Valeo Limited

Hascott House

Inspection report

243 Gleadless Road
Sheffield
South Yorkshire
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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

The inspection took place on 9 February, 2016 and was unannounced.

Hascott House provides accommodation and personal care for up to nine people, over the age of eighteen, who have a learning disability. The home is located in the Gleadless area of Sheffield, close to local amenities and transport links.

The service had a registered manager in post at the time of our inspection. 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.

The provider had a policy and procedure in place for safeguarding people from abuse. This included the types of abuse and how to recognise and report it. Staff we spoke with told us how they would recognise abuse and the signs they would look for.

We found there were enough staff available to meet the needs of people living at the service. Staff were available to support people as required, including supporting people on trips out in the community.

We looked at systems in place for managing medicines and found people received their medicines safely and appropriately. Medication was stored in a locked room in a locked cabinet and the temperature of the room was taken daily to ensure medicines were stored correctly.

We saw the service had a safe recruitment system in place which was used when employing staff. We looked at four staff files and found the recruitment process had been followed.

We looked at support plans and found risks associated with peoples' care and support had been identified. However, we saw one support plan stated someone was at risk of losing weight, but there was no risk assessment in place to address this.

We looked at staff training records and saw training took place on subjects such as medication management, infection control, moving and handling, nutrition, safeguarding, and food safety. Training was completed electronically and face to face depending on the subject.

We found the service to be meeting the requirements of the MCA and DoLS. Staff training records confirmed training in this subject had taken place. We spoke with the registered manager who told us that appropriate DoLS requests had been made to the authorising body and they were waiting to hear the outcome.

People were supported to have sufficient quantities of food and drink. People were involved in menu planning, food shopping and meal preparation where possible. People decided on a weekly menu for

evening meals.

We looked at peoples support plans and found that relevant healthcare professionals were involved in their care when required.

We observed staff interacting with people and found they were kind, caring and patient. Staff were supportive and involved people in their care and support. We saw staff offered choices and gave time for people to respond and they respected the person's decision.

We looked at support plans belonging to people and found they reflected the support being offered by staff. Support plans were person centred and reflective of the person's needs and wishes and included their likes and dislikes.

People were supported to pursue hobbies and interests and engage with the community. For example, people were involved in work programmes, church activities, shopping, and community groups.

The provider had a complaints procedure in place which was also available in an easy read version. Staff we spoke with told us that if anyone had a problem they would tell the staff or it would be raised at the residents meetings.

We saw that audits took place to monitor the quality of service provision. Any actions were identified and resolved.

People were supported to comment about the home and staff were able to suggest ways to improve the service. We saw results from an annual family survey which had been completed in August 2015. We were also informed that the service had completed their first staff survey.

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.

The provider had a policy and procedure in place for safeguarding people from abuse. This included the types of abuse and how to recognise and report it.

We found there were enough staff available to meet the needs of people living at the service.

There was an effective system in place to manage people's medicines.

We saw the service had a safe recruitment system in place which was used when employing staff.

We looked at support plans and found risks associated with peoples' care and support had been identified.

Is the service effective?

Good

The service was effective.

We looked at staff training records and saw training took place on relevant subjects.

The service was meeting the requirements of the Mental Capacity Act 2005.

People were offered a choice of meal at lunch time and drinks and snacks were provided throughout the day.

We looked at peoples support plans and found that relevant healthcare professionals were involved in their care when required.

Is the service caring?

Good

The service was caring.

We observed staff interacting with people and found they were kind, caring and patient.

Staff were supportive and involved people in their care and support. We saw staff offered choices and gave time for people to respond and they respected the person's decision.

Is the service responsive?

Good

The service was responsive.

We looked at support plans belonging to people and found they reflected the support being offered by staff.

People were supported to pursue hobbies and interests and engage with the community.

The provider had a complaints procedure in place which was also available in an easy read version.

Is the service well-led?

Good

The service was well led.

We saw that audits took place to monitor the quality of service provision.

People were supported to comment about the home and staff were able to suggest ways to improve the service.

Staff knew their roles and responsibilities and felt the management team were supportive.

Hascott House

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.

The inspection took place on the 9 February, 2016 and was unannounced. The inspection team consisted of one adult social care inspector.

Before our inspection, we reviewed all the information we held about the home. We spoke with the local authority to gain further information about the service.

We spoke with two people who used the service and spent time observing staff working with people.

We spoke with three support workers, the deputy manager, the registered manager and the locality manager. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at three people's care and support records, including the plans of their care. We saw the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Good

Is the service safe?

Our findings

We spoke with people who used the service and observed staff interacting with people and found people were safe. One person said, "They (the staff) keep us safe, it's nice here." We saw people appeared at ease in the presence of the staff.

