Aspects 2 Limited

Hannacott

Inspection report

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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?	**Outstanding**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

This inspection took place on 14 and 15 April 2015 and was unannounced. Hannacott provides accommodation and personal care for up to six adults with a learning disability, physical disability and/or complex health issues. Five people were living at the home when we visited and they had a range of support needs including help with communication, personal care, moving about and support if they became confused or anxious. Staff support was provided at the home at all times and people required the support of one or more staff when away from the home.

There was 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 and associated Regulations about how the service is run.

We found one breach of our regulations. People had decisions made on their behalf that were not fully documented to make sure their changing needs and circumstances were addressed. You can see what action we told the provider to take at the back of the full version of this report.

People were supported by a caring and dedicated staff team who knew them well and treated them as

Summary of findings

individuals. Staff worked hard to understand what was important to people and to meet their needs despite the difficulties some people had communicating. Staff were patient and respectful of people's unique preferences. One relative described a "professional and committed staff team" that "went out of their way" to care for their loved one.

Staff supported people to take part in activities they knew matched the person's individual preferences and interests. People were encouraged to make choices and to do things for themselves as far as possible. In order to achieve this, a balance was struck between keeping people safe and supporting them to take risks and develop their independence.

Some people had complex physical needs and these were met by staff who worked closely with health and social care professionals. This included providing people with nutrition and helping them maintain a healthy posture. Staff understood when they needed guidance from professionals. People were helped to keep safe and take part in activities as the building and furnishings had been adapted to meet their needs.

Staff felt well supported and had the training they needed to provide personalised support to each person. Staff met with their line manager to discuss their development needs and action was taken when concerns were raised. Learning took place following any incidents to prevent them happening again. Staff understood what they needed to do if they had concerns about the way a person was being treated. Staff were prepared to challenge and address poor care to keep people safe and happy.

Summary of findings

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. The risks people faced had been assessed but some had not been recorded in people's care records.

People received the medicines they needed from trained staff but stock records were not being correctly completed. They were protected from preventable harm as learning and action took place following any incidents and staff had a good understanding of safeguarding requirements.

Sufficient staff with the relevant skills, experience and character were available to keep people safe and meet their needs. The premises were well maintained and clean and had been adapted to suit people needs.

Is the service effective?

Requires improvement

The service was not always effective. People had decisions made on their behalf that were not fully documented or regularly reviewed to make sure their changing needs and circumstances were addressed. People were supported to stay well and have a healthy diet.

The training staff needed to support people had been assessed and the registered manager was developing plans to address the gaps identified. Staff met with their line manager to receive feedback on their practice and discuss developmental needs.

Is the service caring?

Outstanding

The service was caring. People were treated with kindness and respect by staff who understood the importance of dignity and confidentiality. Staff were reported to go out of their way to support people and everyone spoke highly of the service provided.

People were supported to communicate by staff who knew them well and respected their individuality. They were encouraged to make choices and to be as independent as possible. Staff showed a passion for supporting everyone in a personalised way.

Staff were prepared to challenge and address poor care. Managers took action to support staff to improve or took disciplinary action if needed.

Is the service responsive?

Good

The service was responsive. Staff knew people well and people's support plans reflected their needs and preferences. Each person was treated as an individual. People were supported to take part in a variety of activities in the home and the community.

Summary of findings

Complaints had been dealt with appropriately in the past and relatives said they would be able to complain if they needed to. Staff monitored people's behaviour to identify if they were unhappy.

Is the service well-led?

Good

The service was well-led. The quality of the service was regularly checked and areas for improvement were addressed. People and their family members were asked for feedback and their comments were acted on. Feedback from other agencies was also acted on to improve the service provided.

The registered manager was supported by the provider to manage the service effectively. The provider had clear expectations about the way staff should support people and staff understood and acted in accordance with these expectations. Staff understood their responsibilities and felt able to share concerns with the registered manager.

Hannacott

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 14 and 15 April 2015 and was unannounced. An adult social care inspector carried out this inspection.

Before the visit we reviewed previous inspection reports, notifications and enquiries we had received. Services tell us about important events relating to the service they provide using a notification.

During our visits we spoke with the registered manager and seven members of staff. We spoke with one relative, two people using the service and spent time observing the care and support provided by staff. We also spoke with a therapist who regularly attended the home. We looked at two support plans, staff training records and a selection of quality monitoring documents.

After our visits we spoke with two further relatives and a health care professional.

Good

Is the service safe?

