

Heantun Care Housing Association Limited

3 Wellington Road

Inspection report

3 Wellington Road
Bilston
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Date of inspection visit: 30 April 2015
Date of publication: 25/06/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 30 April 2015. At the last inspection in January 2014 the service was meeting the regulations with all of the areas that we looked at.

The service provides personal care for 25 people in their own homes and through supported living services. People who use the service may need support or care due to old age, dementia, learning disability, physical disability or sensory impairment.

The service had 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected from harm and harassment. Staff had a clear understanding of the different types of abuse and knew the correct procedures to follow if they had any concerns about anyone's safety. People had risk assessments that were up to date and reflected their current health and care needs, and actions were taken to respond to any incidents or concerns.

Summary of findings

There were enough staff to provide people with safe and effective care. Staff were recruited using a safe recruitment process that made sure they had the appropriate skills required to support people with a range of needs.

People's medicines were managed safely. People were supported wherever possible to manage their own medicines, with support from care staff where required.

Staff were well trained and supported. Staff had up to date training and had access to additional training specific to the needs of people they supported. Staff had regular supervision sessions with their manager and access to additional support when required.

People's consent for care was sought. We saw that people were asked for their consent for care and this was recorded within their care files. Where people did not have the capacity to make a specific decision, this has been assessed and other relatives and professionals were involved in decisions in the person's best interests. The provider operated in accordance with the requirements of the Mental Capacity Act 2005 and associated code of practice.

People's health needs were supported and monitored effectively. People were supported to maintain a healthy and balanced diet, with staff supporting people to shop and cook for themselves wherever possible. Adaptations had been made to support people to feed themselves or could have assistance from care staff when they needed it. People were supported to make and attend appointments with other health professionals, with details of this care recorded in their care files.

Staff had good, caring relationships with people using the service and their relatives. People and their relatives told us that carers knew them well, knew what they liked and

provided them with the care they needed. People were involved in decisions about their care and had regular reviews of their care package. People's privacy and dignity was respected by staff. People were supported to maintain their independence and develop skills to care for themselves wherever possible, with prompting and additional support from staff when they needed it.

People's needs were assessed and they had clear and detailed care plans. We saw that people's care plans had a range of information about the person, including their likes and dislikes, interests and preferences with their life histories and backgrounds as well as details of their health and care needs.

The provider had a clear complaints procedure and people's complaints were investigated and responded to within the timescales set out in the complaints policy. People told us they felt confident to complain and give feedback, and that their concerns and complaints would be fully investigated and addressed.

People using the service, their relatives and staff were involved in the development of the service. People's feedback was encouraged and there were regular staff surveys to gather opinions about the service and ideas for improvements. Staff members told us they felt empowered to put forward their suggestions to the registered manager.

There were regular audits of the service to make sure it provided quality care. We saw details of audits of different elements of the service, with clear action plans that were implemented following these audits. We saw improvements to the service following these audits, including improvements to people's care plans and risk assessments.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff knew about the types of abuse, what to look out for and were confident in reporting any concerns.

The service had enough staff who were skilled at providing support and keeping people safe.

People's medicines were managed safely with people being supported to manage their own medicines wherever possible.

Good



Is the service effective?

The service was effective.

Staff had the skills and experience required to support people and had regular training.

People's consent was sought for their care and the provider worked in accordance with the regulations of the Mental Capacity Act 2005 and associated code of practice.

People were supported to maintain a healthy balanced diet.

Good



Is the service caring?

The service was caring.

Staff knew people well and developed good relationships with people they cared for.

People were involved in making decisions about their care and in the development of care plans.

Good



Is the service responsive?

The service was responsive.

People's care was tailored to their individual needs, with their involvement in assessments, care plans and reviews.

There was a clear complaints procedure and complaints were acted on within the required timescale.

Good



Is the service well-led?

The service was well led.

Staff were well supported and were involved in the development of the service.

The registered manager provided leadership for the staff team and made sure all conditions of registration were met.

There was a quality assurance system in place, including regular audits of care files, medicines and spot checks on staff that made sure people were provided with safe care.

Good



3 Wellington Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 30 April 2015 and was done by two inspectors. We gave the provider 48 hours' notice as the location provides care in people's homes and the registered manager is often out supporting staff. We needed to make sure that someone would be in.

