

The Percy Hedley Foundation

Able 2

Inspection report

Chipchase House
Station Road, Benton
Newcastle Upon Tyne
Tyne and Wear
NE12 9NQ

Tel: 01912381300
Website: www.percyhedley.org.uk

Date of inspection visit:
12 April 2016

Date of publication:
29 April 2016

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Able 2 is operated by The Percy Hedley Foundation. The office is located within a day centre on a large site in Forest Hall, North Tyneside. The service provided care and support to eight adults in their own home who had physical and/or learning disabilities.

This inspection took place on the 12 April 2016 and was unannounced. We last inspected this service in May 2014, at which time we found them to be compliant against all of the regulations that we inspected.

The service had a registered manager in post. 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.

People told us they felt safe in their own home being supported by the staff from Able 2. Staff had a thorough understanding of safeguarding procedures. No concerns of a safeguarding nature had occurred, however the registered manager was fully aware of her responsibilities with regards to protecting people from harm or improper treatment. Other policies, procedures and systems were in place to ensure the service was operated well.

There were enough staff by the service to ensure it was run safely and effectively. Staff supported people on a one to one basis and regular cover was available from a bank of staff from across the Percy Hedley Foundation. We saw staff rotas were planned in advance and people received a consistent service.

Care plans were very person-centred. Care needs and risks were regularly reviewed and updated. Control measures and positive strategies were in place to direct staff in the event of an incident.

There had been no accidents or incidents since the last inspection. However the registered manager had a system in place to record, investigate and monitor these should an event occur. The registered manager was aware of her responsibility to report all incidents to external bodies as necessary.

Care records contained personal emergency evacuation plans. The staff we spoke with told us they were confident and trained to deal with emergencies.

Medicines were well managed and staff followed safe working practices. People were encouraged and supported by staff to self-medicate wherever possible. Medicine was administered safely and accurately recorded.

Annual surveys were used to gather the views and opinions of people, their supporters and staff about the service they received. Advocates were involved as necessary to ensure all people were able to engage with the service.

The registered manager and staff had an understanding of the Mental Capacity Act (MCA) and their own responsibilities. Staff were trained in MCA principals and care records demonstrated the service worked within these principals.

Staff told us they received a thorough induction into the service and shadowed more experience workers. We saw evidence which showed on-going training took place. Formal supervision and appraisal had also taken place as well as informal supervisory discussions. The registered manager was in regular contact with the staff.

As staff mainly supported people to access the community, sometimes meals were eaten in café's or restaurants. One staff member told us they supported a person to cook and bake at home as this was their preference.

The staff we spoke with displayed genuine, kind and caring attitudes. They spoke about people as individuals and knew them very well. In the feedback we read from people who used the service, people said staff offered them choices and encouraged them to make decisions. People who responded to our survey said they were respected by staff and their privacy and dignity was maintained. The daily notes we reviewed reflected these values and behaviours.

People chose to take part in a range of activities that were personal and meaningful to them. The staff encouraged people to maintain community links by supporting people to access activities within their community as well as at home.

The complaints procedure was published within the 'service user' guide. People who responded to our survey said they'd had no cause to complain, but knew how to do so if necessary. The staff we spoke with told us they were very confident to approach the registered manager about anything.

All of the records we examined were comprehensive, up to date and well maintained. Regular audits of these records were carried out by the registered manager and the provider. This demonstrated the registered manager and the provider monitored the safety and quality of 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 was safe.

There had been no accidents or incidents since the last inspection. The registered manager was aware of her responsibilities to record and report any events as necessary to the relevant authorities.

Risk assessments were in place and individual needs had been thoroughly assessed.

Staff recruitment was robust and management followed a safer recruitment policy.

People told us they felt safe living at home with assistance from their support workers. Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Consent to care and support was sought in relation to people's care needs. Records showed that people and their relatives had involvement in care planning.

Training was available in a variety of topics to meet people's needs. Staff were knowledgeable and suitably qualified. They supported by the registered manager through supervision, annual appraisal and team meetings.

People's general healthcare needs were met and other health professionals were involved when appropriate. People were supported by staff to maintain their health and well-being.

Is the service caring?

Good ●

The service was caring.

The staff we spoke with showed kind, caring and friendly attitudes.

People said that staff treated them with dignity and respect and

treated them as an individual.

