The London Borough of Hillingdon

Hatton Grove

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

This inspection took place on 9 and 10 November 2015 and the first day was unannounced. There were eighteen people living in the service and one person in hospital at the time of the inspection. At the last inspection in September 2013 we found the service was meeting the regulations that we assessed.

Hatton Grove provides accommodation for up to 20 adults who have various needs including learning and physical disabilities. There were four units (known as flats) in the service.

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.

Relatives told us they felt their family members were safe living in the service. They said they were well looked after by the staff. Any risks they might encounter in their daily lives were assessed by the staff and action taken to minimise any harm to them.

Staff had been trained in safeguarding and knew how to recognise and report any abuse.

Staff received regular support and training in a range of subjects to ensure they had the right skills and knowledge to work with the people using the service.

Staff engaged with people and offered support to promote their independence. They understood people's individual needs and treated them with kindness and patience.

We found the service to be meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. Staff understood people's right to make choices for themselves and where necessary, for staff to act in someone's best interest.

Care records reflected people's health and social care needs. Staff had received support from healthcare professionals and worked together with them to ensure people's individual needs were being managed.

Appropriate arrangements were in place to manage people's medicines. Medicines were stored and administered safety.

The provider carried out checks to make sure staff were suitable to work with people using the service and there were enough staff to meet people's needs.

The provider had a complaints procedure and relatives told us they knew how to make a complaint or what to do if they were unhappy about something in the service.

The service was well-led by a registered manager who was visible and spoke with passion about providing a good quality of life for the people at the service. There were systems in place to monitor people's quality of life.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Staff demonstrated an understanding of how to keep people safe from the risk of abuse and how to report any concerns.

Risks to people were assessed and reviewed to ensure people's individual needs were being met safely.

Systems were in place to make sure people received the medicines they needed safely.

There were sufficient numbers of staff to keep people safe and to meet people's individual needs.

Is the service effective?

Good

The service was effective. The staff received training, supervision and support that enabled them to provide effective care and support.

Staff worked closely with relatives and any health and social care professionals so that people received care that was centred on them.

The provider acted in accordance with legal requirements to make sure people were not deprived of their liberty. Staff made decisions in people's best interests when they were unable to give their consent.

Staff assessed people's nutritional needs and made sure these were met.

People using the service had access to healthcare services and they were supported to stay healthy.

Is the service caring?

Good

The service was caring. People were treated with care and kindness.

The staff respected people and their choices and they promoted people's privacy and dignity.

The registered manager and staff focused on providing care that centred on the individual. They had a good understanding of people's needs and supported people to make decisions about how they wanted to be cared for.

Is the service responsive?

Good

The service was responsive. People's individual needs and wishes were met when their care and support was being assessed, planned and delivered. People, where possible, and their relatives were involved in planning and reviewing their care.

Activities were arranged that met people's individual interests both in the service and in the community.

Information about how to make a complaint was available to people and their relatives. Complaints were looked into and responded to.

Is the service well-led?

Good

The service was well- led. The staff team told us the registered manager was approachable, inclusive, and supportive and they felt listened to. Staff were confident to suggest ideas that could improve the quality of service people received.

There were systems in place to monitor and improve the quality of the service provided. Where improvements were needed, plans were put in place and action was taken to make improvements.

Hatton Grove

Detailed findings

Background to this inspection

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

This inspection took place on the 9th and 10th November 2015 and the first day was unannounced.

The inspection team consisted of three inspectors on the first day of the inspection and a single inspector on the second day.

Before the inspection we looked at all the information we held about the provider, including notifications of significant incidents and the last inspection report. Prior to the inspection, the registered manager completed a Provider Information Return (PIR). This is a form that asks the registered manager to give some key information about the service, what the service does well and improvements they plan to make.

We used different methods to obtain information about the service. This included talking with people using the service and their relatives and meeting with staff. We also observed interactions between staff and people using the service as most people could not tell us about their experiences of living in the service.

During the inspection, we spoke with one person using the service, the registered manager, a manager from another service run by the same provider, five care staff, a student nurse and the domestic staff member. We also spoke with a visiting professional during the inspection.