Before the inspection we reviewed the information that we held about the service. This included previous inspection information, safeguarding alerts and statutory notifications about the service such as any incidents that were investigated. A statutory notification is information about important events the provider is required to send us by law. We also spoke with the safeguarding lead at the local authority. This information enabled us to plan our inspection.

During the inspection we spoke with the registered manager, deputy manager, the services' head of care and wellbeing and five care staff, four people who received care and three relatives of people using the service. We reviewed a range of documents including three care files, three staff files including recruitment information, service audits and a range of policies and procedures.

Is the service safe?

Our findings

People told us they felt safe using the service and with the support they received. One person told us, "I do [feel safe]. At weekends it's the only people I see." One relative told us, "We feel safe. We do keep in touch with the staff and the communicate with us regularly."

We spoke with staff who all had a clear understanding of the provider's policy about keeping people safe and process for this. All of the staff we spoke with could tell us about the different types of abuse, knew what to look for and were confident in reporting any concerns they had to the registered manager. One member of staff told us safeguarding was an important part of their work, "Making sure people deemed vulnerable are safe from abuse."

People were supported to maintain their safety and to raise any concerns they had. One person using the service told us that if they were worried or unhappy, "I'll tell them straight away." A relative told us they would contact the senior support worker if they had any concerns and were confident they would be addressed and their relative would be protected from any potential harm. One member of staff told us, "If they want to do something unsafe, I'll explain it to them. IF they still want to do it and have capacity it's their choice and I'll raise a concern."

We saw details of investigations into safeguarding concerns and actions that had been taking following the investigation. The registered manager had investigated the concern, speaking to the person involved, their family, the staff members involved and had made the appropriate notifications to the local authority. We saw the investigation had a number of action points and spoke to staff about these, who confirmed they had been completed. Details of all the safeguarding alerts and concerns were collated and reported to the company board and discussed as a part of the management of risk and safety.

People all had detailed risk assessments that were kept up to date to respond to any changes in people's needs. We looked at people's risk assessments and saw they were personalised and related specifically to people's health, home environment and care needs. In one example we saw the risk assessment for medication had been updated as there had been a change in the medicines the person needed as required, and also a change in their support needs, with clear guidance for staff to manage these behaviours. We discussed care with people and their relatives, who told us that care was delivered in line with the care plans and risk assessments.

The registered manager made sure that the service had the number of staff required to provide people with safe care. We discussed the staffing levels with the deputy manager who gave us details of the staffing numbers, procedures for cover when staff are on leave and details of ongoing recruitment for new care staff. We looked at staff files, including the recruitment processes completed for these staff members. We saw that they had all completed application forms with complete employment histories, with any gaps in employment explained. All staff had forms with complete employment histories, with any gaps in employment explained. All staff had provided two appropriate references and completed criminal records checks through the Disclosure and Barring Service, making sure that staff were safe to work in care services.

People's medicines were managed safely and relatives told us they were happy with the support people received with their medicines. People were supported to manage their own medicines wherever possible and we spoke with people who confirmed they did this. Staff members told us about the support they gave people with prompting with medicines. One staff member told us in detail about a change made to a person's care as their needs changed and they required additional support for managing their medicines safely. The provider had a medicines policy and procedure that had been recently updated and staff were aware of this new process.

Is the service effective?

Our findings

One person told us they felt they were listened to and the carers did what they asked for. When asked if the care helped them maintain their freedom, they told us, "Yes, it does because I know as each week goes by there's things I can't do but while the carers come I can stay here." We spoke with another person about their involvement in their care, and they said, "I know what they are going to do every day."

We spoke with staff who told us the service supported people to make decisions for themselves and they asked people what they wanted and how they wanted to receive their care. We discussed the Mental Capacity Act 2005 (MCA) with the deputy manager, who told us how they provided care in line with the MCA code of practice. This is a legal requirement that makes sure people are looked after in a way that does not restrict their freedom. We saw details of assessments of capacity in people's care files and people using the service had capacity to make their own decisions about the care and support they received. Staff had received training on MCA and were able to tell us how they asked people for consent and implemented the MCA in their work.

People told us they liked the carers who supported them and provided them with the care they needed. One person told us, "They're very good" and that the carers were skilled at their jobs. We looked at the staff training records and saw that all care staff had completed their core training and any refresher courses for these, and also had access to additional training to help them improve their skills. We spoke with staff who all told us they had received all the training they needed, and were able to ask for additional training through supervision and appraisals.

