

South Tyneside MBC

Hagan Hall

Inspection report

Wardens Flat
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Ratings

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

Overall summary

About the service

Hagan Hall is an extra care and support service for people who are tenants. The service has 24 self-contained flats. There were 18 people using the service at the time of our inspection.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance the Care Quality Commission (CQC) follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

People's experience of using this service and what we found

Right Support

Staff supported people to follow their interests, such as going to the local shops, film nights, meeting friends and going to events.

People were supported to access health and social care support by staff who valued and understood them well.

Staff worked positively with people to achieve their aims. They had a good understanding of what was a good and bad day for people. The mood at the service was calm and welcoming.

Staff ensured people took their medicines safely and had the right risk assessments in place.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care

There were sufficient staff to meet people's needs safely and to ensure they felt safe.

Staff communicated with people well, understanding how they liked to be spoken with and what made them feel more at home.

Staff upheld people's dignity. They respected and promoted people's independence and the things that mattered to them.

Staff had recent refresher training on safeguarding and knew how to keep people safe. Where safeguarding protocols were not followed in line with local arrangements, the provider took immediate and robust action.

Right Culture

The ethos, values, attitudes and behaviours of the service were followed by staff. These were in line with the key principles of guidance such as Right Support, Right Care, Right Culture. Staff felt well supported and there was a permanent core to the team. Staff understood their roles and responsibilities.

There were regular audits of key areas of the service. The provider had already identified these needed to improve to ensure incidents could be fully reflected on and lessons truly learned.

Some areas of service oversight required improvement, such as the regularity of supervision and competence checks.

We have made a recommendation about this.

Staff felt supported, there was good morale and no reliance on agency staff.

People and those close to them had been involved in care planning. The provider had identified the need to improve the person-centred nature of some care documentation and this work was nearly complete at the time of inspection.

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

Rating at last inspection

The last rating for this service was good (published 1 November 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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 well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Hagan Hall

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Act.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority

and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service and 3 relatives. We observed interactions between staff and people in communal areas. We spoke with 6 staff including the service lead, support and administration staff. We reviewed a range of records. This included 3 people's care records and medication records. We looked at 3 staff files. We reviewed a variety of records relating to the management of the service, including audits, action plans, policies and procedures, training records, meeting minutes. We contacted 4 health and social care professionals via email for their feedback.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating remains good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Staff knew people well and understood how to keep them safe. Care plans had specific risk assessments in place to support people to remain independent. These were reviewed regularly and staff had improved the person-centred nature of these assessments. We identified one specific type of risk assessments that needed more specific and accessible detail – the provider responded promptly and responsively.
- People felt safe. They interacted in a relaxed way with staff, with each other and with us. People joked and felt at home. One person said, "The staff are lovely and can't do enough. There is someone here even in the middle of the night." One relative said, "We've had no issues and the staff are good at just prompting, so [person] can keep their independence and have their own space."
- There were contingency plans in place and personalised evacuation plans for people, in the event of emergencies.

Using medicines safely

- Medicines were managed safely by staff who knew people's needs. Records were accurate, up to date and without errors. Where people required medicines 'when required' there were protocols and guidance in place for this.
- The provider had regular audits in place, which identified errors and any shortfalls in recording. Actions were in place to address these. The provider had reviewed the medicines policy in line with current best practice.

Staffing and recruitment

- There were sufficient staff to meet people's needs safely. The staff team was settled and supportive so that people did not have to rely on agency staff.
- Staff were recruited safely with a range of pre-employment checks to reduce the risk of unsuitable people working with vulnerable people.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The provider had systems in place to protect people from the risk of abuse. They had safeguarding and whistleblowing policies and procedures in place. Where these were not followed in individual instances, the provider recognised this and took prompt and effective action to keep people safe.
- Safeguarding incidents and accidents were recorded and acted upon. The provider had recognised that there needed to be better trend analysis of incidents and more detailed reflections to ensure the service could continually improve and reduces the risks of similar events happening in future.
- Staff had received safeguarding training. People, relatives and staff felt comfortable raising any concerns they had. They told us any issues they had raised were addressed.

Preventing and controlling infection

- People were supported to maintain and clean their own flats and increase their own levels of independence. Where people were at specific risk of self-neglect staff dealt with this sensitively and proactively.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's choices and independence were supported. Their capacity to make decisions was built into care planning and how staff interacted with people.

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Regular local oversight had not always been managed in an effective way, in line with the provider's procedures. For instance, staff supervisions and competence assessments had not happened as often as they should have. Auditing of medicines administration and incidents had not included meaningful reflection on broader trends and themes, and these had not been fed back to staff. This meant there were risks errors could be repeated, or good practice not shared. The provider had identified this prior to our inspection visit and already had in place a range of actions to mitigate these risks.

We recommend the provider review the arrangements in place for the scrutiny and oversight of local management processes.

- Care records were up to date and regularly reviewed from a person-centred perspective.
- Staff worked well as a team and respected each other and their shared goals. They felt supported by the provider. There were no 'champions' in place at the time of inspection. The provider planned to introduce these to ensure staff with special areas of interest to contribute more.
- The provider had a range of procedures and policies in place to ensure people could receive a good standard of care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People's core needs were well met and they had returned to some of the interests and activities they used to enjoy prior to the pandemic. Whilst a previous day centre no longer operated, staff ensured people could go to other daytime centres and activities where preferred. Staff helped people celebrate their achievements through photo albums.
- Where people's needs changed staff worked well with health and social care professionals to ensure people received the right care in a timely way. Feedback was positive from these partners. One said, "We are able to access care records and have good conversations with staff."
- People were supported to lead a full life. For instance, one person had been encouraged to try and make use of a mobility scooter, increasing their independence, another had been sensitively linked up with an estranged member of the family. One relative said, "The staff know what subtle things to look out for and everything is more relaxed that way."

- The atmosphere was welcoming. People were relaxed and told us they enjoyed the balance of having their own space and making new friendship groups.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood the duty of candour. They reviewed internal processes to ensure incidents were acted on promptly and, when things had gone wrong, they were open about this.
- The provider had made relevant notifications to CQC in a timely manner. They worked well with external agencies.