

Hightown Housing Association Limited

Manor View

Inspection report

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31 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?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on the 27, 28 and 31 October 2016 and was unannounced. Manor View provides accommodation and care for up to eight people who live with learning and physical disabilities. At the time of our inspection eight people lived at the home. At our last inspection 30 November 2015 we found that medicine practices were not safe and there was a breach of regulation 12.

There was a manager in post who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the 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 and associated Regulations about how the service is run. The registered manager is also the provider for this location.

People were not always supported to pursue social interests and take part in meaningful activities relevant to their needs, both at the home and in the wider community.

Relatives and staff were complimentary about the registered manager and how the home was run and operated.

People were unable to communicate with us as to whether they felt safe, happy and well looked after at the home. However relative's and our observations confirmed that people were safe.

Staff had received training in how to safeguard people from abuse and knew how to report concerns, both internally and externally.

Safe and effective recruitment practices were followed to ensure that all staff were suitably qualified and experienced. Arrangements were in place to ensure there were sufficient numbers of suitable staff available at all times to meet people's individual needs.

Plans and guidance had been drawn up to help staff deal with unforeseen events and emergencies. The environment and equipment used were regularly checked and well maintained to keep people safe.

Relatives were positive about the skills, experience and abilities of staff who worked at the home. They received training and refresher updates relevant to their roles and had regular supervision meetings to discuss and review their development and performance.

People were supported to maintain good health and had access to health and social care professionals when necessary. They were provided with a healthy balanced diet that met their individual needs.

Staff made considerable efforts to ascertain people's wishes and obtain their consent before providing personal care and support, which they did in a kind and compassionate way.

Staff had developed positive and caring relationships with the people they cared for and clearly knew them

very well. People were involved in the planning, delivery and reviews of the care and support provided. The confidentiality of information held about their medical and personal histories was securely maintained throughout the home.

Care was provided in a way that promoted people's dignity and respected their privacy. People received personalised care and support that met their needs and took account of their preferences. Staff were knowledgeable about people's background histories, preferences, routines and personal circumstances.

Complaints were recorded and investigated thoroughly and responded to in line with their service policy.

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.

People were kept safe by staff trained to recognise and respond effectively to the risks of abuse.

Safe and effective recruitment practices were followed to ensure that all staff were fit, able and qualified to do their jobs.

Sufficient numbers of staff were available to meet people's care needs at all times.

People were supported to take their medicines safely by trained staff.

Potential risks to people's health and well-being were identified and managed effectively in a way that promoted their independence.

Is the service effective?

Good 

The service was effective.

People received support from a staff team who were appropriately trained and supported to perform their roles.

Staff sought people's consent before providing care and support.

People were supported to enjoy a healthy diet.

People were supported to access a range of health care professionals to help ensure that their physical and mental health and well-being was being maintained.

Is the service caring?

Good 

The service was caring.

People who used the service were treated with kindness and respect.

Staff had a good understanding of people's needs and wishes and responded accordingly

Care was provided in a way that promoted people's dignity and respected their privacy.

Confidentiality of personal information had been maintained.

Is the service responsive?

The service was not always responsive.

People were not always supported to pursue social interests and take part in meaningful activities relevant to their needs.

People did not always receive personalised care that met their needs and took account of their preferences and personal circumstances.

Detailed guidance made available to staff enabled them to provide person centred care and support.

People and their relatives were confident to raise concerns which were dealt with promptly.

Requires Improvement ●

Is the service well-led?

The service was well led.

Effective systems were in place to quality assure the services provided, manage risks and drive improvement.

Relatives, staff and social care professionals were very positive about the managers and how the home operated.

Staff understood their roles and responsibilities and were supported by the registered management.

Good ●

Manor View

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 27, 28 and 31 October 2016 by one Inspector and was unannounced. We carried out one visit during the day to see the home and meet the manager and review documentation. We also contacted relatives and other professionals for feedback about Manor View. We reviewed other information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke observed people who lived at the home, we spoke with three relatives, three staff members and the registered manager. We spoke with other professionals that provide support and guidance for people who used the service. We looked at care plans relating to three people and two staff files. We used the Short Observational Framework for inspections (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk.

Is the service safe?

Our findings

At our last inspection 30 November 2015 we found that medicine practices were not safe. Information maintained about when people had been supported to take their medicines was not as complete as it should have been in all cases. There were unexplained gaps in medicine administration records' meaning it was not always clear whether or not people had been supported to take their medicines as prescribed.

