HSN Care (Bricket Wood) Limited

HSN Care (Bricket Wood)

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 8 and 9 March 2017 and was unannounced.

HSN Care (Bricket Wood) is a residential care home consisting of three bungalows for 12 people with profound learning disabilities. At the time of this inspection there were seven people living at HSN Bricket Wood.

There was a manager in post who was in the process of registering with CQC. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

This was the first inspection since the service was registered. We found that the service had some good systems and processes in place. However improvements were required in relation to consistent staff induction and training and the overall management oversight of the organisation.
There were some systems and processes in place to regularly monitor the quality of the care and support provided for people who used the service. Where shortfalls were identified actions were in place to make the required improvements. We found that improvements were required in the overall management and governance of the service.

People were unable to communicate with us verbally due to their complex medical conditions. However we did receive feedback from people's relatives who told us that overall they felt their family members were kept safe living at HSN Bricket Wood. Staff understood how to keep people safe and risks to people's safety and well-being were assessed and kept under regular review. People's medicines were managed safely by staff who had received training.

People had their needs met in a timely way and we observed there were sufficient numbers of staff to support people safely. The recruitment process was being reviewed to improve what was already in place. We found some inconsistencies in the way staff were recruited and in particular in relation to information recorded for agency staff who worked at the service. The provider and manager undertook to review these with a view to bringing them up to a consistent standard as detailed in the recruitment policy and procedure. This helped to ensure that staff who were employed at the service were suitable to work in this type of care setting.

Staff received regular support from their line managers which included one to one supervision and team meetings. Staff told us they felt well supported. However staff supervision records were generic and did not include any discussion about the people who lived at the service. There were no actions recorded where issues were identified.

People received the assistance they needed to eat and drink sufficient amounts to help keep them well. People were supported to maintain their physical and mental health and were also supported to access healthcare professionals when required.

We received mixed feedback about all aspects of the service from relatives of people who used the service. This was discussed with the manager and they accepted that there were improvements to be made and were realistic about timescales by which things would be implemented.

We observed staff to be kind and caring. Staff were knowledgeable about people's individual requirements in relation to their care and support needs and preferences. People and or their relatives had been involved in the planning of their care where they were able to and where this was appropriate.

Visitors were welcomed to the home at all times and people who lived at HSN Bricket wood went home to stay with relatives for weekends and special occasions. The home was bright and airy and people's bedrooms were personalised. There was a cheerful ambience in the lounges of the home where people were observed to be engaging with staff.

People were supported to participate in a range of personalised activities that were of interest to them. Each person had access to their own vehicle and had a weekly activity planner.

There were arrangements in place to receive feedback from people who used the service and their relatives. People's relatives were able to raise any concerns they had and told us that they were confident they would be listened to and any concerns raised would be addressed.

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

This service was safe.

Risk assessments were completed to help keep people safe

People's care was provided by appropriate numbers of staff.

The recruitment process was under review to ensure a consistent and robust process..

Staff understood how to recognise potential abuse, and knew the process for reporting concerns.

People's medicines were managed safely.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff did not always receive an 'service specific induction before they commenced work at the service.

The training was not consistent for all staff and competency was not consistently checked to ensure staff had the right skills and abilities to support people effectively.

People's consent was obtained and they had had their capacity assessed in line with MCA guidance.

People were supported to eat and drink sufficient amounts to maintain a balanced and varied diet.

People were assisted to access health care professionals to ensure that their health and wellbeing was maintained.

Is the service caring?

Good

The service was caring.

People were treated in a kind and caring way.

Staff demonstrated a good understanding of people's needs and

wishes and responded accordingly.

Staff had developed positive and caring relationships with people they clearly knew well.

Staff were respectful of peoples wishes and treated them with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People's care was provided in accordance with their assessed care needs.

People were supported to participate in some activities suited to people's preferences and abilities.

There was a complaints process in place and we saw that complaints were investigated and responded to. Some were still in progress at the time of our inspection.

People and their relatives felt that they could raise concerns that would be acted upon in due course.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Feedback received from relatives was mixed. There was a new manager in post who was in the process of registering with CQC.

