

Hightown Housing Association Limited

Lane End Road

Inspection report

Lane End Road
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27 October 2016
28 October 2016

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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

Say when the inspection took place and whether the inspection was announced or unannounced. Where relevant, describe any breaches of legal requirements at your last inspection, and if so whether improvements have been made to meet the relevant requirement(s).

Provide a brief overview of the service (e.g. Type of care provided, size, facilities, number of people using it, whether there is or should be a registered manager etc).

N.B. If there is or should be a registered manager include this statement to describe what a registered manager is:

'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.'

Give a summary of your findings for the service, highlighting what the service does well and drawing attention to areas where improvements could be made. Where a breach of regulation has been identified, summarise, in plain English, how the provider was not meeting the requirements of the law and state 'You can see what action we told the provider to take at the back of the full version of the report.' Please note that the summary section will be used to populate the CQC website. Providers will be asked to share this section with the people who use their service and the staff that work at there.

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.

Information and training in the administration of medicines was available for staff, this meant the registered manager could be assured people were receiving the medicines safely.

Care plans were detailed and risks associated with the provision of care had been assessed. This reduced the risk of people receiving inappropriate and unsafe care.

Is the service effective?

Good ●

The service was effective.

Staff were supported to provide effective care to people through induction, training supervision and appraisal.

Documentation showed people's physical and mental health needs were met. People were supported by staff to attend appointments to ensure their needs were identified and the support they received was appropriate.

Is the service caring?

Good ●

The service was caring.

Staff interacted with people in a caring and engaging way. They spoke to them in a way that empowered people and allowed people to voice their opinions.

Staff knew how to show people respect and protect their privacy.

Is the service responsive?

Good ●

The service was responsive.

People knew how to make a complaint, but had not had to do so. Staff knew how to respond to complaints.

People's independence and the maintenance and development of skills were a focus of the service. Staff worked hard to help people recover where possible from their mental illness.

Is the service well-led?

Good ●

The service was well led.

People and staff spoke positively about the registered manager and the assistant manager and their leadership style.

People and staff knew they could approach the senior staff for guidance and support and this would be delivered.

Lane End Road

Detailed findings

Background to this inspection

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

This was an announced inspection which took place on the 26 and 27 October 2016. The provider was given 24 hours' notice because the location provides a service for people with mental health needs who are often out during the day; we needed to be sure that someone would be available to speak with us.

Prior to and after the inspection, we reviewed previous inspection reports and other information we held about the home including notifications. Notifications are changes or events that occur at the service which the provider has a legal duty to inform us about. We did not request the completion of a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We gave the registered manager the opportunity to feed this information to us during the inspection.

We reviewed two people's care plans and spoke with two people about the care they received. Two other people made comments about the service but did not want to engage in further conversations with us. We spoke with five staff including the registered manager. We carried out observations of care and reviewed documents associated to two people's care and their medicines. We reviewed records related the employment of staff and audits connected to the running of the home.

Is the service safe?

Our findings

People told us they felt safe living in the service. One person said they felt "Very secure" they explained "When I started having my falls I was grateful there was somebody around all the time." We read in the minutes of a residents meeting one person stated they felt very safe living in the service, and staff had worked hard to provide a safe and caring environment. We noted the service had security cameras on the outside of the building to ensure where possible only authorised personnel had access to the premises.

Records showed all staff had received training in safeguarding adults some were due to receive update training. Staff were clear of their responsibilities to report abuse and were confident any such allegations would be properly investigated. They were also aware of the whistle blowing procedure and who to contact if their concerns were not taken seriously. We noted the service had a whistleblowing policy and this was under review by the provider. We had received assurances from the provider the whistleblowing procedure would be changed to include information for staff on who to report to outside of the organisation.

Staff and people told us there were sufficient numbers of staff available to meet people's needs. People's needs were assessed and staffing input was put in place dependent on what support people needed. From our observations we found there was adequate staff in place to ensure people were supported appropriately.

Documents related to the employment of staff showed relevant checks were carried out. These checks included evidence of Disclosure and Barring Service (DBS) checks. The DBS provides information for the provider to enable them to make safe recruitment decisions and prevent unsuitable people from working with vulnerable groups. References were obtained from previous employers and application forms were completed. Checks in the gaps of candidate's previous employment histories were carried out but not always documented. This was rectified during the inspection. This ensured the provider had in place the safety checks necessary to ensure the risk of employing unsuitable staff was minimised.