During the inspection we viewed a variety of records including six people's care records, recruitment details for two staff, medicines and medicine administration record charts, servicing and maintenance records for equipment and the premises, staff training, risk assessments, meeting minutes and policies and procedures.

Following on from the inspection we telephoned three relatives to gain their views of the service. We also received feedback from two healthcare professionals.

Good

Is the service safe?

Our findings

Relatives told us they felt their family members were safe living in the service. Comments included, "I feel they are very safe living at Hatton grove," and the service is "very safe." They also confirmed that the staff knew people's needs and cared for them "very well." A visiting professional said in the seven years they had been visiting the service they had never heard or observed anything inappropriate.

Staff had received training in safeguarding and were clear about the action they would take if they had any suspicions of abuse. Staff understood safeguarding and whistleblowing procedures, including the agencies they could contact such as the local authority or the police to report concerns if necessary. They were confident they could go to the registered manager for their concerns to be investigated. Records confirmed that during meetings staff were asked for their knowledge on the subject of safeguarding. This enabled staff to reflect on what they knew about reporting concerns and allowed the registered manager to identify if further training or support was required for the staff team.

The registered manager was clear about when to report concerns and the processes to be followed to inform the local authority and the Care Quality Commission (CQC).The registered manager showed us the London local authority agreed safeguarding policy and procedure which was available for the staff team to read.

There were procedures and checks in place to ensure people's personal finances were kept safe. Receipts and records were recorded for any transactions.

Risk assessments were in place and these outlined the identified risk and appropriate interventions to minimise the risks whilst promoting people's independence. People's care records included risk assessments which covered areas relating to the individual person. The registered manager confirmed that risk assessments were reviewed on an annual basis or sooner if the person's needs had changed.

Systems were in place to record any accidents and incidents. Body maps were completed as and when necessary. On one person's file the information regarding the number of falls they had did not match the incident forms completed and kept in a central file. The registered manager confirmed that some of the information had been filled in using other forms and therefore were not being recorded on the falls record. The registered manager showed us a record they kept online for each person who had experienced an incident such as a fall so that they could analyse any patterns or trends and respond accordingly. Following the inspection they confirmed that they had spoken with staff to ensure people's records held information on the correct forms so that they could easily be viewed and checked. We saw evidence that staff had requested for professional input in response to people's needs changing, such as if they were falling more regularly.

Systems were in place to ensure the safety of the building. These included regular checks of fire systems and equipment and hot water systems. There were clear plans for emergency situations including, the need to evacuate the building. People using the service had personal emergency evacuation plans (PEEPs) in place.

Relatives told us that there were enough staff working at any one time. Staff reported that staffing levels were adequate and said that agency staff supplemented permanent staff and were often used to take people out of the service for one to one support, which we saw taking place during the inspection. The rota we viewed for the week commencing the inspection showed that staff were allocated to work in each unit/flat so that the team leaders could be sure people's needs were being met. The registered manager explained that staffing levels were constantly evaluated and arranged according to the needs of the people using the service.

The provider had systems in place to make sure staff were suitable to work with people using the service. Staff recruitment files we looked at included interview questions and answers, application forms or curriculum vitae's, references, proof of identity and Disclosure and Barring Service checks. The registered manager confirmed that the agency the temporary staff worked for provided the registered manager with details of the recruitment checks that had been carried out including confirmation of their Disclosure and Barring Service checks.

Medicines were stored securely and the majority of medicines were administered to people using a monitored dosage system. The records of medicines received and administered to people were up to date and this provided an audit trail to show people had received their medicines as prescribed. We found no errors in the balances of medicines we checked. There were systems in place for when medicines were delivered and two team leaders checked the medicines that had come into the service to ensure it was all correct and labelled appropriately.

