

Dame Hannah Rogers Trust

Hannahwood Mews

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Hannahwood Mews is a residential care home providing personal and nursing care to 10 younger adults with significant physical disabilities and associated sensory, communication and learning disabilities, at the time of the inspection. The service can support up to 14 people in one adapted building. All areas of the service were wheelchair accessible.

Hannahwood Mews is situated on the same site as Dame Hannah Roger's school and is run by the Dame Hannah Rogers Trust.

The service had been developed and designed prior to Building the Right Support and Registering the Right Support guidance being published. However, people using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities to live meaningful lives that include control, choice, and independence.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 14 people. Ten people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design and its location within the Dame Hannah community. People lived busy lives and this reduced the amount of time they spent in the service.

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

People living at Hannahwood Mews received an exceptionally person-centred service. Staff were committed to supporting people to communicate their needs and preferences. People had active and fulfilled lives and were part of the local community. People had opportunities to attend a wide range of clubs, events, exercise and therapy classes at the service. There were lots of outings and community events in the local area. A relative who gave feedback said, "We are fortunate to be able to access such an inspiring and innovative organisation."

People's needs were thoroughly assessed and care plans were extremely detailed. Care and support was planned proactively in partnership with people and their families, where appropriate. Staff were highly responsive in identifying people's needs and ensured they were supported in the best way possible.

People benefited from compassionate support provided by a kind, committed and caring staff team. The provider had received feedback from a relative, which stated, "Care and support is second to none." Staff recognised the importance of family and friends and helped people maintain these important contacts.

People's risks were understood and managed well. People were protected from discrimination and abuse

because staff understood how to safeguard them. Staff had the skills and knowledge to support people safely and effectively.

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

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

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

People health and communication needs were fully met as they had access to qualified healthcare professionals who were employed by the service. They were also supported by a wide range of external health and social care professionals.

The service was well led by a committed management team. They used effective checks and audits to identify areas for improvement and develop the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 22 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Hannahwood Mews

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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

During the inspection

We spent time with six people who used the service. We spoke with eleven members of staff, including the

director of adult services, the registered manager, team leader, nurse, physiotherapist and support workers. We did not use 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. This was because people were coming in and out of the service on a regular basis. We did use the principles of SOFI when carrying out observations in the service.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at additional activity records. We spoke with the service's activities and events manager. We asked five professionals for feedback and received one response.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were comfortable and relaxed with the staff supporting them. People sought out staff when they appeared anxious and needed reassurance.
- There were effective systems in place to protect people from the risk of abuse. Staff were aware of when and how to report concerns and were confident they would be dealt with.
- Staff had received training in protecting people from abuse, and this was regularly updated.

Assessing risk, safety monitoring and management

- People's risks were assessed and safely managed. Staff encouraged positive risk taking and ensured people were able to lead fulfilling lives.
- Risks relating to people's communication, health and lifestyle were documented and understood by staff. People, relatives, representatives and professionals were involved in discussions about managing risk.
- People's support plans contained clear protocols and staff guidance to help protect people at home and in the community.
- Regular health and safety checks were carried out to ensure the environment remained safe for people. Each person had a personal emergency evacuation plan in place which gave guidance to staff on the support they would require to leave the building.

Staffing and recruitment

- Staffing levels had been planned and organised in a way that met people's needs and kept them safe. There were enough staff on duty to meet people's assessed needs for one to one support during the day, and two to one when needing support with moving.
- The management team worked hard to provide people with a consistent staff team. Several staff had worked in the home for a number of years.
- Staff recruitment practices were safe. Checks such as a disclosure and barring (police) check, had been carried out before staff were employed. This made sure they were suitable to work with people.

Using medicines safely

- People received their medicines when they should. Medicines were stored, recorded and administered safely. Medicines administration records were fully completed.
- Storage temperatures were monitored to make sure medicines remained safe and effective.
- There were PRN protocols (as required medicines) in place. This information provided staff with instructions about why, how and when these medicines needed to be administered.
- People's medicines were regularly reviewed, and advice was sought from GPs and other healthcare

professionals when needed.

- Only nurses and trained staff administered medicines. Their competency was regularly assessed.

Preventing and controlling infection

- The environment was clean, tidy and free from unpleasant odours.
- Staff used protective clothing such as aprons and gloves to reduce the risk of spread of infection.

