Ms Tina Jane Hulland

Hendre Care

Inspection report

11 Finchley Road
Kingstanding
Birmingham
West Midlands
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Date of inspection visit:
28 July 2016
29 July 2016
01 August 2016

Date of publication:
13 September 2016

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on the 30 July 2016 and was announced. We gave the provider 48 hours' notice that we would be visiting. This was because the provider offers a supported service to people living in their own homes and we wanted to make sure that people and staff would be available to speak with us.

Hendre Care provides personal care to people with learning disabilities in supported living accommodation. Currently they are providing care and support to eight people living in three separate supported housing units.

There was 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.

At their previous inspection in June 2014 they were seen to be meeting all of the standards in the old inspection ratings.

Although staff had an awareness of the Mental Capacity Act and Deprivation of Liberty Safeguarding (DoLS), there were still some people using the service who were being restricted and for whom the provider had not made the relevant DoLS applications.

People were kept safe. Relatives believed their family members were kept safe. Staff had received training and understood the different types of abuse and knew what action they would take if they thought a person was at risk of harm. Staff were provided with sufficient guidance on how to support people's medical support needs. People were kept safe by staff that were able to recognise the signs of abuse and raise concerns if needed.

People were supported to have their medical needs met.

People were supported by staff that had been safely recruited.

People were supported with their medication by staff that had received appropriate training.

Relatives felt that their family members were being supported by staff with the appropriate skills and knowledge to care and support them.

Staff were trained and supported so that they had the knowledge and skills to enable them to care for people in a way that met their individual needs and preferences.
People were supported to make choices and were involved in the care and support they received.

Staff were caring and treated people with dignity and respect. People's choices and independence was respected and promoted and staff responded to people's support needs.

People and relatives felt they could speak with the provider about their worries or concerns and felt they would be listened to and have their concerns addressed.

The provider had quality assurance and audit systems in place to monitor the care and support people received to ensure the service remained consistent and effective.

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 protected from the risk of harm and abuse because the provider had effective systems in place and staff were aware of the processes they needed to follow.

Risks to people were appropriately assessed.

People were supported by adequate numbers of staff on duty so that their needs would be met.

People were kept safe as staff knew how to support them in cases of an emergency.

Is the service effective?

Requires Improvement

The service was not always effective.

The provider had not recognised that Deprivation of Liberty Safeguards (DoLS) applications were needed to ensure that any restrictions in place were lawful.

People's needs were being met because staff had effective skills and knowledge to meet those needs.

People's consent was obtained before care and support was provided by staff.

People were involved in deciding how they received care and support.

Is the service caring?

Good

The service is caring.

People were treated with dignity and respect.

People's privacy was upheld at all times.

People's view and opinions were listened to.

People were supported to maintain their independence.

Is the service responsive?

Good

The service is responsive.

People's consent was sought by staff when providing care and support.

People were supported to make decisions about their lives and discuss things that were important to them.

Staff were responsive when supporting people's changing needs.

Is the service well-led?

Good

The service is well-led.

Audits were carried out effectively.

Relatives and people knew the manager and had a positive relationship.

Staff were happy working for the provider and felt valued.

Hendre Care

Detailed findings

Background to this inspection

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

This inspection took place on the 30 July 2016 and was announced. The inspection team consisted of one inspector.

When planning our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to offer some key information about the service they provide to assist with the inspection. We also spoke to the local authority commissioning and safeguarding teams to identify any information that might support our inspection.

During our inspection we spoke with three people who use the service, four relatives, four care staff members and the registered manager. As most of the people using the service did not have capacity to be interviewed via telephone, we visited them in their homes. The people we spoke with had fluctuating capacity and were not always able to discuss their experiences of the service. Therefore, although we did get some feedback from people using the service, the main accounts of their care and support experiences were related to us by relatives. We reviewed the care records of three people to see how their care was planned and delivered, as well as their medicine administration records. We looked at recruitment, training and supervision records for staff. We also looked at records which supported the provider to monitor the quality and management of the service.

Good

Is the service safe?

