

Cygnet (OE) Limited

Hope House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: Hope House is a home for up to ten people who have a learning disability and who may be on the autistic spectrum. The service provides nursing and personal care. On the day of our visit there were seven people using the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. At this inspection the provider had not always applied them in relation to care records.

The outcomes for people did not fully reflect the principles and values of Registering the Right Support as care records did not assist staff to support people to receive person centred care.

We have made a recommendation about care plans to ensure they are person centred.

The size of service meets current best practice guidance. This promotes people living in a small domestic style property to enable them to have the opportunity of living a full life. We discussed with the registered manager to ensure that communal areas were free from information that pertained to staff rather than people living at the home.

We received concerns in relation to the safety of people. As a result, we undertook a focused inspection to review the Key Questions of Safe, Responsive and Well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other Key Questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those Key Questions were used in calculating the overall rating at this inspection. We found no evidence during this inspection that people were at risk of harm from this concern.

People's experience of using this service: We found no evidence of unwarranted restrictive practices, although we did discuss the prolonged use of anti-psychotic medication for two people and the strategic positioning of a sofa for another. Staff were able to give a rationale for both but were also open to considering review of these practices. Debriefs for staff were well recorded.

Staffing levels were appropriate and ensured people were supported to access community facilities. People received support to take their medicines safely and as prescribed. Risks to people's well-being and their home environment were recorded and updated when their circumstances changed.

People were supported to engage in activities they enjoyed and we saw the service promoted people accessing local community facilities. People and their relatives and carers told us they knew how to make a

complaint.

Systems to monitor the quality of the care provided were effective. Staff were supported by the registered manager. The service worked well with professionals and had good links with their community.

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

Rating at last inspection: Good (last report published November 2017).

Why we inspected: This was a responsive inspection based on concerns raised with CQC. We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in the Responsive section below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Hope House

Detailed findings

Background to this inspection

The 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.

Inspection team: Two inspectors and a special professional advisor carried out this inspection. The special professional advisor was a clinical psychologist who works within similar service settings.

Service and service type: The service is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection: This inspection was unannounced.

What we did: Before the inspection we reviewed information available to us about this service. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from commissioners and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke with the registered manager, the nurse in charge, four staff members and one visiting relative. We also spoke with four people and spent time observing other people completing their daily activities.

We looked at three people's care records including medication administration records (MARs). We looked at records relating to the management of the service. These included accident and incident records, meeting minutes and quality assurance records.

Following our visit we also spoke with four close relatives and carers for people via telephone.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met. At the last inspection this key question was rated as good. At this inspection this key question has remained good.

Systems and processes to safeguard people from the risk of abuse.

- People told us they felt safe with the staff that supported them. One person said, "Yes the staff keep me safe." One relative we spoke with said, "I visit regularly and see how staff interact with [Name], I don't have any concerns at all.
- The provider had effective safeguarding systems in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate training.

Assessing risk, safety monitoring and management.

- Risks to people's safety were assessed, recorded and updated when their needs changed.
- We did not find any evidence of unwarranted restrictive practices, although we did discuss the prolonged use of anti-psychotic medication for two people and the strategic positioning of a sofa for another – staff were able to give a rationale for both but were also open to considering review of these practices. Debriefs for staff were well recorded.
- Staff understood where people required support to reduce the risk of avoidable harm. One staff member told us, "We follow plans and use de-escalation to talk people round and reassure them."
- The premises and equipment were routinely checked and maintained and staff and people were aware of plans to follow in an emergency.

Staffing and recruitment.

- Safe recruitment procedures were followed.
- People received care and support from the right amount of suitably skilled and experienced staff.
- There had been issues with agency use and staffing levels due to sickness. We saw agency use has decreased recently due to new recruitment and the staff and management team said the new staff had improved morale.

Using medicines safely.

- One person was being supported to administer their own medicines via a risk assessed programme.
- People received the correct medicines at the appropriate times. Medicines were received, stored and disposed of safely.
- Audits were completed to check staff followed the correct procedures.

Preventing and controlling infection.

- Staff followed good infection control practices and used gloves and aprons to help prevent the spread of healthcare related infections.

Learning lessons when things go wrong.

- When something went wrong action was taken to ensure that lessons were learnt to help prevent the risk of recurrence.
- Accidents and incidents were recorded and investigated thoroughly.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant people's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Care plans were dense with a lot of repetition. They lacked a person centred focus to give staff a feel for who the person was and give any staff member the key messages to support someone successfully. This has been raised with the provider at previous inspections and the basic care plan layout has not been improved quickly enough in line with best practice in person centred care.

We recommend that the provider improves the behavioural descriptors in the Positive Behaviour Support plans, as well as adding more detail about triggers and de-escalation techniques (e.g. what specific distractors work for that person, what motivates the individual, etc.) Further detailed accounts of people's routines and detail on people's preferences and non-negotiables are also recommended.

- Care plans were regularly reviewed to ensure they reflected people's current support needs and preferences.

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

- Staff were knowledgeable about people's communication support needs and people were given information in accessible ways.

- People were supported to access activities they enjoyed and benefitted from. There was clear evidence that people are offered a range of activities, including many community opportunities, and it was positive to hear that one person has recently started a voluntary job at a local charity shop.

Improving care quality in response to complaints or concerns.

- Policies and procedures were in place to investigate and respond to complaints. People and relatives we spoke with knew who to speak with to raise any issues and told us they felt listened to.

- One person told us they would like another vehicle for the service, they said they had fed this back via the People's Parliament forum with the provider.

- Records showed complaints were investigated and lessons learnt to improve the service.

End of life care and support.

- At the time of our inspection nobody at the service was receiving end of life care, but policies and procedures were in place to provide this where needed.

Is the service well-led?

Our findings

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

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The management team demonstrated a commitment to providing quality services and respecting people and staff members.
- There was a friendly and welcoming atmosphere with staff describing morale and teamwork as good. Staff told us, "It's a good team we all pull together and the residents as well," and "We are valued."

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

- The registered manager had ensured they had communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.
- All the feedback received was used to continuously improve the service.
- The registered manager made sure people received good care and support. For instance, they met with people, relatives and staff to seek their views and to check on records and safety.

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

- Staff and the registered manager involved people and their relatives in day to day discussions about their care. One relative told us, "I know the manager and nurses well and they know me, I can't fault them."
- Engaging and involving people and staff enabled them to speak up freely, raise concerns and discuss ideas. Staff members regularly approached management to ask questions. People who used the service also popped to the office to chat or speak with the leadership team.
- People had completed a survey of their views and they met with their keyworkers regularly to talk about their views of the service and to be involved in plans for the future.
- Staff understood the provider's vision for the service and they told us they worked as a team to deliver high standards. One staff member said, "We are here to help people learn new skills and to help them move forward. We give the best person centred care we can."

Continuous learning and improving care.

- There was an effective system in place to check on the quality and safety of the service.
- Actions arising from audits carried out by the provider and management team were captured in ongoing improvement plans with target dates for completion. All actions had been completed or were being addressed at the time of our inspection.

Working in partnership with others.

- Managers and staff worked well with external health and social care professionals.
- The service had good links with the local community. People attended lots of local events, and one person had a voluntary job supported by staff.