Each person receiving a service had a care plan in place. The risks identified through the provision of care had been assessed. These assessments were carried out in the areas of cooking, finance, and deterioration of a person's mental health. These described the risks and what action staff should take to minimise the risk of harm to the person or themselves. Staff we spoke with were familiar with the risks and how to deal appropriately with them.

The service also had environmental risk assessments in place to ensure the safety of the building. Servicing and checks on equipment had also taken place, for example electrical equipment had been tested to ensure its safety. Gas and electricity checks had been carried out and the water system tested to ensure compliance with the law. Plans were in place to redecorate the whole of the building, but no date had been agreed for work to commence.

Where accidents or incidents occurred, these were recorded by staff and reviewed by the manager and senior staff. We saw for one person they had frequent falls. The assistant manager told us since a medicines

review had taken place the number of falls had decreased. Documentation verified this. This showed the staff took preventative measures to ensure the risk of repetition was minimised.

People were supported with their medicines. We observed staff supporting two people with their medicines. Both people signed to show the medicines had been dispensed or administered to them. Staff checked the details on the medicines administration chart before administering. Where people were prescribed "as required" medicines, there were protocols in place to ensure people had access to this medicine, and staff understood what it was for. We checked some of the medicine stock for one person against the records; this showed medicine administration had been recorded appropriately. Staff received training on how to administer medicines safely. The registered manager audited the amount of medicines in stock on a monthly basis. Medicines records were also audited by a peer manager during the quarterly quality audit.

Is the service effective?

Our findings

One person told us they felt the staff were well trained and skilled to carry out their role. When new staff were appointed they attended a four day induction training course which included all of the provider's mandatory training. They then progressed to complete the Care Certificate. The Care Certificate is a recognised set of standards that health and social care workers adhere to in their daily work. This involves observations of staff performance and tests of their knowledge and skills. The registered manager told us if they recognised that a staff member was lacking in knowledge in any area, additional training was offered. Documents verified this. During our inspection we observed a new bank staff member being shown different aspects of the service by a more experienced member of staff.

The provider had recently updated their training software and training provider. The records of staff training were difficult to access. The registered manager sent us a copy of their training matrix. This showed 84 percent of staff had completed up to date mandatory training. This included safeguarding, medicine administration and mental health training. One person who had diabetes told us they did not think the staff were knowledgeable about diabetes. We discussed this with the registered manager, who confirmed staff had not received training through the provider on this subject. One staff member we spoke with who also had diabetes was very informed and used their knowledge in their role. The registered manager planned to organise an in house training session for all their staff on diabetes. Other specialist training was available to staff and records showed some staff had attended courses in mental health first aid, and schizophrenia amongst others. One staff member told us "I love my job, I came here five years ago with no knowledge. In five years I have gained lots of knowledge and built on my previous experience....I have achieved a lot in the last year through qualifications and more responsibility." Staff had the opportunity to build on their skills and knowledge to enhance the quality of the service they delivered.

Records showed staff received frequent supervision and appraisals. One staff member commented "I find it's like a coping mechanism, it gives you the opportunity to talk about your thoughts and feelings, I always feel better when the manager can give me guidance." Another told us "I am getting a better understanding of people's backgrounds." They went on to tell us how through their supervision they had learnt to how to do things correctly to improve their performance. Another source of support was through team meetings which were held regularly. Records showed that staff discussed issues in the service and shared ideas and support for each other.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager told us no one living in the service was deprived of their liberty. We found there were

no restrictions to people apart from access to the main kitchen. People had access to the kitchen with staff, but had access to a smaller kitchen for snacks and drinks without staff. People in the service had the mental capacity to make decisions about how they received their care. Each section of the care planning process considered whether people had the capacity to make decisions on each specific area of their care, for example medicines. Care plans showed people had been involved in the process and understood and consented to how the care was to be delivered.

People were supported with their hydration and nutritional needs. People took part in menu planning and were able to voice their preferences. Each day, afternoon tea was provided to people, they met in the dining area and enjoyed cake and sandwiches. Each person was given a list of food options to choose from. They each then decided on what they would like for an evening meal. From Monday to Thursday each person was supported to cook the evening meal they had chosen. From Friday to Sunday a main meal was provided by staff. From our observations the afternoon tea and the Friday morning cooked breakfast gave people the opportunity to enjoy communal time together if they chose. People told us they enjoyed these times and the food provided.