Learning lessons when things go wrong

- Accidents and incidents were recorded and escalated to senior management. The management team monitored and analysed incidents to identify any trends or patterns so action could be taken to prevent re-occurrence. For example, when medicine errors occurred, the management moved the medicines room to a larger space. This had reduced the number of errors as staff had more room to prepare people's medicines.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff had carried out detailed needs assessments before people moved into the service. Staff received information on how best to meet each person's needs in line with best practice guidance and people's preferences.
- The service applied the overall principles and values of Registering the Right Support (RRS) and other national guidance for supporting people who live with a learning disability. This ensured that people who used the service had a life that achieved the best possible outcomes for them including control, choice and independence.

Staff support: induction, training, skills and experience

- People who lived in the service had complex medical, physical and communication support needs. Staff had completed training to ensure they had the skills and knowledge to support people safely and effectively. Specialist training was completed to ensure each individual's needs were met. One staff member told us, "The training is amazing."
- New staff were supported to complete the care certificate. The care certificate is a nationally recognised induction for staff. New staff shadowed experienced staff so they understood how to support people. A staff member told us "It was really, really good - I needed that (time) to get used to the residents' (needs)."
- Staff had opportunities for regular supervision and appraisal. Staff told us they were well supported in their role. They said the management team were always there to give help and support if needed.

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

- People received the support they needed to maintain their nutrition and hydration. Care plans contained detailed information about any risks, preferences and the support people required.
- Most people were only able to eat specialised meals through a tube. One person who was fed by a tube was supported to have 'oral tasters'. Staff supported the person to try small amounts of food for the person to enjoy different food and tastes.
- One person who was able to take oral soft diet had a personalised laminated 'placemat' with their preferred mealtimes, foods, and drink thickeners. Their meal was prepared according to their assessed dietary needs. The staff member who assisted the person to eat was relaxed and supported the person at their preferred pace whilst chatting with them.
- People's nutritional risk and weight was monitored. Professional guidance was sought where necessary.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People had access to qualified healthcare professionals who were employed by the service. This included a team of nurses and speech and language therapists.
- People were supported by a wide range of external health and social care professionals. This included GPs, psychologists, dentists, opticians, dieticians, and physiotherapists. Advice was recorded, accessible and consistently followed by staff. A healthcare professional told us the information they needed was always available and staff listened to and made suggestions in people's best interests.
- Each person had a detailed 'hospital passport' which provided hospital staff with important information about their needs and preferences. Whilst people were in hospital, their regular workers continued to support them. This meant the person benefited from staff who knew them and ensured they were safely discharged back into their care.

Adapting service, design, decoration to meet people's needs

- The environment had been adapted to meet people's individual needs. All areas of the service were wheelchair accessible. Overhead tracking was fitted in people's bedrooms and bathrooms which made using a hoist easier and safer. People had access to an enclosed garden area, which provided them with a safe and attractive outdoor space.
- People's bedrooms were personalised and decorated to reflect their taste. Bedroom doors were individualised with photos, names and bunting. Some people had sensory lights and scents in their bedrooms as they found them calming.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had a good understanding of the principles of the MCA.
- Staff asked people for their consent before providing any support and acted in accordance with their wishes. This was through looking at facial expressions, body language, communication aids, and spoken word.
- When people had been assessed as not having the capacity to make decisions for themselves, best interest meetings were held, and the outcome recorded.
- When people had restrictions in place to keep them safe, correct procedures had been followed. Any restrictions had been regularly reviewed.

Is the service caring?

Our findings

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

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

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

- People received compassionate support from a kind, committed and caring staff team. Staff were positive about the care provided. The provider had received feedback from a relative, which stated, "Care and support is second to none." A healthcare professional told us staff were always very helpful and caring towards people.
- Interactions between people and staff were relaxed. People knew staff well, joined in conversations and were smiling. Staff showed an interest in what people were doing. For example, when one person came back from the barbers, staff commented enthusiastically about their new haircut. This really pleased them.
- When supporting people, staff explained what they were doing and what was about to happen.
- When people felt anxious, staff reassured people and used appropriate touch to comfort them. For example, staff noticed one person was becoming anxious. They took the person for a stroll down the corridor and made funny noises to make them laugh and relax. Another staff member joined in until the person was relaxed.
- The registered manager told us, "Support is provided in a person-centred way which considers each person's protected characteristics, abilities, strengths, needs and goals." Staff had completed training in equality and diversity. Staff were keen to ensure people's rights were respected and were aware of their needs relating to disability, gender, faith and sexual orientation.
- Each month people and staff celebrated a different culture. Staff supported people to choose a dish to make. The service was then decorated according to the theme, with flags and accessories. Music from the country was played at the disco. People really enjoyed this and it gave them a better understanding of different cultures.