Many of the people had lived in the service for several years and the majority of staff had worked in the service for years and understood people's communication needs. A healthcare professional told us, "The manager and staff recognise when service users (people using the service) are experiencing physical pain, discomfort, emotional distress or are showing signs of illness and respond in a compassionate, timely and appropriate way." There was some information on how people communicated their needs in their care records and staff could describe when they were aware if people were subdued or did not seem themselves. The registered manager told us that they would review the information on how people communicated or showed they were in pain to ensure there were clear and current details of how staff needed to respond.

Systems were in place to ensure people safely received their medicines. We saw evidence of the medicine training staff completed. Furthermore, the registered manager checked the team leader's competency each year by testing their knowledge and observing their practice. Medicines were audited on a monthly basis with one flat being checked each time. The registered manager also carried out a full audit on all the flats three days after the inspection and confirmed no errors were found during this check. They informed us that they would be amending how often medicines were checked with two flats checked each month to improve the monitoring of medicines within the service. In addition, the community pharmacist also visited the service to check that people were safely receiving their medicines. The registered manager confirmed that they had received a visit shortly after the inspection and that no concerns were identified.

Good

Is the service effective?

Our findings

Relatives confirmed that people using the service were cared for by staff who knew them as individuals and understood their needs. One relative also told us that communication was very good and that staff "inform me if there are any changes or problems." We observed positive interactions between people using the service and staff.

New staff undertook induction training and this was comprehensive. The registered manager was aware of the new Care Certificate which was for new staff who did not have a qualification in health and social care. This provided staff new to care work with information on what they needed to be aware of and work on to ensure they worked safely in the service and in people's best interests.

Staff also received ongoing training to ensure they had the skills and knowledge to meet people's needs. Staff told us, "There's a lot of training here we're very well supported." Training records showed that staff received training in a range of subjects relating to care work, for example, moving and handling and fire awareness. Staff also had the opportunity to receive information and training in relation to meeting people's needs in the service. This included, dementia training, customer care and epilepsy training.

Temporary staff received their training from the agency they worked for which the registered manager received details of so they could check these staff had received appropriate training to meet people's varied needs.

There were various systems in place to support and guide staff. Staff received one to one supervision. One staff member told us they found this, "useful." Regular meetings were held both within each unit/flat and as a whole staff team. This was an opportunity for staff to discuss people using the service and look at best practice. Staff also received an annual appraisal of their work and performance and a six month review to ensure there were no issues and that staff were on track to meet any objectives they had set.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). This is where the provider must ensure that people's freedom was not unduly restricted. Where restrictions have been put in place for a person's safety or if it has been deemed in their best interests, then there must be evidence that the person, their representatives and professionals involved in their lives have all agreed on the least restrictive way to support the person.

The registered manager was aware of the need to apply for DoLS assessments where appropriate. Applications had been made for all the people living in the service and assessments were still to take place for some of these. The applications clearly specified people's individual restrictions, such as using a strap when being moved safely from their wheelchair, or if the kitchen needed to be locked for people's safety so that they did not harm themselves. The registered manager kept a record of each application and assessment so that they were aware of when to re-apply. Relatives also confirmed that they had been made aware and involved when their family member was being assessed to ensure their freedom was not being unlawfully restricted. Staff understood people's right to make choices for themselves and also, where

necessary, for staff to act in someone's best interests. They had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Where people were not able to make decisions about the care and support they received, the provider acted within the law to make decisions in their best interests. Where a person was unable to make a decision about their care and support, we saw evidence that the registered manager consulted with and involved people's relatives and other people involved in their care to agree decisions in the person's best interests, a requirement of the Mental Capacity Act 2005. We also saw the registered manager requesting best interest discussions and meetings to the local authority so that people's needs were considered before treatment took place.

People's care records highlighted if people could make choices and daily decisions and we observed staff giving people time to make a decision. This might be what they eat or drink and if they wanted to go out.

We also saw Do Not Attempt Cardio-pulmonary Resuscitation (DNAR) form in one care file. The DNAR is a legal order which tells a medical team not to perform Cardio-pulmonary Resuscitation on the person. These had been fully completed, the person was not able to sign to agree to this, but their relative had been consulted and the form was signed by their GP.