However we found that medicines were now administered safely. There were suitable arrangements for the safe storage and disposal of medicines. People were helped and supported to take their medicines by nurses who were trained and had their competencies checked and assessed in the workplace. Nurses demonstrated that they were knowledgeable about people's medicines, potential side effects and how to support them safely. We found that weekly audits and stock checks were completed to ensure people were safe. We looked at a random selection of medicines and found stock levels were correct and medication that had been opened had been dated correctly to ensure that the medicine was used within the manufactures best before date. The medicine administration records (MAR) that we looked at had been completed properly. We saw people were supported to take their medicines safely.

Most people who lived at the home were unable to communicate with us verbally due to their complex health conditions so we observed how staff interacted and supported people in communal areas. People were kept safe by staff who knew them well. One relative said, "[Name] is one hundred percent safe because there is good communication and staff have the skills to look after [Name]."

We saw that information and guidance about how to recognise the signs of potential abuse and report concerns, together with relevant contact numbers, were displayed at the home. Staff demonstrated verbally that they understood how to report any concerns and how to escalate concerns if required. One staff member said, "I would report any concerns to the manager." Staff we spoke with were aware of other organisations they could report concerns to such as, the Local Authority and CQC.

Safe and effective recruitment practices were followed to make sure that all staff were of good character, and physically and mentally fit for the roles they performed. We saw relevant checks were in place before staff were allowed to start their employment. There were suitably experienced, skilled and qualified staff available at all times to meet people's needs safely and effectively in a calm and patient way.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. These included areas such as nutrition, mobility, health and welfare. For example the registered manager confirmed where one person had a fall and had lost confidence in their walking. The key-worker looked into possible causes; it was found that the shoes they were wearing may not be supporting their feet properly. The service user was supported to ensure all of their footwear was sturdy and suitable. They were also referred to Occupational Therapy to review their walking. They were assessed for a walking frame. The support plan was updated giving staff guidance on how to provide appropriate support.

Information from any accident, injury and incident reports were monitored and reviewed by the registered

manger. The registered manager confirmed that if service users had an accident or injury, they looked at how to avoid this happening again and where required made changes to ensure the safety and well-being of individuals at all times.

Plans and guidance were available to help staff deal with unforeseen events and emergencies which included relevant training, for example in first aid and fire safety. Regular checks were carried out to ensure that both the environment and the equipment used were well maintained to help keep people safe, for example fire alarms were regularly checked. There was a personal evacuation plan in place for people who lived at the home.

Is the service effective?

Our findings

Staff were able to demonstrate that they established people's wishes and obtained their consent before providing support. We saw in support plans that the appropriate representatives signed consent where required. We saw staff supporting people with choices throughout the inspection.

The Mental Capacity Act (2005) provides a legal framework for making particular decisions on behalf of people who may lack 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. Where 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).

We checked whether the service was working in line with the principles of the MCA and whether any conditions or authorisations to deprive a person of their liberty were being met. We found that people who lacked capacity to make their own decisions had capacity assessments in place and decisions were made in their best interest. People were supported to make choices and where required people had DOL's advocates in place. One staff member said, "You should always give people choices it's their human right to be respected as an individual."

Some people who lived at the home were either unable to communicate verbally or had limited means of communication available. Staff worked closely with them and their relatives to learn and understand how to communicate effectively in a way that best suited their individual needs. For example, one relative told us that their family member couldn't communicate verbally. "They say some words that people may not understand but staff have said to me [Relative] do you know what this word means and this has helped staff to understand them very well." Staff knew people well and used a variety of appropriate and effective techniques, both verbal and non-verbal; to communicate with people. For example, Staff would use visual aids when looking at food choices. One staff member told us, "When I am communicating with [Name] I will point to different cereals to help with their choice." One relative told us, "[Name] can make their needs known."

Relatives were positive about the skills, experience and abilities of the staff. One relative said, "Staff knows [Name] so well." New staff were required to complete an induction programme, during which they received training relevant to their roles, and had their competencies observed and assessed in the work place. Staff received training and regular updates in a range of subjects designed to help them perform their roles effectively. This included areas such as moving and handling, food safety and first aid. A staff member said, "We do get a lot of training and the training I have helps to meets people's needs".