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

- People were encouraged to make decisions about their day to day routines and express their personal preferences.
- Staff knew and used people's preferred communication methods. This meant people could express themselves in the way they wished and be understood.
- People were respected and valued as individuals and empowered as partners in their care and support. For example, people were involved in interviewing and selection of potential staff who would support them.
- Staff had built positive relationships with people's representatives and worked closely with them to consider their views and experiences.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was considered and upheld by staff. Staff knocked on doors and waited for a response before entering.
- People's independence was respected and promoted. We observed people doing what they could for themselves.
- People were supported to maintain relationships with those close to them. People were supported to go out with their families. Relatives were made to feel welcome and could visit at any time. Photos and feedback were placed on secure social media so family and friends could see what people had been doing.
- People's personal records were kept secure and confidential. Staff understood the need to respect people's privacy including information held about them in accordance with their human rights.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was a real buzz about the service and people lived as full a life as possible. A relative who gave feedback said, "We are fortunate to be able to access such an inspiring and innovative organisation."
- In line with 'registering the right support' people received person centred care. People received individual support from their dedicated staff member. There were a number of different areas in the bungalow for people to spend time doing one to one activities. Each person had an 'activity passport'. Staff had worked with each person to identify their interests and aspirations. Staff had a 'can-do' attitude and supported people to achieve their goals. For example, one person had chosen to join the tennis group. Staff noticed the person was comfortable and relaxed when they arrived early and were alone. However, when in a group, the person would lose interest and leave after a few minutes. Staff offered one to one tennis coaching and the person engaged well. As a result, they built their confidence and had gone on to join and enjoy other group activities.
- The service employed an activities and events manager to set up and oversee events both at the service and in the community. They had received the 'Putting People First/Personalisation award' at the regional Great British Care Awards 2019. They had been put forward for the final at the National Care Awards in 2020. The award was for demonstrating an innovative approach to empowering people. For example, the service had opened a coffee shop where each person had the opportunity to manage the coffee shop, with their staff's support. As a result, people had built their confidence with their communication skills, sequencing, and money handling.
- People had lots of opportunities to meet up with other young adults who lived in other parts of the Dame Hannah community. The main building provided a large space for events, coffee mornings, exercise, hydrotherapy, arts and crafts, music sessions, computers, and socialising. During our inspection, there were lots of activities taking place. People clearly enjoyed a new fitness session. Another person had enjoyed and benefited from their session in the hydropool. A couple of people had 'Rebound' therapy where they took part in exercise using a trampoline to progress their movement. The laser lights in the room were turned on according to their preference. They both displayed excitement awaiting their turns. The service had developed fun activities that not only provided enjoyment but helped develop people's skills. For example, people really enjoyed the drumming workshops where they could make as much noise as they like whilst developing concentration, motor skills and co-ordination.
- The service had built strong links with the community. For example, people visited a local care home once a month to have a drink and a chat with the people who lived there. People enjoyed the company of older people, shared stories and benefited from the social interaction. The service had built strong relationships with the local professional football and rugby clubs. As a result, an accessible wheelchair football group run

by the professionals had been set up at the service. Other providers had visited the service to see what had been achieved. People were part of their communities, which meant they lived ordinary lives. Staff told us people were well known in the local community. For example, we heard about people enjoying walks, shopping, and visiting places of interest. During our inspection, one person really enjoyed a trip out to the barbers. People spent time with their families in the community. For example, one person went to church with their family every week.