Our findings

People and relatives told us that they felt safe with the service provided and that staff supported them with their care needs. A person we spoke with said, "I like living here". A relative we spoke with told us, "It's like a home from home, she's [person using the service] very safe and well cared for". Staff we spoke with confirmed they had received training on how to reduce the risk of people being harmed. They were knowledgeable in recognising signs of potential abuse and how to follow the provider's safeguarding procedures. Staff we spoke with were able to explain the range of different types of abuse to look out for when supporting people. Staff knew how to escalate concerns about people's safety to the provider and other external agencies if required. A staff member we spoke with told us, "If I saw any signs of someone being abused, I'd tell the house manager, but I've never witnessed anything here".

We saw that staff acted in an appropriate way to keep people safe and were knowledgeable about the potential risks to people. A member of staff we spoke with told us, "We [staff] follow risk assessments in people's care plans and use common sense. General risks might include cables on the floor". Another staff member told us how they were conscious of risks to people around the house, "I support [person's name] when she's making coffee so that she doesn't scald herself. [Person's Name] is unsteady on her feet so we're careful to support her in case she falls". During our visit we saw examples of people being supported when going up and down stairs. We saw that the provider carried out regular risk assessments which involved the person, their family and staff. A relative, whose family member goes out of the home independently, told us, "If she's [person using the service] a little bit late home, or misses the bus, they'll [staff] call her and check to make sure she's okay". We saw that risk assessments were updated regularly. Any changes that were required to maintain a person's safety were discussed and recorded to ensure that potential risks were minimised.

Staff were able to explain what action they should take in the event of an emergency. One staff member gave us an example of how they would respond if they found a person was choking. They told us, "I would carry out emergency first aid and call the ambulance". We saw the provider had an accident and incident policy in place to support staff and safeguard people in the event of an emergency. We saw that incidents and accidents were reported and used by the provider to improve practice and to reduce the risk of harm.

Everyone we spoke with felt there were sufficient numbers of staff to meet people's needs. The provider had systems in place to ensure that there were enough staff on duty with the appropriate skills and knowledge to ensure that people were cared for safely. A relative told us, "There's always somebody there 24/7. I know the staff stay there on night shift so I know he's [person using the service] safe". A member of staff told us, "There are always enough staff. A one to one ratio during the day". People were supported by regular staff that provided consistency of care.
The provider had a recruitment policy in place and staff told us that they had completed a range of checks before they started work. A staff member we spoke with told us, "My recruitment was carried out appropriately; [names of two people using the service] were involved in interviews, as well as the manager". We reviewed the recruitment process that confirmed staff were suitably recruited to safely support people living within their own home. Staff we spoke with confirmed that the provider had completed all the

necessary checks prior to them commencing work. We saw these included references and checks made through the Disclosure and Barring Service (DBS).

Staff told us that they had received training on handling and administering medicines. A relative we spoke with told us, "They [staff] order his [person using the service] medicines and administer them. If his health changes, his medicines are reviewed and I'm always kept informed". We saw that the provider had systems in place to ensure that medicines were managed appropriately. We saw that daily records were maintained by staff showing when people had received their medicines as prescribed. Staff were able to explain how they recorded information about people's medicines by completing Medicine Administration Record (MAR) sheets.

Requires Improvement

Is the service effective?

Our findings

Staff told us they had completed mental capacity training and were able to explain their understanding of how to support someone who did not have capacity to make informed decisions about their care and support. We saw staff offered people choices, gained consent and encouraged people to make decisions about their support. 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). Not all the people living in the three Hendre Care houses had the ability to make decisions about their care and support needs. Although staff told us they understood DoLS we saw that some people's freedom, (although done with good intentions) had been restricted, as they were restricted in leaving the house unsupervised. A member of staff told us, "They [people using the service] are not allowed out on their own". We discussed this with the manager who recognised that they may need to make DoLS applications for some people using the service and assured us that the appropriate applications would be made to the local authority following our inspection visit.

Staff told us they received induction, and on- going training to enable them to support people effectively. A staff member explained how they were supported by the provider during their induction period, with the appropriate training and given sufficient time to build rapport with the people using the service. Staff we spoke with told us that they felt they were provided with the appropriate training to support people effectively. A staff member told us, "Yes, there's definitely enough training". Another staff member told us about the different types of training they had received recently, for example; Equality and diversity, First Aid and DoLS. They also said, "We're [staff] doing fire risk training at the moment". Relatives told us that they felt confident that staff had the correct training and knowledge to meet their needs. A relative we spoke with said, "The staff are smashing and all seem to know what they're doing, so no problems there". Another relative said, "They're [staff] skilled at their job, they're very good". We saw that new staff were trained in accordance with the Care Certificate which offers guidance on the basic skills and knowledge needed to work with people requiring health and social care support.

