

# Hightown Housing Association Limited

## Drayton Road

### Inspection report

14 Drayton Road  
Newton Longville  
Milton Keynes  
Buckinghamshire  
MK17 0BJ

Tel: 01908649592  
Website: [www.hightownha.org.uk](http://www.hightownha.org.uk)

Date of inspection visit:  
03 January 2020  
10 January 2020

Date of publication:  
30 January 2020

### 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

### About the service

Drayton Road is a residential care home providing personal and support for up to three people with learning and physical disabilities. At the time of the inspection three people lived at the home.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

### People's experience of using this service and what we found

People were cared for by staff who routinely demonstrated kindness and compassion. Comments about staff included "Loving carers", "They [Staff] provide genuine, loving care" and "I am very happy, I have been very impressed with the level of care and professionalism."

People were supported by staff who had been recruited safely, received support and ongoing training to ensure they had the right skills and attributes to provide safe care.

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

People were supported to engage in activities of their choice, one person was supported to go swimming, other people enjoyed attending local coffee mornings.

Relatives and staff told us the service was well-led. Comments included "I cannot fault them", "I am very impressed by the level of care and professionalism" and "I could not speak highly enough of them."

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 02 May 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below

# Drayton Road

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Drayton Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with one person who lived at the care home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could

not talk with us. We spoke with the registered manager and the regional contracts manager. We spoke with four staff.

We reviewed a range of records. This included two people's care records and their medication records. We looked at recruitment records for three staff. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We sought feedback from healthcare professionals. We made contact with three relatives and received feedback from two. We contacted a further five staff to ask for feedback

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse.
- Staff had received training on how to recognise abuse and what to do in the event of a concern being raised. One member of staff told us "I attended a classroom safeguarding vulnerable adult's course, which is refreshed each year. I learned how to identify who may be vulnerable and how to monitor their wellbeing."
- Staff had access to the local authority safeguarding policy and procedures.
- The registered manager was aware of the need to report all safeguarding concerns to the local authority. We received confirmation from the local authority referrals had been made to them from the service.

Assessing risk, safety monitoring and management

- People were protected from avoidable harm.
- Risks posed to people as a result of their medical condition or health had been identified and measures were in place to minimise the likelihood of injury to them. For instance, we saw risk assessment had been completed to prevent skin damage and the risk of falling from bed as examples. Staff demonstrated good knowledge on how to prevent people from choking. We observed staff followed healthcare professional's guidance on how drinks should be thickened and positioning of people when eating or drinking.
- The premises were well maintained to make sure they were in good condition. There were certificates and records to show compliance with gas and fire safety standards. Regular fire safety checks were carried out. Each person had a personal emergency evacuation plan to show how and what support they required in the event of a fire.

Staffing and recruitment

- People were supported by staff who had been recruited safely. The registered manager and provider were aware of the required checks prior to a new member of staff commencing work. The checks carried out included an employment history, references and Disclosure and Barring Service checks (DBS). A DBS is a criminal record check.
- We observed there were enough staff on duty to support people.
- The registered manager had ensured they worked with the funding authority to secure additional support for people. We noted the rota showed an increase in staff to reflect that. We received positive feedback for family members about how their relative had been supported by staff. Without exception all relatives we spoke with told us they felt there were enough staff to support people.

Using medicines safely

- People who required support with the administration of their prescribed medicines had support from staff

who had been deemed competent by the provider.

- We found stock levels reflected records held by the service. Following some medicine errors in the past the registered manager and provider had implemented daily checks on medicine records and stock levels. The registered manager told us since the checks had commenced no errors had been noted.
- Where people had been prescribed medicines for occasional use (PRN) staff had access to additional guidance as to when and how the medicine should be given. This was called a PRN protocol.
- The service had received an external independent medicine audit in March 2019, no recommendations were made.

#### Preventing and controlling infection

- People were protected from the risk of infection at the home.
- Staff undertook infection control training as part of their mandatory training. We saw staff had good access to personal protective equipment (PPE), such as disposable gloves and aprons. One member of staff had been identified as an infection control lead
- Where staff supported people with their food preparation the provider ensured they had received food safety training. The service received the highest food safety rating from the local authority at the last inspection.