People's healthcare needs were supported by the provider. We saw documentation related to appointments with external professionals to assist people with their mental health and physical health needs. Staff supported those people who required it to attend appointments. One person told us how if they felt unwell staff responded quickly to ensure their health needs were met. They told us they received support from staff to attend podiatry appointments and GP appointments. Staff spoke knowledgeably about people's health needs and how they needed to respond to ensure people received the correct support in a timely way.

Is the service caring?

Our findings

People told us they felt well cared for by staff. One person told us how they had been supported by the assistant manager. They said "I had to go to hospital. X was marvellous; she stayed with me at the hospital nearly all day. She didn't leave me at all." They told us they were extremely grateful for the support they received that day. They went on to describe staff as "Very friendly and very good at their jobs."

During the two days we were present in the service, we observed a number of interactions between staff and people who lived at the service. We heard and saw staff chatted and engaged in a positive way with people. We saw how people were treated with patience, kindness and respect. Staff showed a genuine interest in what people were speaking about. Where reassurance or guidance was needed this was given. Whilst we were sitting in the office the registered manager's attention was requested a number of times by people, each time they responded appropriately.

During discussion with staff they were able to tell us about the level of support people needed and people's preference and dislikes. They were able to describe how they dealt with people who may be anxious or distressed and showed genuine concern for people's welfare when discussing them.

The people who used the service were able to speak with staff during their link worker sessions. These meetings took place monthly and involved the person and their link worker. This was a named member of staff who the person could go to if in need of specific support. During the meetings, the link worker would discuss with them the support they were receiving and any changes they felt were necessary. People's views were recorded and any action that was necessary or appropriate was taken. For example, one person had requested that if their link worker noticed the person's appearance was not meeting their own expectation, the staff member should mention this to them and support them to take the necessary action.

People also had the opportunity to attend resident's meetings which were held regularly. One person told us the meetings were useful because "It gives you an insight into what other people think about the service. People are generally positive about living here." The minutes of the meeting held in October 2016 showed people had the opportunity to make suggestions about what was on offer in the service and these were acted upon. For example one person suggested holding a relaxation group. The registered manager told us they had purchased equipment to support this. Other areas of discussion included feedback from the last holiday people went on, communal tasks that needed to be completed, staffing matters, complaints and compliments and safeguarding concerns amongst others. This allowed people the opportunity to discuss any issues or concerns they had as well as making suggestions of how the service could be improved.

People were given information through the resident's meetings, link worker sessions and through reviews of their care and support. We also saw notices had been placed around the service informing people and staff of relevant information. For example on the second day of the inspection, notices were placed strategically on doors to remind people that the clocks went back an hour the following day. We also observed one person opening their own post. They handed this to the registered manager who explained the content of it to them. This meant that people had a variety of methods to receive information when they needed it.

Staff knew how to treat people with respect. We observed how staff addressed people with their preferred name. Staff knocked on people's doors and did not enter until given permission to do so by the person. One person told us "They don't come in until I answer the door." We also observed the tone used by staff when speaking to people. Staff were not condescending or patronising, people were spoken to as an equal.

People were encouraged to be as independent as possible. The registered manager told us "We encourage people to take risks." They described to us how one person and their partner went to London for the day. They took relevant telephone numbers with them in case of emergency, but managed well and enjoyed the day. Other people we saw going out to attend appointments and visiting friends. Where people could, they accessed taxis and public transport to maintain their independence they had prior to moving into the service.

Is the service responsive?

Our findings

One person told us staff were responsive to their needs. They said "If you have a problem, they (staff) try to act accordingly to help you and they are very helpful." The impression we got whilst carrying out the inspection was that people were at the centre of the service. The service was geared around people's needs and was receptive to their opinions, preferences and ideas.

Records showed people were involved in their pre admission assessments. Care plans were drawn up based on their needs. People were involved in care planning. Their opinions were sought and respected by staff. Records verified this. People had their care plans reviewed and met with staff and other professionals when necessary to discuss how their mental health and chosen lifestyle could be improved. Records showed regular care programme approach (CPA) meetings with mental health professionals took place to review people medicines and their side effects. Reviews with GP's took place regularly to ensure people health was maintained. Visits from community psychiatric nurses and social workers ensured people's care was appropriate and people's needs were being met.