We saw that the provider maintained training records for each member of staff ensuring that they were appropriately skilled to perform their duties. We saw that records were maintained highlighting when refresher training was due. The manager and staff told us they ensured that staff were kept up to date with policy and procedures relating to their work by having a 'Policy of the Month' update.

The staff we spoke with told us that they attended staff meetings and had supervision conducted by their manager. A staff member we spoke with said, "It varies, it [supervision] can be every three months, but there's always someone to talk to if you've got a problem". The manager explained that staff supervision

was not done regularly, but that as the homes were so small they had regular contact with all of the staff. We saw evidence that the provider had supervision and appraisal processes in place to support staff.

We saw that the provider had processes in place that involved people and relatives in how people received personalised care support. Relative's we spoke with told us they felt that their family members care needs were supported and that they were involved in decisions made about their care. A relative said, "His [person using the service] care plan is spot on, it's just what he needs. He's happy and I'm happy too". Another relative we spoke with told us, "We're [relative's] very confident that she [person using the service] gets excellent care". Staff were able to explain to us about people's needs and how they supported them. Staff explained how they gained consent from people when supporting their care needs. A staff member told us that they asked people verbally for their consent to provide care and support, they also said, "If they [people using the service] are confused, I'll use visual prompts, like pictures".

Staff were knowledgeable about supporting people whose behaviour might become challenging. Staff explained to us how they knew people well and could recognise when they might become unsettled or anxious. We saw that care plans included behaviour charts that identified triggers that might affect how a person behaves. Staff knew how to support people whose behaviour could challenge staff. Staff were able to describe the signs that would alert them to the fact that people were becoming unsettled or anxious. Care plans identified triggers that might affect people's behaviour so that the triggers could be avoided.

People and relatives we spoke with were happy with how they were supported at meal times. One person we spoke with told us, "I like beans on toast. I get lots of things to eat, there's plenty". A relative we spoke with told us, "The meals are very good and they let me know what the menus are every week". A member of staff we spoke with told us, "We [staff] do a weekly shop, which they [person using the service] are involved with, they come out with us". Another staff member told us, "There's no one on a special diet. We watch people's weight and make sure they're eating healthily". We saw that people had access to food and drinks throughout the day if they wanted it.

We saw that people were supported to maintain good health. We saw care records that provided information about regular appointments to doctors, opticians and dentists. Staff were aware of how to contact health care professionals if they needed to. A relative we spoke with said, "They [staff] get her [person using the service] to her hospital appointments on time".

Good

Is the service caring?

Our findings

Relatives we spoke with told us they were pleased with the care and support their family member received. A relative we spoke with told us, "I saw him [person using the service] last week and the care he gets is brilliant. He's really happy and I get a smile every time I see him which means he's okay with things". A staff member told us how they 'got to know' the people they were caring for; they told us, "By spending time together, you get to know people, having that one to one time with them. It's like a family here". We saw that people were happy in the company of staff, they smiled and there was good interaction between them.

We saw that people and their relatives were involved in care planning that ensured people's individual support needs were met. A relative told us, "We've [relative and person using the service] been involved in the care planning from day one and we can talk about any changes [with the provider] when we need to". We saw from people's care plans that people and relatives were supported to express their views and to be involved in making decisions about care and support. Relative's we spoke with told us about regular care and support review meetings that they had with the provider. A relative we spoke with told us, "We're [relative's] involved in care planning every now and then, or if his [person using the service] needs change they [provider] let me know".

We saw that staff treated people with dignity, respect and upheld their rights to privacy. A staff member told us, "When we do personal care, we shut curtains and doors are closed". Another staff member we spoke with told us, "When they're [person using the service] getting changed we make sure curtains are closed. We [staff] make sure there's nothing to embarrass them at any time". Staff were able to explain to us how they ensured that people were treated respectfully, for example calling them by their preferred name. Staff received guidance during their induction in relation to treating people with dignity and respect.

