

Hucknall Hope Lea Project Limited

# Hucknall Hope Lea Project

## Inspection report

11-13 Annesley Road  
Hucknall  
Nottingham  
Nottinghamshire  
NG15 7AD

Tel: 01159538385

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## 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

We inspected the service on 5 April 2018. The inspection was unannounced.

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. Hucknall Hope Lea Project accommodates up to four people. On the day of our inspection, four people were using the service.

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." Registering the Right Support CQC policy.

At the last inspection in October 2015, the service was rated 'Good' in all the key questions. At this inspection, we found the evidence continued to support the rating of Good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People continued to receive a safe service where they were protected from avoidable harm, discrimination and abuse. Risks associated with people's needs including the environment, had been assessed and planned for and these were monitored for any changes. There were sufficient staff employed and deployed to meet people's individual needs. Safe staff recruitment procedures were in place and used. People were supported to manage their medicines safely. Accidents and incidents were reported and acted upon to reduce further reoccurrence. The service was clean and infection control good practice guidance was used.

People continued to receive an effective service. Staff received an induction, ongoing training and support. People were fully involved in menu planning, shopping and cooking meals. The staff worked well with external health care professionals when additional guidance was required. People were supported with their health needs and accessed health services when required to maintain their health. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. The principles of the Mental Capacity Act (MCA) were followed.

People continued to receive care from staff who were kind, compassionate and treated them with dignity and respected their privacy. Staff had developed positive relationships with the people they supported, they understood people's needs, preferences, and what was important to them. Advocacy information was not available but this information was sourced following our inspection.

People continued to receive a responsive service. People's needs were assessed and planned for with the involvement of the person. People received opportunities to pursue their interests, hobbies and social activities were offered. People were also supported to participate in community activities and interests. The provider had made available the complaint procedure.

The service continued to be well-led. There was an open and transparent culture and good leadership. People received opportunities to share their feedback about the service and staff felt valued. The provider had quality assurance checks in place on quality and safety.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### 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 Good.

# Hucknall Hope Lea Project

## 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 comprehensive inspection took place on the 5 April 2018 and was unannounced.

The inspection team consisted of one inspector and one Expert-by-Experiences (EXE). This is a person who has had personal experience of using or caring for someone who uses this type of care service.

The inspection was informed by information we held about the service. Before the inspection, the provider completed a Provider Information Return (PIR). This is 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. This also included statutory notifications the provider had sent us. A statutory notification is information about important events, which the provider is required to send to us by law. We also considered the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service and received feedback from a community care officer.

During the inspection, we spoke with three people who used the service and an additional person but very briefly, for their views about the service they received. We also spoke with one visiting relative and a further relative by telephone to gain their views about the service.

We spoke with the registered manager and two care workers. We looked at the care records of four people who used the service. The management of medicines, staff training records, four staff files, as well as a range of records relating to the running of the service. This included audits and checks and the management fire risks, policies and procedures, complaints and meeting records.

# Is the service safe?

## Our findings

People were protected from abuse and avoidable harm. People told us they felt safe living at the service and gave examples of what made them feel safe. One person told us about security measures in place that they used; this included using the spy hole in the door to check what visitors were at the door. People also told us they had practiced emergency evacuation procedures and was able to point out all the fire exits. One person said, "Oh yes we practice that (referring to fire drills). It makes me feel safe." Relatives were confident their family member was supported by staff to remain safe.

Staff were aware of their responsibilities to report any concerns relating to potential abuse or risks. One staff member said, "We keep people safe and report any concerns to the manager or to outside agencies if needed." Any risks associated with people's needs were assessed, planned for and monitored. People did not experience any undue restrictions, their freedom was supported and respected. For example, two people had been assessed as being safe to access the community independently when they chose and could spend periods alone in the service. Another person told us they went in the local community independently but had staff support to go further afield. House meetings were used as an additional method to support people's awareness of the action required to manage risks and safety.

Staff had information of the action required if an event affected the safe running of the service. There was a staff lone policy procedure in place and staff said the oncall support system worked well.