Our findings

People were supported by staff who had access to guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. They had received safeguarding training and safeguarding was discussed at staff meetings and individual supervision meetings. Staff described the correct sequence of actions to follow if they suspected abuse was taking place. They said they would report abuse and were confident the registered manager would act on their concerns. The registered manager explained she operated an open door policy for anyone wanting to share a concern.

Most people would be unable to verbally communicate if they were being abused so staff monitored their behaviour for unexpected changes that needed following up. Staff were aware of the whistle blowing policy and the option to take concerns to appropriate agencies outside the home if they felt they were not being dealt with effectively. One person had helped staff to produce a picture based safeguarding policy and they told us they would be able to tell staff if they were unhappy about any aspect of their care.

The risks people faced were being managed by staff. The way most of these risks should be managed had been assessed and recorded using risk assessments which showed how the risk had been reduced. Staff described how they approached balancing risks and people's right to make choices. For example, they were constantly reassessing one person's ability to go out independently. The person understood they lacked some of the necessary skills and was working with staff towards greater independence. This positive work had not been recorded in a written risk assessment so far.

Incidents were recorded and reviewed and this resulted in changes to people's risk assessments and support plans. All incident reports were reviewed by the service manager to identify any patterns and to make sure the necessary actions had been completed before they were signed off. The risks of people suffering preventable harm were reduced because learning and action took place following any incidents. This reduced the likelihood of similar incidents occurring in the future. People's relatives had been involved in incident reviews and whilst they were not happy an incident had occurred they did feel action had been taken to prevent a recurrence in the future.

People received their medicines when they needed them from trained staff who had access to the information they needed to safely administer them. Medicines were stored safely and staff disposed of medicines at the right time. The administration records were correctly completed but a record of the medicines that should be in stock was not being accurately kept. This decreased the chances that an administration error would be picked up as soon as possible. The registered manager told us she would change the system in place.

There were enough staff on duty to meet people's needs and staff had the time to sit and talk with the people they were supporting. The number of staff needed for each shift was calculated by taking into account the level of care commissioned by the local authority and knowledge of the activities to take place that day. Staff confirmed that the required number of staff were on duty for each shift. The staff team was well established and there was low turnover. As a result, agency staff were rarely used which helped to ensure people knew the staff supporting them well.

People were care for by suitable staff because safe recruitment procedures were in place and managed by the provider. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to establish whether the applicant has any convictions that may prevent them working with vulnerable people. Where necessary, a risk assessment was completed prior to employing staff. This had been recorded in one case but not in another. The registered manager told us assessments would be recorded in the future. Any gaps in an applicant's employment record were followed up to ensure a full history was obtained. Where possible, prospective staff were interviewed at the home to ensure they understood the service and to allow current staff to observe how they interacted with people using the service.

People lived in a home that was clean, tidy and bright. The building had been personalised with colours and pictures that were significant to each person. There was plenty of space for people to spend time together and people had private space when they wanted to be alone. The building had been designed to meet people's needs. For example,

Good

Is the service safe?

there was enough space for people to use their wheelchairs and ceiling hoists were provided for each person. One person told us they liked “having lots of space to move around”.

Staff had a system for requesting building maintenance and they said requests were actioned in a timely fashion. A cleaning rota was in place to make sure all areas of the home received the necessary attention. The cleanliness of the building was checked during the monthly health and safety audit. Checks to keep people safe, such as equipment testing and the gas safety check were completed although the gas safety check was slightly overdue when we visited. Head office currently monitored the safety checks needed but the registered manager told us they planned to develop a local list. This had been discussed with the service manager at a recent supervision meeting. There was an emergency evacuation procedure for each person that identified the help they would need to safely leave the building in an emergency. Fire alarms and equipment were regularly tested to ensure they were in working order.

Requires improvement

Is the service effective?

Our findings

People's rights under the Mental Capacity Act 2005 (MCA) were taken into consideration by staff but the decision making process was not always fully recorded. The MCA is legislation that provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves. A mental capacity assessment and record of the decisions made was in place for some but not every significant decision that had been taken on behalf of a person without mental capacity to make that decision. For example, one person needed staff to use a wheelchair lap belt, bedrails and a sound monitor to help keep them safe but they could not agree to this as they lacked capacity to do so. Their support plan recorded that these decisions had been made with the involvement of healthcare professionals and family. The mental capacity assessment and resulting best interest decision were not, however, explicitly recorded. We did not see evidence of harm as a result of the missing records.

