and accidents. Staff knew how to report incidents and accidents. The registered manager reviewed these and considered ways to prevent them from happening again.

Is the service effective?

Our findings

The service continued to provide effective care and support to people. We observed staff to be competent in their roles. They had a good knowledge of the people they supported which meant they could effectively meet their needs.

People were supported by staff who had completed training to meet their needs effectively. The provider had ensured staff undertook training they had deemed as essential in areas such as safeguarding, health and safety and infection control. Staff new to the health and social care sector completed the Care Certificate and this covered equality and diversity and human rights training. Staff completed an induction which also introduced them to the provider's ethos, policies and procedures. Staff told us they felt supported, received regular supervision and attended team meetings to keep them updated with current good practice models and guidance for caring for people. Records showed the discussions that had taken place, together with a review of actions agreed from previous meetings. This provided an opportunity for the team to work together to deliver effective care.

People were supported to eat a healthy and nutritious diet and encouraged to drink enough to keep them hydrated. People were encouraged to help in the preparation, cooking and serving of meals. People identified at risk due to their weight or choking had been referred to appropriate health care professionals, for example, speech and language therapists. The advice received was clearly documented within the care records and staff understood the risks to people. Staff followed the advice given and offered suitable food choices to individuals.

Staff supported people to access healthcare professionals. Where people had specific health needs, we saw evidence of staff supporting them to attend appointments. Information from healthcare professionals was used to inform care planning. For example, one person was regularly reviewed by the community team for people with learning disabilities (CTPLD) and records showed staff attended reviews with them and kept a record of correspondence. Information from the CTPLD, about how to support the person if they became anxious, was in their care plan. People had health appointment trackers in their files which showed regular check-ups with their dentist, optician and GP. Hospital passports had been developed to provide clinical staff with detailed information about each person should there be a need for them to be admitted to hospital. Records demonstrated relatives were informed of any changes following incidents and updates from health intervention.

The home environment was suitable for people. The registered manager told us that the building was old and consultations had been conducted on its future. The premises did not fully meet the guidance on learning disability services outlined in Registering the Right Support. Nevertheless, we found that people living at the home were all able to move freely around the home environment. The home was brightly decorated and well-lit with pictures on display. We observed people moving around the home safely and being able to make use of facilities to prepare food and drinks independently. Records showed people's needs had been assessed and this had taken place to ensure people would be suited to the home environment.

The 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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 had the appropriate legal authority and were being met.

The provider and staff understood the MCA and knew how to support people who lacked the capacity to make specific decisions for themselves. Staff encouraged and supported people to make day to day decisions. Where decisions had been made in a person's best interests these were fully recorded. The provider had liaised with appropriate professionals and made applications for people who required this level of support to keep them safe. People were able to give their consent to the care they received. Staff were heard to ask people for their consent prior to supporting them, for example with personal care. Staff waited until people had responded before proceeding.

Is the service caring?

Our findings

People continued to be supported by caring staff. One relative said, "I am very happy with this home. The staff are really caring, staff are very approachable."

During the inspection, we observed interactions between people and staff that demonstrated warmth and kindness. In the morning, staff engaged in conversation with one person about their visit to the gym that day and the film the person wanted to watch on their return. The staff member showed a good knowledge of the person's tastes and their favourite programmes. Later, we observed staff discussing a person's plan to go for a meal with their relatives. Staff took an interest in the person's plans and talked about what they may want to wear. Throughout the day, people interacted with staff in a way that showed they were comfortable in their presence with smiles and laughter. People benefited from consistent staff who had worked with them for a long time and with who they had built a rapport. Staff had a good understanding of people's needs and what was important to them.

People were relaxed in the presence of staff and the management team. Staff were skilful in communicating with people and understanding their wishes. People's care plans included detailed assessments of their verbal and nonverbal communication. These were used to identify physical and verbal cues to understand when a person was happy or was becoming distressed. Pictorial images were displayed, for example on daily activities boards, to help ensure it was in a suitable format for everyone. Staff understood how to use objects of reference where appropriate. Some people used Makaton to communicate. Makaton is a language programme which uses signs and symbols to help people to communicate. This contributed to the positive atmosphere in the service and wellbeing of people. Staff had completed Makaton training. This demonstrated the provider had taken account of the Accessible Information Standard (AIS). The AIS is a requirement to help make sure people with a disability or sensory loss are given information they can understand, and the communication support they need.

People's independence was encouraged and respected. Staff shared examples of how they promoted dignity and independence when caring for people. For example, supporting people to undertake tasks that they could manage themselves and offering assistance only when it was required. Staff were seen supporting people to cook, make hot drinks and going out, consistently supporting people to do as much as possible for themselves whilst ensuring people were safe throughout. People's records provided guidance to staff on the areas of care that they could attend to independently and how this should be promoted and respected.

The home encouraged people to express their views as much as they were able. People were provided with opportunities to talk with staff including their keyworkers. A keyworker is a staff member who helps a person achieve their goals, helps create opportunities such as activities and may advocate on behalf of the person with their care plan. To ensure that all staff were aware of people's views and opinions, they were recorded in people's care plans, together with the things that were important to them. Care plans detailed people's cultural and religious preferences. People were supported to practice their faith should they choose to do so. Without exception, staff told us that it was important to promote people's independence, to offer choices

and to provide challenges where needed to help people achieve their goals. There were no restrictions about when people could have their relatives or friends visit.