People were involved in making decisions about their support and we saw they were offered choices and given control over their own lives. Staff encouraged independence.

Is the service responsive?

Good ●

The service was responsive.

Care records were very person-centred and people's care needs were assessed and regularly reviewed.

People received a service from reliable and consistent support workers.

A complaints policy was in place. People said they knew how to complain and would have no hesitation to contact the registered manager.

Is the service well-led?

Good ●

The service was well-led.

Staff had the skills, knowledge and experience to ensure the smooth running of the service.

Audits and checks of the service were in place to monitor the quality and safety of the service.

Feedback was sought from people and their relatives to ensure satisfaction of the service.

Able 2

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 12 April 2016 and was unannounced. The inspection was conducted by one adult social care inspector at the provider's local office.

Prior to the inspection we reviewed all of the information we held about Able 2, including any statutory notifications that the provider had sent us and any safeguarding information we had received. Notifications are made to us by providers in line with their obligations under the Care Quality Commission (Registration) Regulations 2009. These are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of.

Additionally, we contacted local authority staff to obtain their feedback about the service. On this occasion, we asked for a Provider Information Return (PIR) prior to the inspection, which was submitted on time. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. All of this information informed our planning of the inspection.

As part of the inspection and prior to the visit we carried out surveys with people who used the service, staff and community professionals. We also spoke with the registered manager and one member of staff. The provider's director of adult services attended part of the inspection and we were able to talk with them about leadership. We reviewed a range of care records and the records kept regarding the management of the service. This included looking at three people's care records, three staff files and other records kept which related to the quality monitoring of the service.

Is the service safe?

Our findings

Everyone we surveyed agreed or strongly agreed that people were safe from abuse or harm. One person commented in the provider's 'service user' survey, "(Staff member) definitely listens to me, especially if I have a concern." Staff told us they knew what to do if they suspected a person was being abused or improperly treated.

The staff member we spoke with displayed an understanding of safeguarding and how to protect people from harm. They said, "People are safe here, I have no fear to talk to anybody about anything here." Policies and procedures were in place to ensure staff carried out their duties responsibly and they provided guidance on following safeguarding procedures. We saw no incidents of a safeguarding nature had occurred at the service since the last inspection. However, the registered manager had set up a file to record incidents that were of a safeguarding nature separate to other accidents and incidents. This would enable her to monitor these incidents closely and provide information and outcomes to the local authority and if required the Care Quality Commission. Staff told us and records confirmed that regular safeguarding awareness training took place.

There had been no accidents or incidents involving people who used the service or the staff. We spoke to the registered manager about this. She had a system set up to record this type of information and she was fully aware of her responsibilities with regards to reporting certain types of incidents to external bodies.

We saw in people's care files, that the service had assessed risks associated with individual care needs. This included risks related to, accessing the community, meal management, medicines and finances. The risk assessments contained an explanation of the hazard, any existing controls in place and additional measures staff could take to reduce the likelihood of an incident. For example we saw that key negative behaviours, triggers and signs of stress were identified and strategies were in place for positive management. We saw there were very detailed instructions for the staff to follow. We saw evidence that these were read by staff and reviewed regularly by the registered manager. This meant risks were individually managed so that people were protected whilst respecting their freedom and independence.

Personal emergency evacuation plans were in place. The service had considered each person's ability to safely leave their home in an emergency and instructed staff on the level of support people would require.

The staff we spoke with told us they felt there was enough staff employed to manage the care and support needs of the people who used the service. The registered manager analysed dependency levels and completed a rating tool. We saw staff rotas were planned in advance and there was consistency of regular support workers. The service had access to a pool of bank staff from other Percy Hedley Foundation services so disruptions to the service were kept to a minimum. A community professional who returned our survey stated, "People tell me the staff arrive on time for their appointments", and "People tell me they receive staff who are familiar and consistent". This meant the registered manager ensured staffing levels were appropriate and that people knew who to expect.

We reviewed staff files and found that there had been a robust recruitment process. Management and people who used the service had been involved with the interview process. The registered manager had obtained two references and carried out an enhanced check with the Disclosure and Barring Service (DBS). DBS checks ensure staff have not been subject to any actions that would bar them from working with vulnerable people. Employers use this data to assist them in making a recruitment decision. Files contained evidence of an induction process, shadowing of experienced staff and on-going training. This showed that the service was safely recruiting staff with a variety of knowledge, skills and experience who were suitable to meet the needs of the people who used the service. The staff member we spoke with confirmed that the registered manager had carried out pre-employment checks.