People were supported by sufficient staff that were deployed flexibly to meet their individual needs. People who used the service and relatives were confident staff were available at all times to provide support. Staff told us there was a stable staff team that worked effectively to meet people's needs. Examples were given of how staffing was changed to accommodate people's appointments and activities. The provider had safe staff recruitment procedures in place. This included checks such as criminal records, to ensure staff appointed were as far possible, suitable and safe to care for people.

People were supported with their prescribed medicines. Where possible, people had been assessed as being able to self-administer their medicines with the oversight of staff. People were fully involved in the process of managing their medicines. This was empowering for people. The provider ensured medicines practice was managed safely and effectively and followed best practice guidance.

People were protected from the risks associated with infection and cross contamination because staff ensured the service was kept clean and infection control best practice guidance was followed.

Accidents and incidents were recorded and monitored and consideration given to reduce reoccurrence. Staff told us accidents and incidents were very infrequent but gave examples of action they would take to mitigate further risks. This included involving external health care professionals if required and staff discussions to identify what could be done differently.

# Is the service effective?

## Our findings

People's needs were assessed and they were consulted about how they wished to receive their care and support. People told us they were given choices about the delivery of their care. Recognised assessment tools were used and external health care professionals involved, to ensure outcomes were based on best practice guidance and current legislation. An example of this was the use of Health Action Plans. These are used to record people's health care needs and appointments and can be used by other clinicians as a method to provide ongoing health care.

People felt well supported by staff that knew them well. One person said, "They (staff) understand what I like, and they look after us." Staff were positive about the induction, training and support received. One staff member said, "The manager is brilliant, always there to talk to and help, they give advice and guidance. They tell us when we are due our refresher training." The registered manager told us they worked alongside staff at times, to review their practice and discussed any areas that required development in staff one to one meetings. Staff files contained training certificates to confirm they had received appropriate training to meet the needs of people they supported. Records also confirmed staff had received an induction when they commenced their employment.

People told us they were involved in the planning, shopping and cooking of meals. One person said, "We plan what we want to eat." This involved a weekly meeting to plan the menu for the week ahead. We saw the week's menu plan was available for people as described to us. People had access to the kitchen and they told us they could have drinks and snacks when they chose. Staff were aware of people's nutritional needs and told us they encouraged healthy eating. Independence was also promoted and encouraged. People were involved with the cooking of meals and domestic tasks in the kitchen. We found food stocks and the storage of food to be good.

People told us they were supported with their health care needs. A relative said, "They (staff) always let you know if [family member] is unwell. They ring you." Staff were knowledgeable about people's health needs. Care records confirmed these had been assessed and were monitored for changes. Staff worked with external health care professionals when required to support them to meet people's health outcomes.

Some adaptations had been made to the environment to support people. This included a stair lift and hand rails positioned throughout. The property was managed by a housing association who maintained the premises. Some redecoration had commenced and furnishings replaced. People told us they had been involved in this and were pleased with the purchases.

People had the mental capacity to consent to their care and had signed their care plans and other records, as a method to confirm they agreed with their care and support.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The

procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). No person at the time of our inspection was restricted of their freedom and liberty because they had mental capacity to consent to their care. The registered manager and staff had a good understanding of MCA and DoLS.

## Is the service caring?

### Our findings

People who used the service and relatives spoke positively about the approach of staff. People told us they were happy living at the service where they had resided for many years. One person said, "I love it here." Whilst another person said, "It's my home, I'm happy here."

People told us they felt well cared for by staff. One person said, "They are nice and friendly, they don't shout at me. They talk normally to me." Another person said, "They're nice to us. Yes they are."

One person gave an example of how staff supported them during periods of being unwell. They said, "When I'm poorly they (staff) let me stay in bed. They come and check on me and talk to me." They also added, "The staff come and chat to us and have a laugh."

Relatives were very complimentary towards the staff. One relative said, "They (staff) know them very well, I'm sure they do. They are all very caring as they know them individually. They are part of the family." Another relative said, "I've never heard anyone speak out of place to them."