The provider had a policy and procedure in place for safeguarding people from abuse. This included the types of abuse and how to recognise and report it. Staff we spoke with told us how they would recognise abuse and the signs they would look for. One support worker said, "If someone's mood was different to what it usually was, I would know that something had troubled them. I would look further in to this, it may be that they were unwell or it could be something else." Another care worker said, "It is my responsibility to ensure people are safe. I would report any safeguarding concerns to the manager without delay."

We spoke with the registered manager about safeguarding and were shown an electronic record which logged and incidents of this nature, the outcome and any areas of development.

We found there were enough staff available to meet the needs of people living at the service. Staff were available to support people as required, including supporting people on trips out in the community. A senior support worker was available during waking hours and worked alongside other staff. During the night senior support workers were available on an on call rota and staff were able to contact them if the need arose. People we spoke with told us staff were always available. One person said, "They (staff) always have time for me."

We looked at systems in place for managing medicines and found people received their medicines safely and appropriately. Medication was stored in a locked room in a locked cabinet and the temperature of the room was taken daily to ensure medicines were stored correctly. We saw temperatures were recorded but noted that two gaps appeared in the month of February 2016. We spoke with the deputy manager about this who said they would communicate this to the senior team to ensure consistency. At the time of our inspection there were no medicines requiring fridge storage and no controlled medication on site. The deputy manager explained the procedure for storing these medicines if required.

We looked at the Medication Administration Records (MAR's) for people and found medicines administered were recorded effectively. We also saw people had a front sheet which included their photo and date of birth and any known allergies.

The service had a procedure in place for recording medicines prescribed 'as required.' We spoke with the deputy manager who explained the process. People requiring this type of medicine had a care plan explaining when they needed to take the medicine and what signs to look out for. We saw one person had recently been prescribed this type of medicine but did not have this system in place. We spoke with the deputy manager who told us they had only started the medicine recently and they were in the process of putting this plan in place.

We looked at support plans and found risks associated with peoples' care and support had been identified. These included risks around choking, accessing the kitchen to prepare meals, and outings in the community. Risk assessments in place identified the hazards and what actions to take to reduce the risk occurring. However, we saw one support plan stated someone was at risk of losing weight, but there was no risk assessment in place to address this. We spoke with the registered manager who said they were in the process of updating risk assessments and would ensure this was completed.

We saw the service had a safe recruitment system in place which was used when employing staff. We looked at four staff files and found the recruitment process had been followed. We saw application forms and interview notes were available as well as a contract of employment and job description. Pre-employment checks were obtained prior to new staff commencing employment. These included two references, and a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable people.

Staff we spoke with confirmed that this process had been followed prior to them commencing employment at the service.

Good

Is the service effective?

Our findings

We spoke with staff who told us they received training on a regular basis and the felt it gave them the skills to carry out their role effectively.

We looked at staff training records and saw training took place on subjects such as medication management, infection control, moving and handling, nutrition, safeguarding, and food safety. Training was completed electronically and face to face depending on the subject. In addition to these mandatory subjects, training in other topics such as epilepsy, conflict management, and person centred thinking also took place. Staff we spoke with told us they were able to identify their training needs and requirements via their annual appraisals or their one to one sessions with their managers. Staff were confident that if an appropriate training need was identify it would be actioned. Staff personal files we saw included a copy of their training certificates.

Staff we spoke with felt supported by their managers and told us that supervision sessions took place frequently. These were individual meetings with their line manager. However, they felt that they could raise issues as they arose so it left little to speak about in their one to one sessions. We spoke with the registered manager about this and discussed ways to attract input from staff at their supervision sessions.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had a policy in place regarding this which stated that best interest meetings should take place when required. The policy included the principles underpinning the MCA 2005.

We found the service to be meeting the requirements of the MCA and DoLS. Staff training records confirmed training in this subject had taken place. We spoke with the registered manager who told us that appropriate DoLS requests had been made to the authorising body and they were waiting to hear the outcome.

Support plans we looked at recorded the persons capacity and how best to support the person. For example, one support plan entitled, 'making decisions and choices,' gave instructions on how to support the person. It said the person required all information to make an informed choice and needed time to process the information in order to make the right decision. For more formal decisions the person needed a best interest meeting to assist the person.

We observed staff interacting with people and saw choices were offered. For example, we saw staff assisting people to decide what they wanted to eat at lunch time. This was done on a one to one basis and each person chose what they preferred.

People were supported to have sufficient quantities of food and drink. People were involved in menu planning, food shopping and meal preparation where possible. People decided on a weekly menu for evening meals. Staff supported people to choose healthy options. We also saw snacks such as yogurts and fresh fruit were available as and when people needed them. People we spoke with told us they enjoyed the food provided. One person said, "The food is good."