Staff we spoke with understood the importance of promoting people's independence and how to encourage people to do as much for themselves as possible. A relative we spoke with said, "He [person using the service] helps with the cleaning and washing up". Another relative told us, "She's encouraged to do what she can, for example; showering". A staff member we spoke with said, "[Person's name] has gone to pay her bills, she buys her own clothes and has her own money to spend. She takes a list when she goes shopping".

Good

Is the service responsive?

Our findings

Relatives told us they felt that the provider was responsive to people's needs. A relative we spoke with told us, "We [relative and person using the service] know we can talk to [manager's name] if we have any problems and we're confident that she'll act upon it quickly". Another relative told us, "[Staff member's name] is wonderful, she's really on top of things]".

Staff were aware of people's preferences and interests as well as their health and support needs, which enabled them to provide a personalised and responsive service. A relative we spoke with told us, "They [provider] ask me about his [person using the service] past and I let them know his life history. How his life was when he was younger. We [relative and provider] talk about his care plan all the time". We saw from people's care plans that assessments had been undertaken to identify people's support needs and were developed outlining how these needs were to be met. Care plans were reviewed on a regular basis and any significant changes were documented.

We saw that the provider supported people to access a variety of activities and services, for example; college courses and work opportunities. A person we spoke with showed us sculptures and pottery items they had made at art classes. Another person told us about the type of films they liked to watch. They also told us, "I like colouring". A person using the service showed us their room which we saw was personalised to their taste. They told us, "I've got bits of jewellery and perfume and lots of clothes".

We saw that the provider had a complaints and compliments policy. Relatives we spoke with were aware of how to raise any complaints if they needed to. A relative told us, "There's no concern at all, but we can raise any problems with the manager if we need to". Relatives we spoke with were confident that the provider would deal with complaints effectively. Staff we spoke to told us how they would support a person to raise a complaint, by contacting the manager or the local authority. We saw records of minor issues that had been raised and the actions that had been taken to rectify them. We saw that the provider used information from concerns or complaints to support service development.

The provider had systems in place for people and relatives to provide feedback about the care and support being provided for their family member. We saw that the provider held regular meetings with people using the service and their relatives to discuss any issues relating to people's care and support needs. A relative we spoke with said, "If there's any meetings we're [relatives] invited to attend, and our opinions are taken seriously, we're listened to".

Good

Is the service well-led?

Our findings

We saw that the provider supported staff and that they were clear about their roles and responsibilities. A staff member told us "If I have any issues, if I'm unsure of anything, [manager's name] supports me". Another staff member told us, "It's lovely working here everyone [staff] does their fair share". A third staff member said, "I'm happy working here, I get on well with the staff, manager and service users, it's like an extended family". We saw evidence from review meetings and returned questionnaires that people, staff and relatives were involved in how the provider delivered a quality service to people. A staff member told us that the manager or senior staff members completed spot checks to ensure consistency and quality of care was being provided. Staff told us they felt supported and valued by the management team. A staff member told us, "I feel valued; I get praise from [manager's name], they tell you if you're doing a good job and I'm not taken for granted".

Staff told us that they understood the whistle blowing policy and how to escalate concerns if they needed to, via their management team, the local authority or CQC. Prior to our visit there had been no whistle blowing notifications raised at the location.

At the time of our inspection there was a registered manager in place. We saw that there were systems in place to record any accidents and incidents that occurred and that the information was shared with staff to improve quality of care. The provider had a history of meeting legal requirements and had notified us about events that they were required to by law. This meant that the conditions of registration for the service were being met and staff benefitted from effective and consistent leadership.

Staff and relatives we spoke with told us that the manager was very approachable. A relative told us, "I've got the manager's mobile [telephone] number and the number of the unit [person's name] is on. If I have any issues or just need to discuss things, I know I can call them [provider]". Another relative we spoke with said, "[Manager and staff members names] are very approachable, we [relatives] get on really well with them". Staff told us they would have no concerns about raising anything they were worried about with the manager.

We saw that quality assurance systems were in place for monitoring the service provision. People and relatives were encouraged to share their experiences and views of the service provided. We saw evidence that regular audits were taking place, for example; individual care plans, risk assessments and medicine records which ensured that people received a consistent quality of care.