- People benefited from lots of outings and activities. For example, people really enjoyed the service's dog-walking group which visited different locations around Devon and Cornwall. The service's therapy dog sat on people's wheelchairs which prompted lots of conversations with the public and helped people to feel empowered. The service recognised the therapeutic benefits for people who found the dog's company calming. People's communication had developed as they could use symbols or their communication aids to give commands to the dog. The service had written an 'accessible walks' guide which had been shared with the public and other organisations online.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Meeting people's communication needs

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

- People received extremely personalised care and support specific to their needs and preferences. People living in this service had very complex needs. This did not limit how people were involved in planning their care. The service employed qualified speech and language therapists who supported the development of staff communication skills. Shared learning experiences for people and their staff took place in communication workshops. This meant each person had individual attention to their communication needs and was enabled to be fully involved in their care planning. Staff worked with people to put together a care plan that was person centred and achieved their desired outcomes. People's care plans were very detailed. They gave clear information about the support people needed to meet their physical, emotional, and social needs.
- People who had difficulty communicating benefited from staff who observed what made them happy and adjusted their care and support accordingly. For example, one staff member told us how they put on string lights and released a scent in one person's room as they liked this and found it calming.
- Staff worked extremely hard to meet people's needs and preferences and ensured people were supported in the best possible way. For example, one person who had moved into the service had never slept in a bed and this resulted in some risks to their health. Staff worked with the person, their relative, and healthcare professionals to encourage the person to go to bed. This had been successful and since sleeping in bed, the person was sleeping better and risks to their health had been reduced. They had also enjoyed shopping for new accessories for their bedroom.
- Staff were aware of those people who may be excluded because of their disability and made adjustments to encourage people's independence. For example, the sensory room could be completely controlled by individuals. This had made a significant difference to one person's well-being. This person was not usually very responsive when sitting in social areas. The service bought a switch so the person could activate the equipment with their head. When the person sat in the sensory room next to the bubble lights their eyes lit up, their head moved, and they were really transfixed with the lights.

Improving care quality in response to complaints or concerns

- People were supported to express their concerns. Each person had a copy of the complaints policy in an accessible 'easy read' format. Staff described how they knew a person was unhappy if they were unable to verbalise a complaint.
- Complaints were recorded and responded to appropriately.

End of life care and support

- People were supported at the end of their life to have a comfortable, dignified and pain free death. At the time of our inspection, no one at the service was receiving end of life care.
- All staff had completed palliative care training and the service had links with the local hospice.
- People's nurse assessment contained information about end of life care and people's cultural and spiritual needs.

Is the service well-led?

Our findings

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

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

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

- The provider had a clear vision and set of values which reflected the principles of high -quality person-centred care and support. The management team and staff understood these and were committed to achieving the best outcomes for the people they supported.
- Staff told us the service was well managed and they enjoyed working there. Comments included "I'm really happy here, I feel supported and listened to" and "(name of registered manager) is really approachable."

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

- The registered manager was aware of their responsibilities to provide CQC with important information and had done so in a timely way.
- The provider and registered manager understood the duty of candour in respect to being open and honest with people and relatives.

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

- The registered manager was supported by the director of adult services, a deputy manager, team leader and support workers. There was a stable staff team. Each staff member knew their responsibilities and there were clear lines of accountability. Staff said, "We've got a good team" and "We all support each other."
- Quality assurance and governance systems were in place to assess, monitor and improve the quality and safety of the service. A range of daily, weekly and monthly audits were carried out. Any issues identified were recorded in the service improvement plan. Actions were taken to make improvements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Surveys were used to gather views from people and their representatives about the quality of the service. Records showed the outcomes were used to develop and improve the services provided.
- The service had recently introduced a 'service user' forum. This gave people the opportunity to ask their representative to raise issues on their behalf and share their views.
- People who lived in the Dame Hannah community produced a regular newsletter. This included information about what was happening at the service and how people could get involved. People's stories,

poems and jokes were published for other people to read.

- Staff felt able to contribute their thoughts and experiences informally and through regular meetings. The service had introduced a 'staff forum' asking for staff views to develop and improve the service.
- Each visitor to the service was given a 'comment and feedback form' to seek their views.

Continuous learning and improving care; Working in partnership with others

- The registered manager was committed to improving care and support. They kept up-to-date with national developments in the care sector.
- The service worked in partnership with other organisations, commissioners, and health professionals to ensure they achieved the best outcomes for people.