#### Learning lessons when things go wrong

- The provider and registered manager had systems in place to cascade learning from when care was not delivered as planned or when mistakes occurred. The provider held a quarterly risk review meeting which aimed to reduce harm to people and monitor areas which had been highlighted as causing potential harm.
- Accidents and incidents were routinely recorded and investigated to prevent a re-occurrence. Staff told us they had confidence to report accidents and incidents. We noted the reporting of changes to people's skin had been discussed at a team meeting.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Prior to people moving into the care home, a full care needs assessment had been carried out. This ensured people's needs could be met. Where changes in people's needs had been identified the service ensured it made referrals to external healthcare professionals to support a re-assessment of their needs.
- Assessments identified any individual needs which related to protected characteristic identified in the Equality Act 2010. For instance, preferred language, faith, religion, and cultural considerations.
- There had been no new admissions to the home since our last inspection.
- The service ensured people had equipment and assistive technology to minimise risks posed to them. For instance, people who had a diagnosis of Epilepsy had sensors attached to their beds to alert staff when they were having a seizure.

Staff support: induction, training, skills and experience

- People were supported by staff who had received an induction into their role and ongoing support by a line manager. One member of staff told us "When I started work at the scheme, I spent a week shadowing the staff already working here. I asked questions and read the support plans as well as observing the service users. I felt very confident and ready about beginning to work unsupervised."
- Staff received training the provider deemed mandatory to ensure they had the right skills to support people. The registered manager had systems in place to monitor when staff required re-fresher training. One member of staff who had received medicine training told us "I have had medication training and I am very confident in administering them."
- Staff told us they felt supported by the management team. Relatives we spoke with told us they had observed "The staff work well together."

Supporting people to eat and drink enough to maintain a balanced diet

- The support people required to maintain their nutrition and hydration levels was detailed in their care plan.
- Staff had good knowledge of people's likes and dislikes with food. People who required food and drinks to be adapted to ensure they did not pose a choking risk had this carried out by staff who were aware of the guidance provided by healthcare professionals. We noted this had been re-enforced in team meetings.
- The service had an identified member of staff who took the lead in menu construction to ensure meals contained a balanced diet. We observed people being supported with meals, this was carried out in a professional, calm and thoughtful manner.

Staff working with other agencies to provide consistent, effective, timely care;

- Records demonstrated staff worked in conjunction with other agencies to ensure people received effective and appropriate care.
- Where advice was given to staff following a consultation with other professionals, this was followed. For example, how to move people safely.
- Staff had handover meetings between each shift to ensure important information was shared about people.
- Each person had an emergency grab sheet which described the support they would need if admitted to a different setting, for instance, in the event they needed to go to hospital.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain their health and well-being.
- People who required support from the community nursing service received this. For instance, one person had been seen for a dressing on their foot.
- We noted people were referred to external healthcare professional when required. For instance, one person had been referred to the wheelchair services, due to a change in their postural position. It resulted in a minor adjustment being made. We observed the person was content and comfortable in their wheelchair.

Adapting service, design, decoration to meet people's

- The care home was in a single-story bungalow.
- Each person had their own bedroom. People's rooms were personalised to their taste.
- One person really liked dogs and had chosen many posters to be displayed.
- Staff were knowledgeable about how noise levels in the home could potentially affect people's mood.

Ensuring consent to care and treatment in line with law and guidance

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. 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

- We found people were supported in line with the MCA and had their human rights upheld. Staff demonstrated they understood the MCA and DoLS.
- We found applications to authorise a person's deprivation of liberty had been made and had been authorised by the local authority. Decision of DoLS applications are time limited. The registered manager was aware of the need to make a further application when the DoLS was coming to an end.
- Throughout the inspection, we heard staff seeking consent from people.
- We noted mental capacity assessments had been carried out for specific decisions, this was in line with MCA the code of practice. Where a person had been deemed unable to make the decision, the service ensured it made a best interest decision. We saw all third parties involved in best interest decisions had their views recorded.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Throughout the inspection we observed treating people in a kind, compassionate and caring way. We received positive feedback from relatives, comments included "They [Staff] are so caring", "They [Staff] provide genuine, loving care" and "I am very happy, I have been very impressed with the level of care and professionalism."
- Staff responded quickly to requests from people. One person requested their hat and their book. These were both provided within seconds. The person showed their appreciation to the staff. It was clear from the interactions we observed staff had developed a close working relationship with people.
- Staff were aware of how some people could be exposed to discrimination. The registered manager was keen to support staff to develop confidence to challenge situations which may cause harm to people.

Supporting people to express their views and be involved in making decisions about their care

- People who lived at Drayton Road had various methods of communicating with staff. Each person had a 'communication dictionary' which described how people's body language changed to express if they were unhappy, anxious or happy and content.
- Throughout the inspection we found people were involved in decisions in the home. We observed staff seeking permission to check medicine stock levels which were stored in their room and be involved in counting petty cash.
- Relatives told us they felt included in decisions about people's care. One relative told us "The line of communication between the home is very good." Another, relative told us "Communication is good, every time I visit the staff are able to update me."