Systems that were in place to manage the overall monitoring of the service did not always identify shortfalls we identified as part of our inspection.

People felt that generally the home was well managed and improving.

The provider had robust systems in place to monitor and effectively manage the quality and safety of the service.

People and their relatives felt the staff and managers worked in an open and transparent way, and that they were approachable and supportive.

HSN Care (Bricket Wood)

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 8 and 9 March 2017 and was unannounced. The inspection was carried out by one inspector. This was the first inspection since the service registered on 11 February 2016.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we observed staff assisting people who used the service. People who used the service could not give us feedback due to their complex health conditions. However we contacted relatives and family members to obtain feedback about the service. We spoke with three staff members, the manager and the provider.

We received feedback from commissioners from the local authority. We also 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 reviewed care and support records relating to three people who used the service, two recruitment records and agency staff records. We also reviewed other records including quality monitoring documents, staff supervision and medication records.

Good

Is the service safe?

Our findings

We observed staff assisted people safely. We received feedback from relatives and no one had any concerns in relation to their family member's safety. One relative said, "I think [person] is safe, I have not had any concern in relation to safety at the service." Another relative told us, "My [relative] is most definitely safe here. When I leave to go home I do not worry unduly about their safety and wellbeing, I know most of the staff and they do keep people safe."

Staff told us they had been trained in how to safeguard people from possible abuse and were knowledgeable about the potential risks and signs of abuse. Two of the three staff we spoke with were able to demonstrate they knew how to report any concerns both internally and externally. We observed that information about how to report concerns, together with relevant contact numbers, were displayed in the home. These were visible to staff and visitors alike as a constant reminder of who and how to contact local safeguarding teams if they needed to report any concerns. This showed that the provider had taken the necessary steps to help ensure that people were protected from abuse or avoidable harm. However one staff member had some difficulty describing the process. We spoke to the manager about this and they took action to address this. The staff member concerned was an agency staff member and the manager told us they would review the information provided by the agency to ensure staffing training records provided to them were more detailed and contained evidence of competency checks.

Potential risks to people's health, well-being or safety had been assessed and where risks were identified, actions were put in place to reduce and mitigate these as far as possible. They were reviewed regularly to take account of people's changing needs. Risk assessments were in place for such areas as choking, skin integrity, going out in the community and use of equipment, including the use mechanical ceiling hoists. Staff helped people to transfer safely using appropriate moving and handling techniques. This included transferring people from bed to chair and for assistance with personal care using specialist bathing equipment and shower chairs.
People who had been assessed as requiring bedrails on their beds to prevent them falling had protective covers over the rails to reduce the risk of entrapment. We also noted that people who used pressure relieving equipment for people who had been assessed as being at risk of developing a pressure ulcer were at the appropriate setting for their weight and had been regularly maintained.

We observed that staffing levels were appropriate for the needs of people and a dependency assessment tool was used to assess people's needs. We saw that people who lived at the service all had one to one support. Relatives who provided feedback confirmed that there were adequate staff to meet people's needs safely and in a timely way. One relative told us, "The staffing levels are good and staff are very attentive." Throughout the inspection we observed that people received their care and support when they needed it and staff went about their duties in a calm and unhurried way.

There was a robust recruitment process in place and permanent staff had completed an application form and the provider had completed all pre-employment checks. We found that all staff had a DBS (disclosure and barring service check) completed and had provided references which were validated as part of the

process. Agency staff were used at the service when required and a profile from the agency was provided. This arrangement was being reviewed at the time of our inspection so that the provider was provided with more detailed and specific information about the skills and experience of agency staff to ensure staff were consistently recruited and had undergone the same checks whether they were permanent or agency. These checks were followed to help ensure that all staff were of good character and suitable to work in this type of environment.

There were suitable arrangements in place for the ordering, storage, administration and disposal of medicines. People were supported to take their medicines by staff who had received training on the safe administration of medicines. People's relatives told us that their family members received their medicines regularly and that they were satisfied that their medicines were managed safely. We checked a sample of boxed and bottled medicines and found that stocks reconciled with the medicine administration records and the totals were correct. This meant that the systems being used were effective.