Staff felt supported by the registered manager and were actively encouraged to have their say about any

concerns they had. They had the opportunity to attend regular meetings and discuss issues that were important to them and had regular supervisions with the registered manager where their performance and development were reviewed. A staff member commented, "I feel supported and can see the [registered] manager at any time." Staff we spoke with confirmed they had regular supervisions and we saw the supervision matrix that the registered manager kept up to date.

People received care, treatment and support in a safe and effective way. Staff were very knowledgeable about people's health and care needs. Identified needs were documented and reviewed by people's key workers on a regular basis to ensure that the care and support provided helped people to maintain good physical, mental and emotional health and well-being. People were supported to maintain healthy diets and were weighed on a regular basis. We saw meeting minutes that had involved speech and language therapy and dieticians to discuss people's dietary needs with staff; these included different textured foods and how to achieve the correct consistency; portion sizes and food suggestions for pureed diets.

People were supported to access appropriate health and social care services in a timely way and received the on-going care they needed. For example, one person who had not been sleeping during the night had regular coughing fits and upset stomach with occasional vomiting. They were reviewed by the GP, dietician and the SALT. They were immediately assessed and after prescribed treatment made a full recovery.

Is the service caring?

Our findings

People were cared for and supported in a kind and compassionate way by staff that knew them well and were familiar with their needs. One relative said, "Perfectly happy couldn't wish for them to be in a better place". One staff member said, "People definitely have good care here they are looked after well."

We saw staff helped and supported people with dignity and respected their privacy at all times. We observed good interaction from staff; they had developed positive and caring relationships with people they supported and were knowledgeable about their individual needs and preferences. Staff were able to demonstrate that they respected people's privacy. Staff communicated everything they did to ensure people were aware of what they were doing. One staff member said, "I always let people know what I'm doing it's important to communicate and put people at ease. We respect people's decisions."

People were supported to maintain positive relationships with friends and family members who were welcomed to visit them at any time. One relative said, "The manager calls us about changes or meetings." We saw that people had developed relationships with staff. People were not able to communicate with us verbally but we observed people were relaxed and had developed good relationships with staff. Each person had a keyworker to support them. One staff member said, "I am the key worker for [Name] I do their support plan, monthly summaries and appointments. I liaise with family for input and update them of any changes. I love it here it's like home from home I know the people well." Another staff member said, "[Name] doesn't always want to eat in the kitchen and may refuse to eat; so we move to the lounge and if this doesn't work we will offer another choice." This showed that staff knew the people they supported and had strategies in place to support and manage people's wishes.

People and their relatives had been fully involved in the planning and reviews of the care and support provided, which was reflected in the guidance made available to staff about how people wanted to be cared for. Other professionals such as the community nurse, dietician and SALT were involved in supporting people with their care. People were supported to have the appropriate representative to support their decisions. One relative said, "I have been involved with the review of [Names] care."

Staff understood it was important to maintain confidentiality. We found people's personal information was well maintained throughout the home and that information held about people's health, support needs and medical histories was kept secure.

Is the service responsive?

Our findings

People did not always receive personalised care and support that met their individual needs or took full account of their background history and personal circumstances. Staff had access to detailed information and guidance in people's support plans that gave guidance about how to look after people in a person centred way, based on their preferences and individual health and social care needs. This included information about their like and dislikes.

However opportunities were not always provided for people to engage with meaningful activities and social interests relevant to their individual needs and requirements, both within the home and in the community. We found that most activities were listening to music or watching television. The manager confirmed that a musician visits every month for music session and that they celebrate events such as Halloween. One relative told us, they had been there to celebrate one person's 80th birthday but that was a few years ago.

The registered manager confirmed that people's needs had changed; four of the people that lived at the home required two staff to support their needs with personal care and moving and handling and a further two people could also need two staff dependent on their needs on any particular day. However the staffing levels had not changed. This impacted on people being able to get out in the local community or having one to one interaction. One person's care plan stated "support to access internal and external activities and enjoys one to one activities with staff." A staff member told us that one person would benefit from one to one support but that was not always possible. The registered manager said, "Activities have taken second place to people's care, people still get out when they can. They also confirmed five of the people who used the service were supported to attend day centres. We found that people's personal care needs were being met however there were not enough staff to ensure people were supported with accessing the community or promoting their interests.

