The Brandon Trust

Hampstead Road Care Home

Inspection report

76-78 Hampstead Road
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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

The inspection took place on 15 October 2018 and was unannounced. Our last inspection was a focused inspection in August 2017 and the service was rated good at that time.

Hampstead Road 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.

Hampstead Road accommodates up to 12 people in two adapted buildings. There were 11 people at the home on the day of our visit.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager for the service. 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.

Staff supervision and some training for some of the team was not up to date. This put people at risk of receiving ineffective care if they were supported by staff that were not fully supported and trained in their role. The registered manager had identified this shortfall, that had occurred over the last 12 months. An action plan was in place to bring all staff supervision and support meetings, as well as training, up to date.

We observed a person being assisted with meals by staff who stood up next to them. Staff told us the person had an identified need around eating. Specifically, sometimes staff told us they needed to assist the person with the meals by standing up next to them. Recognised good and safe practise is to sit down next to a person when directly assisting them to eat and drink. There was however no assessment to set out that this was the safest way to assist this person. Nor was there a risk assessment to show that risks were monitored and mitigated to reduce the chance of harm. This in turn meant there was no record of this aspect of care provided to the person concerned.

Medicines were administered safely and the systems in place to check and monitor the recording of medicines were up to date. This helped ensure that any errors would be picked up. There was guidance in place so that medicines were administered as people preferred.

People were protected from abuse. Staff were knowledgeable about the risks of abuse and reporting procedures. We found there were sufficient staff available to meet people's needs and that safe and effective

recruitment practices were followed. Staff had good relationships with people who lived at the home and were attentive to their needs.

There were systems in place to ensure that the requirements of the Mental Capacity Act 2005 were followed. This law protects people who lack capacity to make informed decisions in their daily lives. Applications were in place for people at the home, under the Mental Capacity Act 2005 Deprivation of Liberty Safeguards. These helped ensure the necessary safeguards were in place for people at the home.

People were supported to have food and drink they liked. There were suitable arrangements for the provision of food to ensure that people's dietary needs were met.

People's needs were assessed and plans were developed to identify what care and support people required to maintain their health and wellbeing and build up their independence where possible.

People's needs were met and staff were informed of changes occurring within the home through daily handovers and staff meetings. Staff told us that they received up to date information and had an opportunity to share good practice and any concerns they had at these meetings.

The staff understood the needs of the people they supported very well. Staff treated people with respect. Staff demonstrated a good understanding of how to treat people in ways that were caring and supportive. This showed the team were caring and kind in the way they supported people.

There was a management structure in place with a team of support workers, manager and registered manager. Staff spoke positively about working at the home. There were systems in place to monitor and improve the quality of the service.

Audits were carried out and people's views were represented where ever possible. Where shortfalls were identified, such as in staff supervision and staff training, the registered manager was using the information to improve the service.

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 has improved to good

People's medicines were stored, administered and managed safely.

Risks to people were identified and managed so that people were safe. Robust employment checks were carried out before staff started working at the service. This meant only suitable staff were employed to provide people with care and support.

Is the service effective?

Requires Improvement

Some aspects of the service were not effective

Staff supervision and staff training had not been kept up to date for all staff. This meant there was an risk that people were supported by staff who were not consistently supported and sufficiently trained to understand their needs.

The remaining aspects of the service continued to be effective

Is the service caring?

Good

The service remains good

Is the service responsive?

Good

The service remains good.

Is the service well-led?

Good

The service remains well led

Hampstead Road Care Home

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 was carried out by one inspector.

Before the inspection we reviewed previous inspection reports and other information we had received about the home, including notifications. Notifications are information about specific important events the home is legally required to send to us.

The people at the home had a learning disability and were not always able to tell us about their experiences. We used several different methods such as undertaking observations to help us understand people's experiences of the home. We met seven people during our visit

During our inspection we observed how the staff interacted with the people who used the service and looked at how people were supported throughout the day. We spoke with the registered manager and six staff members.

We looked at three people's care and support records and three staff members records. We viewed many records relating to the management of the homes. These included quality audits, incident and accident records, staff meeting minutes, recruitment and staff training records, policies, health and safety audits and complaints information.

Good

Is the service safe?

Our findings

People who lived at the home were not able to tell us if they felt safe living at the home. We observed people being supported by staff in ways that were safe. For example, we saw staff support people with their mobility needs using techniques and approaches that were safe. We also saw that people's body language and verbal expressions conveyed that they were relaxed and comfortable with the staff. This in turn helped show that people felt safe with the staff.