Requires Improvement

Is the service effective?

Our findings

People's relatives had mixed views about the skills and abilities of the staff working at the home. One relative told us, "[Name] likes living here, we just wish there was a bit more consistency in the staff." Another relative told us, "The staff's abilities do vary, there are some who come from the agency and then the other are permanent staff who do seem to be more skilled." The relative went on to tell us that there had been many staff changes since the home opened and it impacted on the young people who got used to the staff who supported them and in particular their key workers. Another relative told us, "They seem to know what they are doing I haven't seen anything go wrong."

Staff members told us they were provided with training and they felt that they were well supported. However we reviewed training records and found inconsistencies in the induction and training staff received. None of the staff we spoke with had received a service specific induction when their employment at the home commenced. One staff member told us, "I am an experienced support worker and had training before I started working here." Another told us, "I had training at the agency I worked for." However when we spoke with them about their knowledge in a range of topics relevant to their roles we found their knowledge was inconsistent and varied depending on where they had received their training

When we asked about the topics and training methods, we found there were inconsistencies in this as well. Two staff had watched training videos and could not remember having their competencies checked. One agency staff member told us they had completed all the mandatory training. However, when we explored their knowledge in more detail they were unable to demonstrate that they had understood the topics they had received training in. For example, they were unable to explain what they would be aware of if they had a safeguarding concern. They also did not understand and were unable to explain how they obtained consent, in particular for people who could not give verbal consent. They did not understand the Mental Capacity Act 2005 (MCA) requirements. This meant that people's consent may not have always been properly or consistently obtained. We discussed this with the manager and they told us they would not be using this staff member any more until they were satisfied they had made the required improvements and assured us that checks would be more robust going forward.

We also found that there was not a consistent approach to the on-going training staff received. This meant that not all the staff were trained and skilled to ensure the care and support people received was consistent. Not all the care staff received training in all the areas of care they provided to people such as behaviours that challenged. These topics had not been put in place by the provider or the manager to be mandatory for staff. However following the inspection the manager undertook to review all staff induction and training so that they were confident the approach and abilities of all staff were consistent whether they were agency or permanent staff. Staff told us that when they started working at the service they did have an opportunity to shadow more experienced staff until they were deemed competent to work in an unsupervised capacity.

The manager told us staff received regular support and supervisions. Staff confirmed this to be the case and we reviewed staff supervision records. All staff spoken with told us they felt supported by the management team at the home. We found that staff supervision records were generic, were not individual or person

specific and were not always effective. They also did not include any discussion about people who used the service or identify any potential actions that were required. We discussed this with the manager who agreed to review the arrangements for staff supervision. This was a work in progress and has since been updated. We could not assess the effectiveness of the new approach as it had not been implemented.

We observed staff asked people for their consent and where people could not provide a verbal agreement, staff explained how they were going to support people. People's relatives had signed to agree their consent to their care and support plan. However when spoken with, staff did not make reference to consent being recorded in people's care and support plans. This suggested a gap in their knowledge which we brought to the mangers attention.

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. We found assessments were completed and that best interest decisions were in place.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The manager had submitted deprivation of liberty applications to the local authorities for people who had some restrictions in place for example people could not leave the home alone and this restriction was in place to keep them safe.

People were supported to eat and drink sufficient amounts to maintain a healthy and balanced diet. Food provision was individual and people's specific cultural and dietary requirements were catered for. For example, in one of the bungalows a kosher kitchen was kept to ensure the people who lived there could continue to observe the Jewish faith. Relatives told us they felt their family members had a good choice of food and food was plentiful. Staff told us about the food choices available to people. We observed throughout the day that people were supported to eat and drink when they wished. There were no set meal times and snacks were readily available and staff offered them frequently to people. People's weights were monitored and if there were any concerns, referrals were made to appropriate professionals such as a dietician or a SALT assessment (speech and language therapy assessment). People had swallowing risk assessments in place where they had been identified they were at risk of choking.