Staff understood people's nutritional care needs. We observed a staff member assisting a person with a drink. They described how the person needed their drinks to be thickened to help them swallow. This matched what was recorded in the person's care records. Relatives commented favourably about the meal provision telling us that meals were prepared and cooked with fresh ingredients. One healthcare professional told us they had observed that people using the service were, "always offered choices of foods and drinks during mealtimes" when they visited the service. Staff confirmed that they had received training in nutrition and food hygiene and said they would refer to a dietician if they had concerns about any of the people using the service.

We saw that nutritional screening was reviewed every three months. Fluids and food were documented so that staff could monitor what people had to drink or eat and respond if people's needs changed. Monthly weights were recorded in care files so that staff could see if people were gaining or losing weight and respond if need be to any changes. Care plans contained a section on meal times which recorded any problems with eating, dietary needs and food preferences.

Health action plans were introduced to ensure people with learning or physical disabilities health needs were identified and met. Relatives confirmed that their family members saw health professionals on an ongoing basis. A healthcare professional told us, "Their (staff) referrals are always appropriate and they refer onwards when they require additional support and advice." People saw various health professionals including the GP and dentist. Other health checks were also recorded.

Good

Is the service caring?

Our findings

One person using the service told us, "I'm very happy, the staff are nice and the food is good. I go out to clubs twice a week and get collected and brought back, its very good." They said they liked living in the service and confirmed they could choose when they got up and went to bed. One relative confirmed that the person's gender care preference was asked when they moved into the service. All comments from relatives on the registered manager and staff were complimentary. Comments included, "staff are good", "staff have made it like a home" and people are treated in a "caring way." Relatives confirmed that if people were admitted into hospital then staff always visited them daily and spent time with the person to ensure their needs were being met. We saw staff going to visit a person in hospital on the two days of the inspection.

Feedback from the healthcare professionals who visited the service were also positive. Their comments included, "The staff and the manager always take the time to engage and interact with the service users and those close to them and are encouraging, sensitive and supportive to all service users and their families and friends, " and "The staff and manager always communicate well and effectively" with people using the service.

We observed staff positively engaging with people using the service. Staff spent time talking with people and ensuring they were comfortable. We saw staff joking with people and chatting with them in a caring and patient manner. Staff explained tasks they were carrying out with people and did not rush people when they were drinking or eating. A relative confirmed that when they visited the service they always saw staff explaining any support they were going to provide so that people could let them know if they did not want this assistance.

Staff ensured they respected people's dignity and privacy when they received support with their personal care needs. Personal care was carried out in private and a healthcare professional confirmed that, "Staff have always ensured that the service user's privacy and dignity is respected."

The registered manager explained that people did not have an advocate as people had relatives or friends. Arrangements had been made for independent representatives to be involved in people's lives when important decisions were being made. This was to ensure people's needs and wishes were considered and supported by a range of professionals.

Good written communication between shifts meant that issues were shared with the full staff team and carefully monitored. We saw in a message book that staff shared information as soon as they needed to.

There was evidence of information on background and family in care files and all had a pen picture at the front of the care plan with information on how to best support each person, including safety and personal care considerations. Where end of life care had been discussed with people, if possible, and those important to them, then this was documented in people's care records. A relative told us they had been supported to discuss end of life preferences and to consider what plans needed to be put in place.

Good

Is the service responsive?

Our findings

Relatives confirmed that staff were responsive to people's changing and sometimes complex needs. One relative also said they attended annual review meetings and were encouraged to give their views on the care and support their family member was receiving. A visiting professional told us that the staff were "helpful" and provided them with clear updates and information if a person's needs had changed along with details of any medicines they were taking before providing people with any treatment. A healthcare professional also spoke positively about the registered manager and staff and commented, "I have always held them in high esteem based on their knowledge, skill and experience." A second healthcare professional told us, "Staff are always very helpful and are up to date with what is happening with the clients (people using the service)."