We saw in the induction records that care staff received a comprehensive induction that included training and shadowing other staff until they were ready to begin their care shifts. One member of staff told us they had completed client specific training where people they supported had specific needs, such as epilepsy, autism and learning disabilities, that helped them to provide the correct and personalised care for people they supported.

We saw that staff had regular supervision sessions with their line manager. Staff members told us they found these supervision sessions were useful and they were able to discuss any issues they had with their manager. One staff member told us, "I have a fantastic manager. I can discuss anything with her."

People were supported to maintain a healthy balanced diet where this was required as part of their care. We spoke with one relative who told us their relative did their own cooking with some support and supervision, and cooked at least one meal from scratch each week. One staff member told us about the support they gave with meals, which included helping people to cook for themselves and plan their meals to help promote their independence.

People's health needs were met and the service monitored any changes in people's needs and supported them to access other health services. Relatives told us that people's health was monitored and that people were looked after and the service made referrals and worked with other professionals involved in people's care. We saw in people's care files details of other services they were using, for example a care file for a person with diabetes had details of how staff were to support this person, the person's nutritional requirements and details of the other professionals involved in their care.

Is the service caring?

Our findings

People we spoke with told us they were happy with their care and the carers who supported them. One person told us, "They're very good and nice." One relative told us they felt the carers are good, well-trained and are matched well to their relative. One person told us how they only needed support with some areas and was very proud of maintaining their independence overall.

People told us staff treated them with kindness and compassion, knew them well and understood their individual backgrounds and needs. We saw that people had care plans that included details about their backgrounds, life histories and personal preferences as well as details of their health and care needs. We spoke with staff who could tell us in detail about the people they cared for and what they liked or disliked. One staff member told us about the initial assessment process, which included asking people about their preferences, such as whether staff should take their shoes off when coming into their home.

We spoke with staff about how they cared for people. One member of staff told us, "If you go into a call and someone is down, if you know you've put a smile on their face by the end of the call, you know you've done a good job."

People and their relatives told us they were supported to be involved in making decisions about their care and support. One relative told us they felt the staff were

sensitive when talking to them and that they had been involved in discussions about their relative's care. One relative told us, "[Person] was going to the day centre but wasn't enjoying it. He said 'I don't want to go anymore' so I told the staff and they sorted it. We had a meeting and they gave him an extra couple of hours and [person] likes that." A member of staff told us, "We ask people, for example, how they like things to be done. Everybody is different. They talk and we listen."

One relative told us, "When I have been here they are aware of his bedroom as his own space and ask him if it's okay to come in." We spoke with staff about how they promoted people's privacy and dignity. One member of staff told us, "It's all about respecting them and treating them as individuals. We would never walk in and would always knock and I feel that the most important thing is talking to them and listening to them." Another member of staff told us, "I ask them do you want to be covered up? They might not want to get undressed or washed." All the staff we spoke with told us how they respected people's personal space and made sure they maintained their privacy as much as possible.

People's personal information was stored securely in locked cabinets within the provider's offices. We saw that people's care files were stored in these cabinets with only the relevant staff having access to them. Staff members told us about the importance of confidentiality for people and had been trained on the confidentiality policy for the service.

Is the service responsive?

Our findings

People and their relatives told us that they received care that was personalised to meet their needs and preferences. One relative told us, "They'll take [person] wherever [person] wants to go. He looks forward to it."

People using the service and their relatives were involved in the assessment, planning and review of their care. One relative told us they felt involved with the care planning and that their relative was as well. They told us, "Three of them come down and we have a discussion." Members of staff we spoke with also told us how they involved people in their care. One member of staff told us, "We go through the care plan one to one with them." Another member of staff told us, "Sometimes we've altered care plans every couple of weeks to meet their needs as they want something adding or taking out."

We looked at people's care plans and saw they were all tailored to the needs of the individual person. We saw detailed assessments that had information about the backgrounds of the person, their preferences and set out their main care needs. We saw that each person had completed an 'outcome star' which set out how they felt about each area of their care, which was completed at each review. This provided people with the opportunity to show how they felt, see the changes and improvements they had made or if there was an area they struggled with and required additional support with. We saw that reviews were carried out regularly, involving people, their families and other professionals involved in their care.