As was applicable at our last inspection there were clear systems in place that were understood by staff, to protect people from the risk of abuse. Staff were supported because the provider had policies and procedures in place for safeguarding vulnerable adults. These contained guidance on what staff should do in response to any concerns that were made or identified. The training records showed that staff received regularly training in safeguarding vulnerable adults. This was further confirmed with the staff we spoke with. Staff knew about the different types of abuse and how to recognize potential signs of abuse. Staff told us they would report any concerns to a senior member of staff or other agencies if needed. Records showed the registered manager had reported concerns to the local authority safeguarding team when required.

People were supported by enough staff to meet their needs and help them to stay safe. The numbers of staff on duty on the day of our visit were sufficient for staff to be attentive and responsive to each person who needed their support. The staff rotas showed that the number of staff was consistent with the planned staffing levels. These were based on the current level of need, and amount of time and support each person needed. The home actively aimed to reduce the use of agency staff to provide more consistent care and the staff told us that staffing levels were safe.

People were kept safe from the risks from unsuitable staff because safe recruitment procedures continued to be in place and followed. Satisfactory references were taken up before any new staff could begin working at the home. There was also a Disclosure and Barring Service (DBS) check completed for each staff member. A DBS check helps employers to make safer recruitment decisions by providing information about any applicants criminal record and whether they were barred from working with certain groups of people. The records we saw also included proof of the employees address and identity.

People's medicines were managed safely. The systems in place for the management of medicines were in line with safe practice. People at the home were not able to administer their own medicines and all medicines were looked after and administered by staff at the prescribed times. Senior staff who had been trained to administer medicines safely, were responsible for administering medicines as prescribed. All members of staff who administered medicines were observed regularly to ensure they remained competent to do this and were safe.

Where a person was prescribed "as required" or "PRN" medicines, there were clear protocols in place stating when and how these medicines were to be given. Some people needed a supply of emergency medicines with them if they went out from the service. There were clear procedures in place for the signing-out and signing-in of these medicines. All medicines were stored safely in a well ventilated secure room. There were

additional storage facilities in place for storing controlled drugs or other medicines that were subject to more robust checks.

A regular audit was completed to check that the medicines being stored matched with the records of the amount of stock of each medicine kept. A medicines administration record (MAR chart) was used to record when medicines were. These records were checked daily to ensure that no signatures were missed and that people had been given the medicines they needed, and if not the reason why they had not been given.

Risks to people from the environment were minimised. This was because there were up to date environmental risk assessments in place. There were also records which confirmed that checking and testing of equipment and the environment took place regularly. This meant equipment was maintained and safe for the intended purpose. This included safety testing of electrical items, mobility equipment and transfer equipment. There were certificates to confirm testing of fire safety equipment and gas servicing had been completed.

People were well protected from fire safety risks because staff had regular training in fire safety. Systems were in place to regularly test fire safety equipment such as emergency lighting, alarms and extinguishers. Regular practice fire drills took place to ensure staff knew what to do in an emergency. Risk assessments were in place to minimise the risk of a fire occurring. People had an individual emergency plan in place. This set out what support and equipment they would require during any necessary evacuation of the home. A plan was in place in the event of a disaster at the home. This gave procedures in the event of emergencies such as a gas leak or flooding. This was located by the front door so it could be accessed swiftly in an emergency.

There was a system in place to make sure that all incidents and accidents were reviewed regularly. This was to look for and clearly spot, any trends and patterns and improve safety as a result if needed. Staff knew to report and recorded any accidents or incidents. Records showed this included what had happened and the immediate action taken. The registered manager and senior staff followed up the reports and showed the measures taken to reduce future risks. This system helped ensured that measures taken had been put in place that were effective in reducing the risk of reoccurrence.

Requires Improvement

Is the service effective?

Our findings

The provider's staff supervision policy was not being consistently followed. This was evident because they had not been consistently supervised in their work and overall performance. There was a policy in place which outlined the frequency of staff supervision. Staff supervision is a system that aims to support, build, and help develop the skills and competency of staff in the workplace. Over the last 12 months the staff whose records we checked had not been regularly receiving supervision in accordance with the provider's policy. The records we saw also showed that several staff did not have goals, relevant action points and outcomes set for them.This in turn meant staff were not always being fully developed in their work.

Staff training had also not been kept up to date for all staff. This meant people were at risk of receiving ineffective care if staff were not fully trained so they were competent to meet people's needs. The staff training records showed a significant number of staff were overdue for refresher training in health and safety, infection control and fire safety. Some staff were also due update training in subjects relevant to the specific learning disabilities of people who lived at the home. This meant that people were supported by some staff that may not be suitably qualified or be receiving appropriate support to be able to fulfil their role. The registered manager had already identified these shortfalls and had a put an action improvement plan in place them.