This had been recognised by the registered manager and they told us they had communicated with the local authority explaining there was a need to have more staff at the service to meet service user's needs. It was agreed to review all eight service users' holistic needs including health, activities and support needs. The reviews have taken place and the registered manager is awaiting the outcome.

We found that people's support plans had been reviewed and involved the relevant person's representative. One relative told us about the last annual review they attended had been completed with the attendance of the social worker, registered manager, the nurse and family. They confirmed that their relative's needs were at the centre of all decisions made. Staff confirmed that people were involved in their reviews. One relative told us, "[Name] is happy there, the staff look after them. They went on to tell us that when they are there they always see staff providing good care.

Staff had access to detailed information and guidance about how to support people. There was guidance in people's care plan about their personal care needs. We saw one person's care plan identified that the person could make decisions about what they want to eat and drink and activities they wanted to do or where they would like to sit. The support plan also gave guidance about decisions the person was not able to make this included decisions around finances. However the guidance went on to explain to staff how the

person would respond to things when offered they could demonstrate they were happy or not happy. Staff we spoke with could verbally demonstrate they knew the people they supported and how people communicated and talked about what people liked. This showed that staff had good relationships with the people they supported and understood their needs.

We saw people's rooms were personalised to their taste and reflected their interests. For example all rooms were decorated completely differently with colour schemes chosen by the individuals and one room we saw had sensory items that the manager told us the person enjoyed having these. In contrast another room was very minimal with no ornaments or photo frames. The manager explained that this person did not like clutter around the room and would put things away. This demonstrated that people's preferences were respected and people were involved in decisions about their life and home.

People's relatives told us they were consulted and updated about the services provided and were encouraged to provide feedback about how the home operated. The registered manager contacted relatives to discuss any changes with family members. Relatives felt listened to and told us that the registered manager responded to any complaints. One relative said, "The manager communicates with us and I will call if needed." Relatives confirmed they knew how to complain but had no reason to. We saw where complaints had previously been received they had been reviewed and responded to in line with the service complaints policy.

Is the service well-led?

Our findings

Staff, relatives and Professionals were all positive about how the home was run. They were very complimentary about the registered manager who they said was approachable, supportive and very responsive to people's changing needs. One professional told us that where any concerns were identified the registered manager would immediately have things in place to ensure the person's needs were met.

The registered manager was clear about the purpose of the home, how it operated and the level of care provided; they performed daily spot checks around the home to ensure the people and staff were safe. They told us that they spoke with relatives, staff and people who used the service to ensure people were safe and happy, and would deal with any issues found. The registered manager said, "I have an open door policy and staff come in and talk with me. Staff confirmed the registered manager was very visible around the home and every one spoke highly of them. One staff member commented, "I can see the [Registered] manager at any time [Name] is approachable. They are a good manager very supportive and will help you with anything if you're not sure."

The registered manager told us they felt supported; they had a line manager who they saw on a regular basis but could call or email at any time. They confirmed they received regular supervisions they attended regular meetings that ensured they kept up to date with best practice and had the opportunity to share ideas with other managers.

Staff understood their roles; they were clear about their responsibilities and what was expected of them. All staff we spoke with felt supported to do their job.

There were audit systems in place, we found that site managers from the providers other housing schemes would complete peer audits for Manor View every three months. We were told that any problems highlighted would be reviewed and an action plan would be put in place to address the shortfalls and this would be followed up and checked within the following two months. We found that regular audits were completed by the registered manager and there were action plans to improve the service. The registered manager said there were regular reviews of medicines and that as the home was very small any issues that arose were dealt with efficiently. All regular checks for electrical appliances, fire and gas safety checks had been completed. The registered manager confirmed monthly audits had also been introduced in the past year. This enabled the registered manager to look at all areas of the home.

The registered manager confirmed that identified areas that needed improvement had action plans in place. For example, the kitchen was identified as needing updating; the registered manager confirmed that the kitchen was to be refurbished before March 2017; plans were in place for the new kitchen. People who use the service were involved in choosing the units, worktops and flooring for the kitchen. They explained that there was a plan to keep one wall free for a display board, for pictures and menus to support the service user's experiences. The registered manager also confirmed they will purchase a tablet pc before Christmas to use as a communication tool to enhance communication through technology. A tablet was used in the reviews for people that use the service and the response from this was positive. This showed that the registered manager considered ways to improve the experience for people who used the service.