During the inspection, we saw how people were supported by a staff member who seemed knowledgeable, compassionate, kind and caring. They involved people in discussions and decisions. For example, it had been decided by people that due to the Easter holidays, they would go out for lunch. We heard a discussion about the different eatery choices and options before a decision was made as to where they would eat.

People told us they were involved in discussions and decisions about their care. Staff told us about the different meetings people were involved in to discuss and review their care and support. We saw examples of meeting records that confirmed people had been fully involved and consulted.

Whilst people did not have information about independent advocacy information, the registered manager was aware of the importance of this support. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known. Following our inspection the registered manager confirmed with us they had sourced independent advocacy information and had made this available to people.

People's privacy and dignity was respected. People who used the service confirmed that the staff knocked on their door before entering. People also told us that during personal care, staff were very respectful of their personal space. One person said, "I don't feel embarrassed around the staff."

We observed a staff member engaged with people really well, they showed a great fondness of the people they cared for. They spoke to them in a non-patronising caring manner. They did not rush people to get ready to go out.

Staff told us how they respected people and encouraged people to maintain their independence. One staff member said, "Every person is different and we respect this. People are encouraged at all times to be

independent, to do as much as possible for themselves."

## Is the service responsive?

### Our findings

People who used the service told us they received opportunities to discuss and review their care plans. These are records to inform staff of people's needs and how they wished to be supported. We saw from people's care records confirmation of what we were told. For example, people had three monthly meetings with their keyworker. This is a named member of staff that has additional responsibility for a person. In addition, an annual review meeting was arranged with the person, their relative if appropriate and any other relevant person. This meant people were involved as fully as possible about how they chose to live their life.

Staff had worked with people for a significant length of time and had developed positive and meaningful relationships with them. Staff showed a great understanding of people's needs and preferences, including their diverse needs and what was important to them. Staff gave examples of how they had provided a person centred approach in the delivery of care. People confirmed this by telling us of the activities they were supported to do which were important to them. Examples were given of people being supported on holidays of their choice, attending community day services and one person had a voluntary job.

People had access to the provider's complaint procedure and this was available in a format that met people's communication needs. People told us they felt confident to report any complaints and received opportunities to discuss any concerns with staff at any time. One person said about talking to staff about any concerns, "They help you." A relative said, "Because it's open (referring to the culture of the service), they (staff) would deal with any problems quickly before it came a complaint. That's good, they are here for them."

The registered manager told us they had not received any complaints since our last inspection and the complaints log confirmed what we were told.

Some discussions and plans had been made in relation to people's end of life wishes. This was the foundation of more detailed plans, that would be completed when people's care and support needs changed.

## Is the service well-led?

### Our findings

The provider had an open and transparent culture where the aim and values promoted a person centred and inclusive approach. People who used the service and relatives were positive that they were at the centre of decision-making and people led active and fulfilling lives. Feedback from an external professional was also positive in how people received care and support. The registered manager was said to be a "good leader" and the staff to be, "competent, knowledgeable, approachable and friendly."

The service had a registered manager. 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 who used the service, relatives and staff were very positive about the registered manager's leadership. The registered manager was described as, "Approachable and supportive," and "Brilliant and knowledgeable." Staff told us they enjoyed their work. One staff member said, "I absolutely love my job."

People were encouraged to participate in the development of the service. The registered manager arranged meetings for people to share their views and wishes. We looked at meeting records that showed discussion topics included, activities and meals. Information was also shared about any new developments. Annual feedback surveys were also completed as an additional method for people to share their views.

Staff told us meetings were helpful and supportive and they felt valued and involved in the development of the service. Staff were found to understand their role and responsibilities.

People were a part of their local community. They regularly used nearby facilities and amenities such as the local shops where they were well known. Staff worked with external professionals when required to achieve good outcomes for people. The registered manager kept their knowledge and skills up to date with regard to best practice guidance and legislative changes.

The provider had systems and processes in place to check on quality and safety. A variety of audits were completed to ensure the service effectively met people's individual needs and safety. This included working with the housing provider.

People's right to confidentiality was protected. All personal records were kept securely in the office. We saw our latest rating was displayed as required.