New members of staff completed an induction training programme when they first started working at the home. The training programme had been updated in line with the requirements of the new Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. New staff members of staff confirmed they were working through the programme.

Despite the shortfalls we found around staff training and supervision. Staff were providing people with effective care and support with their needs. People received care that was effective and met their needs. The staff support people in the ways set out in their care plans. For example, when people needed support with mobility, staff provided the assistance they needed. Staff discreetly supported certain people with intimate personal care needs. such as bathing and washing. The staff offered people psychological support by spending time with them on a one to one basis to talk to them about how they were might be feeling. The staff we met told us they supported certain people to maintain good skin integrity due to reduced mobility and the risk of skin breakdown. This was with guidance from the district nurses who visited the home regularly.

The principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards. (DOLS) were being followed at the home. We saw DOLS applications which had been approved and been notified to CQC through the statutory notification process.

The Mental Capacity Act provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so themselves. When people lack this capacity, any decisions made on their behalf must be in their best interests and as least restrictive as possible.

Staff told us that they had received training in the principles of the Mental Capacity Act and the training matrix provided evidence of the dates that this training was completed.

People were supported to with their meals and drinks and choices were offered at every mealtime. People were supported by staff who knew them very well and were very aware of their likes and dislikes. Staff told us they knew those people who needed a specific type of diet to meet their health needs.

In each dining room we saw relevant nutrition folders in place for each person. These set out people's specific dietary needs and other relevant information in relation to eating and drinking. For example, information was included about when each person needed full staff support to help them eat. There was also information about how any medicines people took could interact with some foods and drinks. This was useful information that was readily available so all staff could refer to the information during mealtimes.

People were offered drinks and snacks during the morning such as cakes, fortified drinks and fresh fruit. We observed the breakfast and lunchtime meals and saw they were social, relaxed occasions. Where people required assistance, staff provided the necessary help that was needed.

People were well supported with their physical health care needs. The care records we saw contained detailed information about any visits and advice from healthcare professionals. We saw, for example, people had been seen by GPs, chiropodists and speech and language therapists.

People benefited because the environment they lived in looked light, bright and was well ventilated. Corridors were wide allowing easy wheelchair access. People's bedrooms had their picture displayed on them and toilets and bathrooms had pictorial signage to help people identify these facilities.

Good

Is the service caring?

Our findings

As was applicable at our last inspection the staff team we met were kind and caring. We saw that people were supported by staff who were kind, caring and attentive towards them. People had clearly built up close and warm relationships with staff members and they were happy, comfortable and relaxed in their presence.

People who lived at the home were not able to tell us about their experiences and views of the service. We observed how people were being supported to see if staff were caring towards them. The staff on duty was very kind caring and attentive always to each person they supported. This was evident in many ways.

We saw how staff supported people with their meals and drinks. We saw that staff communicated warmly, and were positive and sensitive in their approaches towards them. Staff spoke with people about what they were preparing and what they were doing, keeping people informed. This showed that staff were respectful in manner towards people. The staff members showed people the meal and supported people to eat as needed. This also showed staff supported people in ways that were person centred in approach.

Staff listened and observed people's preferred method of communication as people showed where they wished to be in the home. We observed a member of staff spending time with a person in the music room. The member of staff was talking with the person in a calm and friendly way. The staff member was engaging the person with the sensory objects and musical instruments in the room.

The home had received several compliments since our last inspection. A healthcare professional who was visiting the home and knew people very well commented to us as well about the very kind caring and exceptional level of support being provided to people.

To support staff to care for people in a person-centred way there were clear and detailed examples of a personal 'life story' about each person. This gave a clear picture of the person, who they were, what mattered to them, and what challenged them in their daily life. This information was used by staff to support people in their daily life. The life story information we looked at contained meaningful photographs, pictures and words of support from friends, relatives and other relevant parties. This demonstrated that the provider was committed to working with people, and their relatives, to help people to be cared for and supported in a positive way. We also saw in people's daily records that they were listened to and that this was reflected not only in their day to day lives but within their care planning records.

Good

Is the service responsive?

Our findings

Because people were not able to tell us about their care and support experiences we observed how they were supported with their needs. We saw that that staff were knowledgeable and responsive to people's support needs. Staff we spoke we showed they adapted their approach as people's support needs changed. For example, some people liked their own company and a quiet environment and approach. Staff ensured people who benefited from different approaches were supported in the ways that they preferred. Staff also engaged with people using singing, gentle humour and engaging activities.