Respecting and promoting people's privacy, dignity and independence

- People were routinely supported to maintain their dignity. Staff had received training and were able to demonstrate how they promoted people's privacy. We routinely observed staff knocking on people's doors prior to entering and speaking to people by their chosen name.
- People were encouraged and supported to maintain contact with their family and friends. One relative told us how the staff had supported them to help celebrate tier family members mile stone birthday. All three residents joined family, friends and staff for a meal in a local restaurant. Staff had made sure people who required adapted meals (pureed) had it provided.
- Relatives told us they were always made to feel welcome in the home. One relative told us "There are no barriers, they make me feel welcome when I visit, and I am always offered a cup of tea."
- People's confidentiality was maintained care records were only made available to staff who required to

see them.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received personalised care which met their needs.
- Each person had a care plan in place, which detailed how they would like to be supported. It contained their likes and dislikes and to support them achieve positive outcomes.
- People had their care plans reviewed on a regular basis or when changes to their health occurred. This ensured records were accurate and up to date.
- People were supported to engage in meaningful activities. The registered manager acknowledged further improvements were required to ensure people were offered enough opportunity to visit places of their choice. One relative told us "I always phone before I visit just to check she [Family member] is in." They went onto say "She [Family member] has a better social life then me."
- People were supported to attend healthcare appointments by staff who knew them well. One relative told us "A carer came with me and they were brilliant with [Name of person], they knew her so well, when she was getting anxious they suggested some music to be played. It worked."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager, provider and staff were aware of the AIS and how people should be supported with their communication needs.
- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. Staff had awareness of how to support people express their needs.

Improving care quality in response to complaints or concerns

- The service had a complaint procedure in place. This was available in a pictorial form for people.
- Information was available throughout the home about how people and their relatives could provide feedback to the registered manager or provider.
- Since the registered manager had been in post the service had not received any complaints from external parties or residents. Relatives told us they knew who to speak with if they had a concern but added, I have not had any concern, I am sure if I did they would immediately been seen to."
- The provider had systems in place to monitor complaints to identify any emerging trends. Learning from complaints was shared across the provider's locations.

#### End of life care and support

- At the time of the inspection, the service was not supporting anyone with end of life care needs.
- The registered manager advised staff had not received end of life training as it is was not an area of care the service was providing. The registered manager advised they had worked with families to record people's end of life wishes and had planned to ensure discussions took place with people's GP's.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People's relatives told us the service was well-led. Comments included "It is superb", "It has a lovely homely atmosphere" and "I cannot fault it, it is a real home, not an institution."
- Staff told us they had confidence in the management team, they felt valued and listened to. Comments included "I do feel supported in my role because my manager ensures my training is up to date" and "I feel able to go to my manager with any concerns or worries that I may have and that she has the time to hear me."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Providers are required to comply with the duty of candour statutory requirement. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The regulation applies to registered persons when they are carrying on a regulated activity. The registered manager was familiar with this requirement. The provider had recently implemented a new monitoring system to ensure it robustly complied and had a process in place to track any learning from events.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a registered manager in post.
- Providers and registered managers are required to notify us of certain incidents or events which have occurred during, or as a result of, the provision of care and support to people. One notifiable event is when there has been an allegation of abuse. We checked our records against the service and record held by the local authority, we had been notified of events when required.
- The provider had effective systems in place to monitor the quality of the service provided. The registered manager and regional contract manager carried out regular audits within the home to drive improvement.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- People were routinely consulted about their care, the environment and activities which they wanted to engage with. People communicated their choices in verbal and non-verbal ways.
- Staff were involved and encouraged to make suggestions on changes within the service. One member of staff told us "I am always kept informed of any developments." We observed the registered manager seeking feedback on a new shift planner. The member of staff told "It is perfect."
- The registered manager and provider were aware of best practice guidance within the care industry and received updates from nationally recognised organisations.
- The provider carried out satisfaction surveys to people, relatives and stakeholders. Feedback from this was used to drive improvement in the service provided to people. For instance, people had greater opportunities to visit to local areas of interest.
- The registered manager worked with external healthcare professionals, including the local authority, GP's and the specialist learning disability team. Feedback we received was positive about the level of engagement.
- The provider had systems in place to cascade learning across the organisation and encouraged staff to participate in additional training. For instance some staff had been supported to study the Qualifications and Credit Framework (QCF).