This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

37% of staff did not have current MCA training. Staff had a good understanding of the need to help people make decisions and what to do if they did not have the capacity to make a decision. Staff were not fully aware of the need to record significant decisions made in people's best interests in an explicit way. Easy to read information about the MCA had been shared with staff at a recent team meeting. Staff had spent time assessing people's ability to make certain decisions. They had explored different ways of helping the person express their preferences, such as using pictures, before concluding the person was unable to express a preference about a specific decision. Where a person was able to make decisions about their care and support, this was reflected in the support plan.

People's ability to choose where to live had been assessed and appropriate steps had been taken if they could not make this decision. Staff respected people's legal rights under the Deprivation of Liberty Safeguards (DoLS). The DoLS provide a lawful way to deprive someone of their liberty, provided it is in their own best interests or is necessary to keep them from harm. Applications to deprive people of their liberty had been made to the local authority when needed.

People were supported by staff who had received training specific to their needs. For example, staff had completed training on supporting people who have epilepsy or have difficulties with swallowing. Staff told us they felt competent and could ask for additional training when they needed it.

Staff training needs were monitored but the records being used to do this did not accurately reflect the training staff needed. This made it difficult for the registered manager to accurately assess the risks posed by staff without current training. The registered manager told us she knew a structured plan was needed to address the gaps in training. This had been discussed with the service manager at a recent supervision meeting. For example, the current system identified 47% of staff had not had refresher training in diet and nutrition within the timescales specified by the provider.

We spoke with some of the staff whose training was showing as overdue. They explained they had been trained in the past but needed to complete a refresher course. They felt they had the skills needed to support people safely. Staff were regularly observed to make sure they were following company policy and people's support plans. The service manager told us a list of key staff competencies was being developed and observations of these competencies would then be completed.

Staff met with their line manager to discuss their performance and training needs and had annual appraisal meetings. They also discussed the needs of the people they worked closely with. Where actions were needed, these were followed up at future meetings. Records showed that meetings did not always take place as frequently as required by company policy but staff felt well supported and said they had constant access to senior staff if needed.

Some people had complex health needs and staff demonstrated a good understanding of these needs. People's health needs had been assessed and were recorded in their health action plan. People also had a hospital passport in place to guide professionals if they needed to be admitted. Where possible, staff ensured people understood the care and treatment offered to them. This included explaining and discussing the reasons for administering medicines and any treatment being given. The person's key worker booked routine appointments for them and monitored their health needs as part of the monthly key worker meetings.

Requires improvement

Is the service effective?

People's immediate health needs were addressed quickly by staff. One relative said staff had effectively managed the person's changing and complex health needs very effectively. Guidance provided by health and social care professionals around supporting people and keeping them well was available to staff and was being followed. The information was, however, not always referred to in people's support plans. The registered manager said she would address this to make sure new staff were aware of the guidance. Where needed, staff kept records of information such as people's activity levels and weight as requested by health care professionals. A health care professional said staff were responsive to people's needs and acted on guidance professionals gave.

One person told us the food was "amazing". They said they were having sandwiches rather than the planned meal and said staff offered alternatives if they did not want to eat the planned meal. People were offered a healthy diet and appeared to enjoy the food prepared for them. One relative told us the quality of food had recently improved as more fresh vegetables and home cooked meat were being offered. Staff confirmed the menu was being reviewed. Staff watched how people responded to each meal to check if they liked it as most people could not verbally express a preference.

People received food prepared in the way advised by a speech and language therapist so they could eat safely. This included blending food and providing adapted crockery to help people feed themselves. Staff took a blender with them when eating out to make sure people had food of the right consistency for them. Staff tried to reduce distractions during meal times, such as phone calls and visitors, to help people focus on their meal and to make sure staff could concentrate on assisting people to eat.

Outstanding ☆

Is the service caring?

Our findings

People using the service, relatives and professionals all spoke highly of the care provided at Hannacott. One relative spoke about staff who "knew [name] very well" and felt their relative was "well looked after". Another relative described a "professional and committed staff team" that "went out of their way" to care for their loved one. A therapist described a "caring environment" where staff had "genuine care and regard" for people. A health care professional said staff kept the best interests of people at the heart of all they did. When asked what staff could do to improve the care provided for people, everyone said they felt staff did the best possible job.

There was a friendly and warm atmosphere in the home and staff continually behaved in a caring and professional manner. Each person was treated as an individual by staff who knew them well and people looked comfortable with the staff supporting them. Staff understood the different ways people liked to communicate and gave them time to express themselves. Each person was spoken with in a different way as staff had found some people liked a jovial approach whilst others responded better to a calmer tone. This personalised approach ensured each person was helped to feel as involved in conversations and events in the home as possible.