During our visit we saw one person being supported to eat their meals by staff assisting them by standing over them. When we asked why this practice was taking place the registered manager was told that the person concerned ate more this way. It is recognised best practice to sit next to a person who need assistance to eat and drink. This is because sitting by a person rather than standing over them makes the experience more person centred, dignified and potentially safer. Another staff member we later spoke to confirmed that this person did sometimes eat more if staff stood up when assisting them. When we asked to see a risk assessment and care plan to support this practice we were told this was not in place. The person had lived at the home for many years, and because there was no assessment of risk or support plan in place there was a risk of harm to them. This was because there was no care plan with clear actions been written to further support the rationale for supporting the person in this way. This approach unless best on a clear and full assessment the person's needs could put the person at risk of harm, as the risk from choking could be higher.

We recommend the provider seeks guidance around best practice for assisting the person in the most appropriate way with their nutritional needs.

As was applicable at the last inspection people were supported to engage in different activities within the home. Staff told us people enjoyed going to local places of interest and participating in one to one activities with them. Some people had an individualised timetable of activities they participated in during the week within the home and in the local community. This was being developed for everyone as the home had identified having regular activities on offer could be beneficial.

Staff were planning to go to a car museum for an event in Yeovil. This was because one person at the home was very interested in old cars. The staff concerned had spent a lot of time researching places in the area that had equipment which could be used to support the person while on the trip. This is a commendable example of staff working hard to support someone to meet their social needs.

Since the last inspection the communal areas of the home had been redecorated and made to look far more homely, engaging and interactive. A staff member told us that the communal rooms had been decorated and enhanced with themes and topics that people who lived at the home liked. For example, one communal lounge now had a mermaid and marine theme, with plastic fish decorations.

Care records were person centred and contained a photograph of people, essential information and their

life history. This described people's background and interests. For example, music or books people liked. Important dates were shown for people. For example, family members birthdays and how people wished to mark these events. Care records explained people's personal preferences and gave step by step guidance for staff on how to support people in their preferred way. We saw that observations were made so that it could be established how people liked support given. For example, if people had a preference towards a male or female carer.

To support people with communication needs each person had their own 'communication passport.' This set out how the person preferred to communicate. It explained what different gestures, signs or body language may mean so staff could understand and communicate with people effectively. For example, it recorded how people showed they wanted a change in environment or if they were enjoying an activity. This document gave guidance on things to try when people expressed themselves. For example, a sound a person made showed they were not happy with their present situation and things staff could do in response.

People had an allocated keyworker. The keyworker oversaw care and support and ensured areas people had identified in their care plan as being needed were being facilitated. For example, access to new activities or purchasing new clothes. Regular reviews of people's care and support were held. Relatives were invited to attend.

People's rooms were personalised and decorated to individual's taste. Rooms contained items that were important to people and reflected their personality. Staff told us that people were involved in choosing the décor and items for their room to make it personal.

People's views were actively encouraged through regular meetings with their family and via care reviews and annual questionnaires. Where appropriate independent advocates were involved in the process to promote the voice of the person who used the service. A complaints policy including an accessible version was in place. There had been no formal complaints received since the last inspection.

Good

Is the service well-led?

Our findings

There were systems in place to ensure the service provided was reviewed and audited to monitor quality and safety. There was an annual programme of quality audits plus an overall quality improvement plan review each year. The review looked at the staffing structure, the appraisal process, the care people received, policies and procedures, safeguarding, nutritional needs, care planning and person-centred care. An action plan was devised following this review. Evidence of audits we saw that had been completed included a personnel audit, care documents audit, and a safer recruitment audit. The shortfalls in staff training and supervision had been identified by the registered manager. An action plan was in place to address these areas. This was clear and detailed with timescales, and named staff responsible for setting out who would address these shortfalls.

A health and safety audit for the home was also completed by a senior health and safety manager. This included checks of the premises and the whole site. In addition, daily, weekly and monthly audits were carried out of the medicines stored in the home.

Staff told us they felt able to make their views known to the registered manager and senior staff. Staff meetings were held monthly and ensured the whole team was kept up to date with any changes and developments. The last meeting had been held recently. There had been discussions about the needs of people who lived at the home, care planning and security of care records and safeguarding people.

Staff knew what the visions and values were for the organisation they worked for. Staff told us this was a shared vision to provide people with the chance to reach full potential and to live a happy and meaningful life. From speaking with the registered manager and staff it was evident that this was a vision that was shared by all the team.