Support plans included assistance required to attend medical appointments. We saw people had access to relevant healthcare professionals as required. For example, dentist, doctor, nurse etc.

Good

Is the service caring?

Our findings

We spoke with people who used the service and found that they liked the staff and enjoyed living at the home. On person said, "They (the staff) are nice; I get on well with them." Another person said, "It's nice here, I like it."

We observed staff interacting with people and found they were kind, caring and patient. Staff were supportive and involved people in their care and support. We saw staff offered choices and gave time for people to respond and they respected the person's decision. Staff we spoke with were committed to supporting people in the best way that suited each individual. Staff were knowledgeable about people's preferences and were keen to support each person to live their own life which involved their interests and hobbies.

Support plans we looked at included a one page profile which informed the reader of what was important to the person and what people liked about them. For one person, family and friends were important and we saw a list of birthdays available so staff could support the person to send a card to people in their life. We also saw life stories which gave a history of the person, for example what holidays they had enjoyed, where they lived, and who were important to them.

The service had a dignity policy to promote the dignity challenge. We spoke with the dignity champion who told us their role was to ensure staff treated people as individuals, offer choice and to ensure dignity is respected. This was also a topic on the agenda for the staff meetings which showed the service was dedicated to it.

We saw peoples' bedrooms were individualised and tailored around what the person wanted and needed. For example one bedroom had different coloured lights and music playing; another room had photographs of the person and people who were important to them.

We saw that support plans addressed peoples' religious and cultural needs. One person attended the local church every Sunday and had met a lot of friends there. Staff supported the person with this activity.

Good

Is the service responsive?

Our findings

We spoke with people who used the service and found they knew they had a support plan and were involved in discussions about it. One person said, "I tell staff in I need something. They sort it for me."

We looked at support plans belonging to people and found they reflected the support being offered by staff. Support plans were person centred and reflective of the person's needs and wishes and included their likes and dislikes. For example one support plan stated the best way to support the person was to identify boundaries as they tended to invade other people's personal space. The best way to support the person was to include them and have a laugh and joke with them. We saw staff carried out their support in this way. We saw another person had pictures in their file to assist them in understanding their support. The plan stated that the person required a routine and language kept clear and simple so that they could understand and be involved in communication.

We saw support plans were reviewed by lacked content. For example one review indicated that there had been no changes when other information in the persons file indicated that there had been a change. We spoke with the registered manager about this and were told they would look in to the issue.

People were supported to pursue hobbies and interests and engage with the community. For example, people were involved in work programmes, church activities, shopping, and community groups. People were looking forward to the valentines disco at a local centre. People told us that they enjoyed discos and parties. One person had enjoyed going to a concert where their favourite artist was performing. Staff told us that people were supported to go on holidays and they had a choice in where they went. Some people preferred coastal holidays whilst others enjoyed trips to cities such as London.

The provider had a complaints procedure in place which was also available in an easy read version. Staff we spoke with told us that if anyone had a problem they would tell the staff or it would be raised at the residents meetings. We spoke with the registered manager about the complaints procedure and were told that they would look at the complaint in the first instance, but would then pass to her line manager. The registered manager informed us that no complaints had been received in the past 12 months, but an electronic system was in place to log complaints should it be required. The registered manager also told us that they would use any complaints to develop the service.

Good

Is the service well-led?

Our findings

People we spoke with knew who the registered manager, deputy manager and senior team were and felt they could speak with them at any time. Staff we spoke with felt supported by the management team and told us they had an open door policy where they could discuss issues as they arose.

The registered manager was also registered manager at two other small services owned by the same provider. She explained that the deputy manager was responsible for overseeing the day to day running of the service. The registered manager was on site about twice a week, but was contactable via telephone at other times.

We saw that audits took place to monitor the quality of service provision. These included audits for medication, health and safety, infection control, and incidents and accidents. If an audit identifies an issue this was put on the service delivery plan, which is an action plan identifying what the service needs to address. This was not available on the day of our inspection, as it was being updated. However this was sent to us shortly afterwards.

People were supported to comment about the home and staff were able to suggest ways to improve the service. We saw results from an annual family survey which had been completed in August 2015. We were also informed that the service had completed their first staff survey. Any areas for improvement or development will be placed on the service delivery plan. We spoke with the registered manager about how they displayed results to people living at the service. This was currently in progress and the management team had discussed different ways of displaying the results. One possibility was a poster indicating, what people said and what the service did to change this.

People who lived at Hascott House held regular meetings and discussed any ideas for future developments. Some people preferred to speak with their key worker on a one to one level.

Staff we spoke with knew their roles and responsibilities and when to raise something with their line manager. There was a sense of good teamwork amongst the staff group.