The care plans provided a detailed background about the person for care workers to use to understand the needs of each individual. We saw examples of 'About Me' sections in care plans, which gave details of the person's like, interests and hobbies and their goals for their care. Each section of

the care plan broke down the person's care needs, preferences and aims, with regular reviews against these aims to monitor their wellbeing and changes were made from these reviews. Staff members told us these plans gave them the information they needed to care for each person in the way they wanted. One staff member told us, "They are all different, have different standards, likes and dislikes."

There was a clear complaints procedure in place, which relatives confirmed was given to them and people using the service. There had been two formal complaints since our last inspection, and we looked in detail at these complaints and the investigations that had been completed. Both of these complaints had been acted upon within the timescales set out in the complaints policy and there had been written responses from the registered manager, detailing the investigations conducted and actions taken following these complaints. We saw the detailed investigations and reports from these complaints, which both had action plans attached to them. We saw that these action plans had been followed and all of the changes made from them so that people received the correct care from staff who knew their needs and how to care for them properly.

People and their relatives were encouraged to provide feedback about the service. One person using the service told us they felt listened to and taken seriously, and were able to speak to the registered manager if they had any issues. We saw details of meetings for people in supported living services, where they could give their feedback about the home care service. Staff members told us they would get feedback from people and would pass this on to the registered manager. One member of staff told us, "They know they can come to any of us. It's like one big family and you get to know the relatives as well."

Is the service well-led?

Our findings

People told us they felt the service was well run and that manager were doing a good job. One person told us, "Managers are nice and always say hello." A relative told us that the service is well run and that safety and support were taken seriously.

People, their relatives and staff were involved in the ongoing development of the service. People's views were sought through assessment and review processes, with people being asked for their views about their care. One relative told us they wanted to see further improvements to promote independence for their relative and had discussed this with the registered manager. They told us they had already seen improvements in the service and that their relative's care was improving.

The provider had a 'Staff Voices' forum that met monthly for staff to give their ideas about the service, any improvements that could be made and how to develop the services provided. In addition there was an annual staff survey across the whole organisation to gather staff views about the services, the organisation as an employer and to identify areas for development. This helped the provider to understand the issues faced by care workers and helped them to provide the correct support for staff to enable them to provide a quality service. Staff told us that this involvement and support from the managers helped them feel listened to and that the culture of the service was open and supportive.

Staff members were supported and protected if they raised any concerns. There was a whistleblowing policy in place that staff were all aware of. This policy made sure that staff were protected to raise any concerns about the service without any impact on their work or job security. We asked one member of staff if they would feel confident in whistleblowing. They told us, "Yes I would. We're made aware of where we can go if we can't go to the manager." Another member of staff told us they felt good raising concerns and would feel confident in whistleblowing if they needed to as their concerns would be listened to and addressed and that changes would be made to the service and staffing if it was required.

The provider had a disciplinary and grievance procedure in place. We saw details of an investigation that showed changes made, including training and different duties for staff following and investigation by the registered manager.

The service was led by the registered manager with oversight from the head of wellbeing, who was involved in audit and scrutiny of the quality of the service provided. We saw details of the quarterly service board meetings, which examined data from the service including details of the support provided, staffing issues, feedback and complaints. These reports highlighted any issues or concerns to the senior management which were discussed and actions taken to change the service and care based upon this. We saw examples where safeguarding concerns had been discussed and there were clear actions to change aspects of the supported living service following this review.

The registered manager had a good understanding of their requirements in the management of the service. They had submitted notifications to CQC of all incidents that had occurred, along with a report and action plan following the investigation.

We saw that the service was open and transparent with details of any mistakes and incidents that occurred, with these being used to discuss the care provided and changes to be made following them. We saw an example of an error in managing a person's medicines was discussed within a team meeting so that the staff team understood what had gone wrong and what they needed to do to make sure that all medicines were managed correctly and in line with people's care plans.

The provider carried out audits and spot checks to make sure the service provided high quality care for people. We looked at details of audits of areas of the service including medicines, finance and care files. Within the care file audits we looked at, we saw that they had identified some records were not clearly written. The action plan from the audits included providing care staff with training on record keeping and that care files were to be written with greater clarity. We saw from the staff training and from speaking to staff that the record keeping training had taken place and that staff felt more confident in their ability to maintain clear, effective care records. The care files we looked at were all clear and provided all of the information needed for providing quality care.