Some people could not use words to communicate. New staff spent time with more experienced staff learning what different sounds or movements may mean for people. Staff said people responded differently to each member of staff so spending time getting to know people was crucial. Staff knelt down when they communicated with people using a wheelchair so they were communicating at the same level as the person. They talked with people about topics of general interest that did not just focus on the person's care needs. Staff also used massage and games creatively to help people feel engaged and involved.

People were encouraged to make choices, for example about what they drank, when they got up or where they spent time. Staff patiently explained choices to people and then waited for a response. If necessary, staff asked people the same question at different times to make sure they had not changed their mind. For example, one person did not want to eat at lunchtime but staff checked a number of times throughout the afternoon if they were hungry. The choices were offered at the appropriate level and ranged from selecting from two objects to discussing plans for the day. People's choices were respected even when this caused extra work for staff.

One person had been supported to use a handheld device to record their preferences in an audio and pictorial support plan. They were very proud of this achievement and it helped them to feel in control. This person had also helped to produce some picture based policies for people using the service and staff. Staff described how they had consulted with relatives about the best way to support people, particularly when they were new to the service. Relatives we spoke with felt very involved in their relative's care planning and felt staff had listened to them. Staff knew they could arrange an advocate for people if needed but at this time people's families were providing the support needed.

Staff talked about the importance of accepting that each person was different. Staff had detailed knowledge about the people living at Hannacott. Staff explained what could upset people, what helped them stay calm and what people were interested in. This closely matched what was recorded in people's support plans. We saw staff applying this knowledge during our visit. Staff responded quickly if people showed signs of distress and spent time with the person to find out what the problem was. They helped people to move position, read stories to them and helped people to become calm using massage. Staff explained, "everyone is allowed to take time to sit and talk with people."

Staff encouraged people to be as independent as possible. They gave people the time they needed to complete tasks themselves and did not intervene too soon. Some people used electric wheelchairs and the layout of the building allowed them to drive these chairs without staff support. This meant people could move around freely in the building. During mealtimes people were encouraged to eat as independently as possible. Each person's support plan clearly identified what the person could do independently and where help should be offered.

Staff were aware of the need to protect people's dignity, particularly whilst helping them with personal care. Dignity and privacy were mentioned in people's personal care support plans to give staff practical guidance. Staff ensured people had privacy when they wanted it and were careful to hold confidential conversations away from other people.

Outstanding ☆

Is the service caring?

When people were asked if they needed the toilet staff spoke quietly so others could not hear. Care records were stored securely to make sure people's personal information was kept confidential. Staff always spoke about people and to people in a respectful way. A visiting therapist said staff were very mindful of confidentiality.

The risk of people experiencing poor care was reduced as staff and the registered manager were prepared to address problems as they arose, either through staff development or disciplinary action. The way staff supported people was checked during informal observations to make sure they were following company policy and people's support plans. Staff received feedback to help them improve the way they worked with people. If necessary, disciplinary action was taken when performance dropped below the expected standards. This decisive approach prevented people being exposed to poor care once it was identified. The service manager planned to introduce more structured observations to help him give staff more detailed feedback on areas for development.

One relative described how supportive and caring staff had been when their loved one came to the end of their life. This included spending time with the person in hospital and ensuring they got the treatment they needed at the right time. Staff had worked hard prior to the person being admitted to hospital to support them at home for as long as possible. This had included learning to manage complex health problems with the support of health care professionals. Staff had honest and open conversations with the person's family and supported them with empathy whilst the person was dying. Staff had been given training in dying and bereavement to help them do this.

Good

Is the service responsive?

Our findings

Before people moved into the home staff met with them and their family to make sure their needs could be met. Staff spent time with the person and the person spent time at the home. A draft support plan was then shared with them and their family and this plan was built on as staff got to know the person better. Staff said information from the person's family was crucial in making the transition successful.

Each person using the service had a support plan which was personal to them and gave others the information they would need to support them in a safe and respectful way. Staff had assessed each person's needs over time using input from people's families. There was, however, no record of who had contributed to the plan and how involved the person concerned had been. The service manager told us they would address this. Staff involved people as far as possible in developing their support plan. For example, one person had their plan read to them so they could approve it. People's spiritual and cultural needs were recorded in this support plan. The decoration of one person's room and the snacks they ate reflected their cultural background. They told us about a trip to a religious centre that had been very enjoyable and exciting for them.

Support plans included information on maintaining people's health, their daily routines, how to support them emotionally and how they communicated. It was clear what the person could do themselves and the support they needed. Information on the person's known preferences and personal history was also included. Where people could become very anxious, there was clear information about how to support them to manage their anxiety. We observed staff using these techniques. People's level of independence was constantly monitored and this was reflected in their support plans. There was, however, little detailed information about how to manage each person's finances and the registered manager told us they would address this to make sure people were supported in a safe and consistent way.