Staff told us and records confirmed that they received accredited training in the safe handling of medicines, had checks carried out on their competency by the registered manager and opportunities were provided for staff to enhance their skills with training on specialist techniques such as the use of Percutaneous Endoscopic Gastrostomy (PEG) feeding tubes. PEG is a form of specialist feeding where a tube is placed directly into the stomach and by which people receive nutrition, fluids and medicines.

Where possible, staff supported people to take their own medicines. We saw self-administration risk assessments were in place. Records which related to the administration of medicines were kept in people's homes. A medicine risk assessment, profile and support plan was carried out and there were details in the records about the level of assistance each person required. Consent was sought for all levels of staff assistance including, ordering prescriptions and disposal of unused medicine.

Is the service effective?

Our findings

The staff team was made up of several long term, experienced support workers who worked on a one to one basis with a person who used the service. Other casual staff members covered for annual leave and days off. The service was in the process of recruiting more permanent team members and we spoke with the registered manager and a staff member about this. The staff member said, "We need to introduce new staff slowly into people's homes, we need to take small steps to build staff up to working with (person). This will enable us to support (person) to take a holiday."

All of the staff who completed our survey confirmed that had undertaken an induction which fully prepared them for their role before they worked unsupervised. They also confirmed the training provided by the service enabled them to meet people's needs, choices and preferences. The registered manager carried out a training needs analysis with each staff member and recorded when training had taken place and when it was next due. We reviewed this information and saw evidence of certificates from a range of training providers. Staff were trained in principals of care such as infection control, food hygiene, first aid and person centred-care, as well as other specific topics suitable to their role. The registered manager told us a plan was in place to include people who used the service in some training sessions. A staff member told us, "I have just completed lone working and autism awareness; they are probably the best two that have helped me. I am very confident working with people but these courses made me think about my own practice". The registered manager told us she carried out announced and unannounced competency checks on the staff to ensure they followed safe practices.

Staff records showed that supervision and appraisal had taken place. The staff member we spoke with confirmed they had been involved in this process. 81% of the staff who responded to our survey agreed or strongly agreed that the regular supervision they received enhanced their skills and learning. The registered manager told us that she used standards from the 'Care Certificate' with existing staff to improve areas for improvement. The care certificate is a benchmark for induction of new staff. It assesses the fundamental skills, knowledge and behaviours that are required by people to provide safe, effective, compassionate care. Other methods of management support included supervisory discussions, emails, texts and phone calls.

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

The registered manager and staff were trained in and had an understanding of the Mental Capacity Act (MCA) 2005. Evidence showed they were working within its principals. We saw in people's care files that the service considered people's preferences regarding their care and support. Staff told us that they encouraged people who lacked capacity to make small decisions but more complex decisions were decided in the person's best interests with their family and other health and social care professionals.

Information was contained in care records which related to some people's finances being managed through a Lasting Power of Attorney (LPA) or the Court of Protection. A LPA is a legal document that lets you appoint someone to help you make decisions or to make decisions on your behalf. The Court of Protection is a court established under the MCA and makes decisions on financial or welfare matters for people who can't make decisions at that time because they may lack capacity to do so.

We saw evidence that showed the service sought people's consent wherever possible when deciding on appropriate care and support. In the care files we reviewed, we saw people had read and signed to consent to the staff providing assistance. This information had been provided in an easy read format to ensure people had understood. This included support with medicine administration, finances and assistance to manage correspondence.

A staff member told us they were very confident working with people who may display a behaviour which challenged them. They said, "We get challenging behaviour training (a course which trains staff to manage behaviour, with an emphasis on the approaches of positive behaviour support), but I've never had to use it." Staff told us that in the event of an incident they would write a report for the registered manager.

Most of the time, staff were supporting people to access the community which meant people ate in restaurants and café's quite often. Some people who lived locally attended the provider's day service at mealtimes. Meal management plans were in place and staff had detailed instructions about the support people required. Staff were trained in dysphagia (a medical term for swallowing difficulties). Staff were knowledgeable about people's dietary needs and told us about likes, dislikes and preferences. A staff member said, "(Person) contributes to making his own lunch or baking – he prefers that to eating at the day service."