People were cared for in a way that upheld their dignity and maintained their privacy. We saw that staff knocked on people's doors and waited for a response before entering. Staff described how they would maintain people's dignity when assisting them with personal care. This included ensuring doors and curtains were closed.

Confidential information relating to people was handled appropriately by staff and this included the use of any electronic information. There was a policy and procedure on confidentiality and confidential records held in the office were locked in cabinets. The staff induction programme included handling information, and staff had a good understanding of how they maintained confidentiality.

Is the service responsive?

Our findings

People continued to receive support from a team of staff who were responsive to their needs. People's care records were person-centred and held details about people's social and medical history. These plans informed staff how each person preferred their care and support needs delivered. People's daily routines were documented and understood by staff.

The provider used best practice guidance and care was delivered in line with current legislation. Before people came to live at the service a full assessment was completed with them of their needs, which included the protected characteristics under the Equality Act and these were considered in people's care plans. For example, people's needs in relation to any disability, age, religion and language were identified. This helped to ensure people did not experience any discrimination.

Each person had a care plan that was specifically designed around their needs, goals and aspirations. These were reviewed regularly by people and staff. Records included personalised information about people's needs, how they liked their structures and routines, likes and dislikes. This enabled staff to support people in the way they wished. Care plans focused on improving people's physical and mental health well-being; reducing isolation and maximising people's independence. These were reviewed annually to ensure they were current and reflective of the person's wishes. The review documents produced were in a pictorial and easy to read format to help people understand. If people wanted assistance they were supported to fill them in. People were asked about their accommodation, support, decision making and activities. Feedback was positive and demonstrated people were being empowered to lead independent lives.

People had their own activity schedules which showed what they were doing, when and with who. This ensured that people were made aware of who would be supporting them during the day to reduce their anxieties. Staff gave people time to communicate their wishes and did not rush them. Although people were encouraged to take part in scheduled activities they could exercise their right of choice and to decide when they wanted the activity to finish. People's family and friends were encouraged to visit and speak by telephone. Staff recognised the importance of people's relationships with their family and friends and promoted and supported these contacts when required.

People were happy with the service they received and told us that they knew how to make a complaint should they need to. The complaints process was on display within the service. There was an easy read version available for those who needed it.

Is the service well-led?

Our findings

At the last inspection in May 2016, we rated well-led as Requires Improvement. This was because the provider's quality assurance systems had not identified shortfalls in records relating to the delivery of care. At this inspection we found improvements to the quality assurance systems had been made and were embedded. Therefore, the rating for well-led has improved to Good.

The provider's governance framework helped monitor the management and leadership as well as the ongoing quality and safety of the care people were receiving. For example, systems and processes provided checks on accidents and incidents, the environment, care planning and nutrition audits. These helped to promptly highlight when improvements were required. The registered provider promoted the ethos of honesty, learned from mistakes and acknowledged when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. The registered manager collated information relating to the running of the service which they shared with the provider through regular reporting. This included admissions, safeguarding, maintenance of the building, incidents and accidents and care reviews. This information provided oversight of what was happening within the service and contributed towards plans for the continual improvement of the service.

People lived in a service whereby the provider's caring values were embedded into the leadership, culture and staff practice. The registered manager said, "This is their [people's] home. It's the crux of the matter. We want you to see that. It's a very special house." Relative's and the staff spoke highly of the registered manager. Relatives said; "The manager is conscious and advocates this is their [people's] home. The staff take their time to see to people's needs. They are very good at their job." A member of staff said, "It's a lovely place to work in."

There were visible leadership and management support available to staff. Staff told us they knew who to go to for guidance and direction and they felt well supported. The registered manager was available during the day to give support and direction to staff. An on-call duty system was in place to ensure staff had out of hours support when needed. Staff were supported to question practice. The provider had a whistleblowing policy which staff were aware of and felt confident to use. Staff told us they felt that if they did raise a concern they would be listened to and they would be taken seriously.

Staff felt supported by management. Staff told us that the registered manager was responsive to them and had an open-door policy. Systems were in place to inform staff of what their roles were each day and these were documented.

Records showed people were regularly given opportunities to make decisions about their home through house meetings and surveys. A recent meeting had been used to discuss changes at the service and consultations about its future. In another meeting people had been consulted and encouraged to take part with the recruitment of new staff. One person told us it was beneficial to be involved in this process and enjoyed showing potential staff around their home. The results of a recent satisfaction survey indicated a

high level of satisfaction. Comments included, 'The care and support given to each resident seems to be excellent.' 'Staff are always kind, professional and considerate.'

The registered manager was committed to keeping up to date with best practice and updates in health and social care. Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The latest CQC inspection report rating was on display at the service and on their website. The display of the rating is a requirement, to inform people, those seeking information about the service and visitors of our judgements.

The registered manager and staff worked in partnership with other professionals and agencies to ensure people received a positive and consistent service. These included commissioners, safeguarding and other professionals involved in people's care. We saw these relationships were reflected in people's support plans which contained guidance to assist people to receive the care they needed. Where changes were made we saw staff had good communication systems in place to share information about people's needs.