People were supported by staff who could explain their needs and preferences in detail. People's needs were complex and staff spoke confidently and competently about the best ways to support each person. Staff got to know each person and the support provided was built around their unique needs. Staff monitored how people responded to different situations and used this to build up a picture of their likes and dislikes. When changes occurred and new information came to light, the person's care plan was updated. Changes to people's needs and preferences were shared using a communications book and at meetings between each shift. Each person's needs and progress were also discussed at monthly key worker meetings.

The service manager described plans to help people set goals for the coming year. Progress towards these goals would be reviewed at monthly key worker meetings. The initial meetings to discuss and agree the goals were being planned. The service manager was also introducing feedback forms for staff to complete after activities to help identify which activities had gone well and why this might have been. This aimed to help staff make sure the activities people did suited and interested them as much as possible.

People were supported to take part in activities within the home and in the community. This included arranging a cookery competition in the home that involved people planning a meal, shopping for the ingredients and cooking the meal. Other examples of regular activities included attending craft workshops, taking part in events at the local pub and meeting with people from other services managed by the provider.

The service had a complaints procedure and complaints were recorded and addressed in line with this procedure. The policy needed updating as the next steps a person could take if they were unhappy with how a complaint had been dealt with were not correct. The registered manager told us she would address this. One person had helped staff put together a picture based version of the policy so they knew how to complain if they wanted to. This signposted people to the appropriate organisation if they were unhappy with the provider's management of their complaint. Staff meetings had recently been used to discuss the importance of learning from complaints and informing people and those important to them if something had gone wrong.

Relatives told us they would be happy to tell staff if there was a problem and knew it would be acted on. The complaints received in the last 12 months had all been investigated, acted on and followed up. Follow up was completed three and 12 months after the complaint to make sure the problems had been fully addressed. Most

Good

Is the service responsive?

people living at the home would be unable to make a complaint verbally so staff monitored their behaviour for changes. If someone's behaviour changed, staff tried to find out if they were unhappy and address it.

Good

Is the service well-led?

Our findings

Important information is shared with the Care Quality Commission (CQC) using notifications. The service had submitted notifications to CQC and this helped us to monitor the safety and effectiveness of the service. We found records of two concerns raised by staff that amounted to minor allegations of neglect. The registered manager had not submitted notifications at the time as no harm had actually occurred. She told us she would notify CQC of such incidents in the future.

The provider's expectations of how people should be supported by staff were laid out in their statement of purpose. This was a long document with a significant range of expectations. When asked what the key values of the service were, staff all described treating people as individuals so they achieved their maximum potential. We observed staff acting in accordance with these values.

Staff were committed to listening to people's views and the views of the people important to them in order to improve the service. Most people could not express their views using words so staff gathered feedback by monitoring people's mood and behaviour. People had an opportunity to discuss concerns at monthly meetings with their key worker. People's relatives were asked for feedback and actions were taken to address any concerns. A quality survey was due to be sent out in the near future and would include family members, health and social care professionals and staff.

Staff told us they worked well together and were able to use their individual strengths to benefit the team. Staff felt able to share concerns or suggestions at team meetings or during meetings with their line manager. Staff were positive about the support they received to do their jobs and said they understood their roles and responsibilities. At each handover meeting, the senior member of staff identified the tasks that each member of staff would be responsible for.

The registered manager split her time across two services. She was supported by a service manager and senior care workers. Staff spoke highly of the registered manager and the service manager saying both were accessible, patient and often gave helpful feedback. There were arrangements in place to support staff when the registered manager was not on site and staff felt well supported. A therapist told us the service manager had worked proactively to help staff understand their role and improve cooperation. They described the management team as "accessible".

The registered manager met with her line manager to monitor her performance and discuss concerns and plans to develop the service. The meetings took place with varying frequency depending on the issues to be discussed. The registered manager attended meetings with other care providers to share good practice and enhance her learning.

Each month a quality audit was completed using the CQC five key questions as a template; safe, effective, caring, responsive and well-led. Actions had been identified such as making sure all staff understood the goals of the service and introducing an assessment to make sure all staff were competent using bed rails. These actions were being implemented to improve the quality of the service. Areas for improvement identified in the last CQC inspection report, such as introducing bed rail safety checks, had been addressed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Accurate and complete records were not being kept of decisions made under the Mental Capacity Act 2005 in people's best interests.