People were supported to maintain their health and wellbeing and had access to a team of health care professionals. We saw records were kept which demonstrated referrals had been made to, speech and language therapist, dietician, physiotherapists, occupational therapist. People attended dental or opticians appointments when required.

Good

Is the service caring?

Our findings

We observed staff to be kind, caring and attentive to people's needs. People who used the service were unable to tell us if the staff who supported them were kind and caring due to their complex health conditions. However Relatives told us they were happy with the staff that provided their care. We saw people respond positively when staff interacted with them.

Staff were calm and attentive when supporting people. We observed that when speaking with us staff were aware of people's needs and put the people in their care first. We saw that staff appeared to be happy in their work. One staff member told us, "I really enjoy working here, we have the time to spend with people and it's all one to one care so I think that helps to improve the experience for the person." Throughout the day we saw that staff shared information appropriately and gave colleagues and management updates when required. We observed staff communicating with people even though people were unable to respond verbally, they used eye contact and body language to understand people's wishes.
Staff had developed positive and caring relationships with people they supported and it was clear they knew them well. People were relaxed in the company of staff and each other. People were offered choices for example in relation to what they wanted to do and when and what they wished to eat.

Staff respected people's dignity at all times and made sure they supported people in the way they wished. People's care plans were detailed and provided staff with enough detailed information to enable them to support people in a personalised way, which took into account people's choices and preferences. People's relatives and others who knew them well had been involved in the development and review of people's care plans where this was appropriate. We saw that people's relatives had been asked to sign to agree the content of the care plans. We observed that staff were respectful in promoting people's dignity and privacy. For example, knocking on people's doors and ensuring privacy was maintained when supporting people with personal care.

The home was decorated brightly and people's bedrooms were personalised with many items that had been chosen to represent people's interests and personalities. There were photographs with names of the staff team on display in each of the bungalows which meant that visitors and relatives were able to identify the staff on duty. Family members told us they knew most of the regular staff however they did not always recognise agency staff and it would be helpful if staff wore name badges which identified regular staff and agency staff. Family members and friends of people who used the service were encouraged to visit at any time and we noted from the visitor's signing in book that there were regular visitors at the home. Additionally we saw that people were supported to go home to stay with relatives and family members for special occasions and on religious and culturally specific holidays or observations.

People's care records were stored securely in each of the bungalows which helped ensure confidentiality for people who used the service. We noted that records relating to peoples medicines were locked in the medicines room and could only be accessed by staff who were permitted to have access to them.

Good

Is the service responsive?

Our findings

People's relatives told us they had been involved in developing people's care plans. Care plans were reviewed regularly to help ensure they continued to reflect people's needs. We heard many example of how the service had responded to people's changing needs. For example if they needed specialist equipment. Also by working hard to manage people's health related conditions and therefore to reduce Hospital admissions by involving healthcare professionals early on or it staff notice a person is becoming unwell.

People's relatives were invited to attend monthly care plan review meetings where appropriate. However, the management team told us that any changes to a person's needs or abilities would be addressed through a review of both their care plan and risk assessment, we would not wait for the next review if a person's support needed to change". A relative told us that they were "kept 'in the loop' about all aspects of their relatives care and support".

Staff were very knowledgeable about people's preferences, routines, likes and dislikes, backgrounds and personal circumstances. They used this information to good effect in providing people with personalised care and support that met their individual needs. We were provided with examples where staff took action to respond when people became anxious or upset. For example, staff explained who we were and why we were there so relieve people's anxieties.