People's care plans reflected their likes and personal preferences and communication needs. They noted areas where people needed support from staff. Staff could describe how some people communicated; this might be through the sounds and noises they made or by staff observing their body language. Relatives confirmed they attended annual reviews which we saw evidence of in people's care records. Where possible, people were involved in making decisions about the care and support they received. Where this was not possible, we saw staff worked with the person's family, health and social care professionals to identify their needs and develop a care plan.

Each person had a daily diary which was updated by staff to reflect their well- being and activity each day. This was legible and up to date for all those seen and contained a good level of detail, including personal care, trips outside the service and other activities.

People were supported to go out of the service and agency staff were used to supplement staff to take people out shopping or on visits and trips. We saw one person going out for a trip using public transport and they had chosen where they wanted to go. Some people who liked going on holiday went on breaks with staff and day trips were arranged as the service had its own transport to ensure people could go out. Evening social clubs were on offer for a few people and a relative confirmed that their family member enjoyed this as it gave them the chance to meet up with their friends. In addition, a staff member worked twice a week to promote activities and take people out. The service had an activities room and a relaxation room for people so they were not always spending time in the flat where they lived and could take part in an activity they would enjoy.

One person was confident that they could complain to the registered manager if they were unhappy and they knew the registered manager's name. Relatives also confirmed they had not raised a complaint but were certain their complaints would be listened to and addressed. One relative told us they knew they could talk to the registered manager at any time and that communication was good. We saw the pictorial complaints policy and procedures in different areas of the service. There were systems in place to record both complaints and more informal issues. We saw evidence of the registered manager responding to recent issues. We discussed with the registered manager whether these were actual formal complaints which they felt had not been deemed as such by the relatives or themselves. They confirmed they would make sure

their decisions were clear with any future complaints or informal issues raised.

Good

Is the service well-led?

Our findings

Relatives, professionals and staff spoke highly of the staff and registered manager and how the service was run. Comments included, "The manager is first class and empathic." One professional who visited the service every fortnight said the staff were "helpful and fabulous." A healthcare professional told us, "The manager has always demonstrated excellent skill, knowledge, experience, capability and integrity to lead effectively." Staff we spoke with all felt very well supported by the management team and commented that they would feel confident to raise any issues or concerns with their team leader or the registered manager. Staff were positive about the culture and atmosphere in the service which they felt was supportive and inclusive.

The registered manager had been in post for approximately five years which provided consistency and stability in how well the service was managed and led. They were studying for a leadership and management qualification and an advanced practitioner's supervision course to gain further skills as a manager and supervisor. They received support though their line manager and attended meetings held with other managers of services run by the provider. These helped them share ideas and best practice. They also had links with Skills For Care and received updates and information from them and the Care Quality Commission. The registered manager had also set up and attended a weekly evening social club that was held near to the service so that some people could go out and meet their friends.

The service had various ways of obtaining the views of people using the service and their relatives. Meetings for people were held, although the registered manager acknowledged that for the majority of people they were not able to verbally communicate their views on the service. However, they were keen for people living in the service to hear any news and updates. Relatives also confirmed they attended meetings held for them, with the last one held in August 2015.

Satisfaction questionnaires were also sent to relatives and feedback from 2015 was overall positive. Comments included, "Caring and experienced staff," and "All who work here are very kind and nice." and the registered manager was looking at ensuring they also captured the views of professionals to continue to make improvements to the service. Where a few relatives had commented on the décor of the service the registered manager had plans in place to decorate certain areas of the service and to upgrade some of the bathrooms, to make them more homely and appropriate to the needs of the people using the service.

Staff were enabled to share their views on the service and to look at both the strengths and areas for improvement. The results had been reviewed by the registered manager so that they could respond and act on any areas needing attention. Staff we spoke with told us they were encouraged to share their ideas for improving the service and problem solving. They told us the staff team worked together so that they could discuss solutions to particular challenges.

We saw that systems were in place to monitor the quality of the care provided. These included checks on the safety of the building, equipment, medicines management and care records. The service was also checked by a manager from another service so that they could offer a more independent view of the service. The

audits were evaluated and where required action plans were in place to make improvements in the service. The registered manager had also started to put together a development plan with the staff team which looked at a range of areas within the service.