The ethos in the service was recovery. Some staff who worked in the service had experienced mental illness and recovered. One staff member told us "We are a diverse team but we are passionate about making this the best service we can for these guys." The registered manager told us "We are all here to work towards people's recovery. All staff have attended recovery training. This includes knowing people's histories, regaining the skills they had before, developing new skills and helping people to achieve." In this way, by working with the person their aim was to move people on to supported living, where the person could live more independently. The registered manager told us they had achieved this for four people in the last year.

People's relationships were respected by staff. Staff supported people to maintain relationships with family or friends. For example, staff supported one person to continue a relationship with their partner. Advice was given where appropriate, but the person's privacy was maintained. People were permitted to have friends stay overnight in the service for two nights each week if requested. Checks were made on overnight guests and agreement was sought by all the people living in the service. Visitors only had access to the person's room unless everyone agreed they could have access to communal areas. This ensured people felt safe. This meant relationships that had commenced before people moved into Lane End Road could continue, and new relationships could develop.

People had many opportunities to complain or compliment the service. Boxes were available in the foyer for people to write down any comments they had. Day to day discussions with staff and through residents meetings and link worker meetings also provided opportunities for people to comment. One person told us they would know how to complain but had never had to do so. Staff knew how to respond to complaints. One complaint had been received in the last year, this had been resolved to the satisfaction of the complainant.

The registered manager told us one of the challenges of the service was motivating some people to partake in any activities. This was because their mental health hindered their desire to participate. However, annual

holidays were arranged every year for people who wanted to partake. Activities were also organised in the service, such as film evenings, board games, breakfast club and afternoon tea. Community activities involved going to the pub, playing pool and visits to local places of interest. During the summer months BBQ's were held where people could invite friends and at Christmas a visit to Kew gardens and a Christmas pantomime were being planned. People who wanted to participated in everyday activities such as shopping and meeting friends for lunch. This provided opportunities for people to reduce the risk of social isolation.

Is the service well-led?

Our findings

We observed the daily interactions between staff and people in the service. Conversations about people's daily routines and requests for support showed staff listened and acted to support people with their needs. People had the opportunity to feedback to the provider how improvements could be made to the service through residents meetings. One staff member told us the purpose of the link worker sessions were to discuss with people what they wanted and what they needed. They had seen people grow in independence over the time they had been in the service. They told us "It is all about respecting people's wishes and what they would like." They went on to say, "It feels very rewarding when you see individuals with mental health problems progress." The registered manager took feedback from people seriously and acted on areas of the service that could be improved upon.

From observing staff interacting with each other and the registered manager it was apparent there was an open culture. Staff spoke respectfully about people and supported each other. Staff understood their responsibilities in relation to their post. Each staff member was given a document which described the particular roles and responsibilities for each post. It guided staff who to go to for support and which named member of staff held each position. This ensured staff were clear about the level of responsibility each staff member had.

Staff told us they were able to feedback to the management at team meetings, supervision and appraisals. Staff told us they were not worried about raising concerns and felt any concerns would be acted on. The registered manager said "Anyone is able to bring thoughts to the team meeting, we will consider them and discuss them as a team." One staff member told us staff were "A good team." Another said "From what I have seen so far I have been very impressed." Staff spoke positively about the registered manager and the assistant manager. Comments included "They really do care about their jobs and the people they are caring for." Another said "They both give us the guidance and support we need." A person described them as "dynamo" as they worked hard to manage the service.

Quality assurance audits were completed by the registered manager and a peer manager. The findings from the audit which included areas such as fire safety, care planning documentation and infection control amongst others were documented. Where required an action plan was in place with a completion date. We saw appropriate action had been taken to address any shortfalls.

The registered manager was able to monitor the quality of care and kept under review how the service was performing as they worked directly with people and staff. They had a visible presence around the service. We observed them preparing afternoon tea and assisting people with queries and advice. They told us they aimed to employ staff who were "Kind and compassionate rather than people who just want a job." They described how they worked to keep the vision and values of the service alive and relevant to staff. "By working with the service users and through supervision and dealing with poor performance. Continually talking about what we can do better and treating every person as an individual." A staff member told us they believed the vision of the service was "To help the individuals maintain independence, encourage daily life tasks and help them move on in the future." The registered manager and staff had a clear understanding

of the issues the service faced, and documents showed they worked together to address these issues. The registered manager told us "We work well with everyone. The fact that their mental health is settled is a reflection of what we do. We have managed to keep people from going back to hospital and we have done that for many years." It was clear the management and staff were working towards the same goals, which meant there was a consistent approach to service delivery.