People's care plans contained sufficient detail and information to enable staff to provide people with care that was individual and personalised. For example, one person's care plan described the person's activities for the week and described in detail how they should be supported with these, along with times, durations and what if any equipment the person may require. For example money, lunch and swim wear. People had access to their own vehicles and we noted that people had full and eventful social lives.
There were a variety of activities linked to people's interests taking place with individuals throughout the inspection, one person was going out shopping with their key worker, another was doing some chair exercises and one person was listening to music. We reviewed people's activities planners and saw that people participated in a range of activities. Some people went to clubs and events such as a jazz club. One relative told us, "[Person] had been able to enjoy some age appropriate social activities including membership of the local curry club and pudding club and has been supported and enabled to participate in Jewish life in our Community including participation in religious festivals and Family occasions."
Other feedback received included information about plans for the warmer weather including the participation of swimming, ice hockey and football. People were supported to attend venues away from the home which included regular visits to restaurants and clubs which relatives told us they found to be very energising and exciting.

There was a complaint's policy and procedure in place. We reviewed the process and saw that all complaints were investigated in accordance with the complaints procedure. We received mixed feedback in terms of how the service responded to complaints and people's individual experiences. In the case of two complaints family members had made they told us, "I don't think these have been addressed adequately despite them being brought up on numerous occasions." Another relative told us, "I raised an issue they

responded and agreed the standards had fallen below what we should expect to receive." The issues had since been addressed. However in the case of two more family member's experiences they both said they felt confident to raise any concerns with the manager and had got things resolved without the need for making a formal complaint. We saw that many letters of praise and compliments had been received at the home. However, complainant's satisfaction and complaint resolution was an area that required improvement?

Requires Improvement

Is the service well-led?

Our findings

Relatives of people who used the service knew who the manager was. There had been several changes of senior management since the service opened and this had meant the service had not reached its full potential in respect of what the service had expected to deliver in the first year of its operation. The provider recognised this and had already put plans in place to address these. For example, this included having a stable workforce which had impacted on the overall quality of the service. The service used a lot of agency staff and a family member told us that, "The young people get used to seeing regular staff and build relationships with them in so far as they can, if they then suddenly don't work at the service any more this impacts on the people they were working with."

Staff support arrangements, although in place, were not always as effective as they might have been. Audits and quality monitoring required development to ensure they were effective in identifying some of the shortfalls we identified as part of our inspection. For example, in terms of a consistent approach to the recruitment of staff and a universal approach to the induction, training, skills and experience of staff.

The manager told us about their immediate priorities to improve aspects of the service and also to look at the medium and longer term priorities to develop and improve the service. This approach demonstrated that the manager and provider were committed to providing a safe, effective and high quality service.

Where staff did not have English as their first language, checks were in place to ensure they had basic communication skills to both understand how to communicate with people and could be understood. However this was not always tested and during our inspection we found it difficult to communicate with a staff member as they could not understand the questions we were asking. We observed the staff member speaking with a person but they did not respond.

The manager demonstrated an in-depth knowledge of the people who used the service, as they had only been in post a few months and had made it a priority to get to know the people. They were familiar with people's needs and family relationships. We observed the manager and provider interact with people who used the service and staff in a professional and friendly manner.

Staff told us that, and we reviewed minutes relating to staff meetings which were held to share information about the home and any potential developments and or changes. The minutes of these meetings showed that all areas of the service were discussed including the maintenance of the home, new enquires and areas of the home that required further development. The provider and management team had strived to improve all aspects of the home. This was evidenced by their interactive approach to the inspection and a willingness to accept constructive feedback and respond to aspects of the service which required clarification.
There were procedures in place to routinely check equipment at the service and to make sure it was maintained and serviced regularly. We saw portable appliance testing (PAT) had recently been completed to help ensure that the service was safe. The hobs in each bungalow were 'induction' hobs to help keep people safe so once the saucepan was removed the hob plate immediately became cool so as not to burn anyone if they put their hand on it. There were fire safety checks in place with regular drills and checks on equipment.

We found them to be open honest and transparent in their approach to the inspection and were receptive and realistic about the improvements that were required. They told us they were committed to providing an excellent service that was sustainable and that provided a happy home for the young people who resided there.

There were plans to undertake a survey to invite feedback from family members as well as feedback through other forums such as relatives and family meetings. This was in addition to informal meetings with managers to discuss any aspects of the service which family members felt needed addressing or attention.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken if required, and that relevant learning had been implemented to reduce the risk of a reoccurrence.