We saw records which showed other healthcare professionals such as, a GP, a dentist or a chiropodist were involved in order to meet people's general healthcare needs. Documents such as appointments and other information were kept in care records. A community professional stated, "The service acts on any instructions I give them." Staff told us people sometimes used their support time to attend appointments. This meant that the service supported people to maintain good health and they had access to other services when needed.

Is the service caring?

Our findings

Compliments had been received by the service. One, addressed to the registered manager read, "Just wanted to say thank you for doing that for (person), nobody has ever taken the time to do anything like that before." Other compliments taken from a recent 'service user' survey read, "(Staff member) knows me well and I have a good relationship with him." 100% of all the responses we received from our survey confirmed staff were kind and caring.

The staff we spoke with displayed caring and compassionate attitudes during the inspection and we talked with them in great detail about the type of service they felt they provided. They made comments such as "I encourage (person) to do as much as he can without me so he maintains his independence", and "It's his home, his terms".

The staff were friendly and professional throughout our discussions. Evidence found in care records showed that people were involved in the care planning process. Staff knew people really well. Care plans contained very person-centred information about people's likes and dislikes, their family/life history and their preferences. For example, sections read, "This book is about me, I am (person's name)", and "I hate tomatoes; I love chocolate and doughnuts." The records contained easy read information, photos and pictures to ensure the person could access their own care planning information.

Records showed that staff had received training in equality and diversity, privacy and dignity. A staff member told us how they promoted the person they supported to be as independent as they could be and enabled them to do as many tasks as they could for themselves. We reviewed their care plan which described the person's morning and evening routine. It detailed the tasks which the person could do independently as well as the tasks which required support.

The registered manager used 'service user' surveys to obtain views and feedback about the service. One person commented in a survey, "I am always given choice – from what I would like to do to what I would like to eat. I make my own decisions." Another person wrote, "My support team know my likes and dislikes and offer a variety of activities. If I don't want to participate the staff support me to leave".

We saw in care records that people had accessed formal advocacy services. An advocate is a person who represents and works with people who need support and encouragement to exercise their rights, in order to ensure that their rights are upheld. Some people had family or personal assistants who acted on their behalf informally. Other people had legal arrangements in place with relatives acting as a lasting power of attorney for finances and we saw the evidence of this in their care records. Information regarding how to access an advocate was published in the 'service user guide'.

Is the service responsive?

Our findings

Care needs and risk assessments were very person-centred and contained detailed information about people's health and medical conditions. They included pre-admission details, a local authority assessment and care plans which related to the care and support required such as tissue viability, mobility and allergies. Other aspects of daily life such as 'stranger danger', bad weather and mapping a route were also assessed. Outcomes and objectives were devised with the person to enable them to achieve small personal goals. For example, using technological appliances, batch cooking, freezing and defrosting meals and carrying out own shopping.

A new IT system was due to be implemented in the service to increase productivity with regard to managing information, analysing it and producing reports. At present, staff wrote or typed daily notes. The daily notes we reviewed were very thorough and detailed. They contained information about support given, events, activities, meals and meetings. A weekly report summarised the person's week. This included their wishes and plans for the forthcoming week. One care record contained daily notes written by the person themselves with supporting notes from the staff team.

The registered manager had recently implemented a new care planning tool called an 'outcome star'. Two of the three care tiles we examined contained this new information. Staff had completed the documentation and reviewed the person's needs. We saw it contained very extensive person-centred information about the person, for example information about their general health, mental health, communication, living skills, and money safety.

Care records showed partnership working with a range of health and social care professionals including social workers, occupational therapists and speech and language therapists. Records of telephone calls and emails were kept on each person's file. The registered manager told us that at the initial assessment stage and when reviewing, they speak to the person, their supporters and other professionals to gain as much information as they can about people to plan appropriately. A community professional confirmed in response to our survey that the service co-operates with other services and shares relevant information when needed.

People were given choice and control over how their support was provided. In the care records we reviewed, we saw people had given their consent to staff supporting them and they had been involved as much as possible with decisions such as activities and outings. People could use their support time flexibly. Sometimes they planned in advance what they wanted to do, on other occasions people had made ad-hoc decisions about activities. The comprehensive daily notes written by the staff showed that people had choice and control over how they spent their support time. This meant people received support which reflected their age, disability or gender.

We saw evidence that care needs assessments were reviewed six weeks after a placement had commenced and feedback from the staff was used in the review meetings. Reviews also took place on an annual basis and when there were changes to people's needs. Updates were made to reflect any changes. These

meetings involved people, their relatives and advocates as necessary. Records were completed to an excellent standard. They were thorough, informative and easy to follow. They were also up to date, signed and dated by staff and the registered manager.

The service had not received any formal complaints since the last inspection. The provider had a thorough complaints policy and procedure which we saw was included in the 'service user guide'. The complaints policy was also on display in the provider's day service which is where Able 2's office was located. Both were available in an easy read format. The registered manager told us that she had dealt with one small issue that had not escalated into a formal complaint but this was not recorded. The issue was immediately resolved and a plan was put in place with the person to move forward.

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in post. Our records showed she had been formally registered with the Care Quality Commission (CQC) since August 2014. The registered manager was aware of her responsibilities and had submitted statutory notifications to us as and when required. The registered manager was present during the inspection and assisted us by providing all the documentation we required. The registered manager was very knowledgeable about the people who used the service and she was able to tell us about individual people's needs.

The registered manager was supported by a team of support workers. Staff spoke highly of the registered manager, comments included, "She is brilliant, and she speaks to you like a manager should speak to you", and "(Registered manager) listens, I feel valued by her." Staff told us they felt the registered manager was supportive and approachable. A staff member said, "How I am treated by her is how I should be treated by a manager." The registered manager told us that staff morale was "pretty good". A comment from the provider in a recent audit read, "There is excellent staff morale, staff talk excitedly about their work and are committed to supporting individuals."

Roles and responsibilities were understood by all staff. Management and staff were able to tell us what these were. The culture amongst all of the staff was very person-centred and they demonstrated through our discussions that they empowered people to be independent. The registered manager told us, "People are involved as much as possible in devising their care plan. We have relatives and advocates involved too."

Surveys were undertaken by the service. The last 'service user' survey had an overall positive response. Easy read documents which included 'smiley face' style pictures had been issued to some people to enable them to understand and take part. 10 staff members took part in the last staff survey. Again the overall response was positive. We saw comments made by staff about feeling valued and supported. Unfortunately no responses were received from relatives to their survey. The registered manager had since consulted with relatives about the implementation of a family and friends forum. The manager had written to relatives and asked for their opinion of best to provide information and receive feedback.

We reviewed the minutes from the last four staff meetings and saw that staff were given the opportunity to discuss people's outcomes and achievements, share best practice and be involved in the operating and improvement of the service. A staff member told us, "(Registered manager) implemented our own staff meetings, we talk about service user led outcomes and achievements." Previously the service joined in a wider team meeting across other Percy Hedley Foundation services. Staff told us this wasn't as productive as the new method.

Regular items on the staff meeting agenda included safeguarding, health and safety and an update from the adult services committee. The registered manager had used one meeting as an opportunity to feedback responses from the 'service user' surveys. In other meetings, the service's business continuity plan was discussed and updated, falls risk assessments were collectively reviewed and the annual business plan was shared with staff.

The registered manager took part in steering groups across the Percy Hedley Foundation. She was part of meetings which discussed safeguarding issues from across the provider's services which shared learning and best practice. The registered manager also took part in learning disability training for the provider's services and sat on internal and external committees. The purpose of this was to disseminate information from external bodies and communicate it to staff.

The director of adult services told us that she met with all the heads of service and registered managers on a monthly basis to go through issues and achievements of all the providers' services. She also met with the registered manager of Able 2 on a monthly basis to audit the service. The last provider audit was carried out in December 2015 and the overall outcome was positive. Areas which were identified for improvement had actions planned by the registered manager. This included training staff in positive risk taking and identifying gaps where specialist training would benefit some staff.

The registered manager carried out her own service audits against a quality framework and had implemented a service improvement plan. This included areas such as marketing and growth of the service. Monthly audits were carried out in relation to care records, risk assessments, medicine records and incidents (should any occur). This ensured the continued quality and safety of the service.

The service worked with a local university and provided placements for student social workers. The registered manager oversaw this initiative and supported students to meet their objectives. The director of adult services told us, "Feedback from the students about (registered manager) is great."

The registered manager was also in the process of organising a 'service user' and staff representative to attend the adult social care committee within the Percy Hedley Foundation. This committee feeds information into the board of trustees. The director of adult services told us, "(Registered manager) is fantastic – she has great potential."