

Hengoed Park Limited

Hengoed Park

Inspection report

Hengoed Park Limited
Hengoed
Oswestry
Shropshire
SY10 7EE

Tel: 01691650454

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Ratings

Overall rating for this service	Good ●
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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

The inspection was carried out on 23 June 2016 and was unannounced.

Hengoes Park is registered to provide accommodation with personal care for up to a maximum of 31 people. Hengoes Park provides specialist support for people who misuse drugs and alcohol. There were 31 people living at the home on the day of our inspection. 22 people were living in the main building and the remaining nine people lived in self-contained bungalows within the grounds.

There was a registered manager in post who was present during our inspection. 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 felt safe as staff monitored their wellbeing and were always available to support them when needed. There were enough staff to support people's health and social needs. Checks had been completed to ensure potential staff were suitable to work with people before they started to work at the home.

People were protected from harm and abuse by staff who were able to recognise the signs of abuse and knew how to report concerns. Staff were aware of the risks to people and how to minimise them without restricting their independence.

Staff encouraged people to be involved in decisions by providing information in a way they could understand. Staff sought people's consent before supporting them and respected their right to decline support. Where people were unable to make certain decisions for themselves these were made in their best interest by relatives and professionals who knew them well.

People were supported by staff who had the skills and knowledge to meet their individual needs. Staff received training relevant to their roles and felt well supported by the registered manager.

People enjoyed the food they received and were encouraged to follow healthy diets. Snacks and drinks were made readily available to people. People's medicines were managed safely and they were supported to see health care professionals as needed.

People and relatives felt staff treated people with kindness and respect. People were given choices and felt listened to. Staff promoted people's dignity and supported people to develop their independent living skills. People were supported to keep in contact with friends and relatives who were important to them.

People received support that was tailored to their individual needs and preferences. Staff knew people well and were able to recognise and respond to changes in their needs in a timely manner.

People knew how to raise concerns or make a complaint and were confident that they would be addressed by the registered manager. People were encouraged to give their opinions on the development of the service through meetings held at the home and through surveys.

People found staff and the registered manager easy to talk with and were complimentary about the quality of the service. There was a positive working culture at the home where staff were motivated by the registered manager's enthusiastic approach. There was a clear vision for the service which was shared by staff. Staff felt that the registered manager provided effective leadership and looked for continual improvement.

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.

People felt safe as there were enough staff available to support them when needed. Staff knew how to recognise the signs of abuse and who to report concerns to. Risks to people's safety had been assessed and guidelines put in place to minimise the risks without restricting people's activities or independence. People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the skills and knowledge to meet their individual needs. Staff provided people with information in way they could understand to enable them to make decisions about their care. Where people were unable to make certain decisions these were made in their best interest. People enjoyed the food and were encouraged to follow healthy diets. People were supported to see health care professionals as required to promote good health.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect. Staff were kind and caring and supported people in a patient manner. People were involved in decisions about their care and felt listened to. People were supported to keep in contact with friends and relatives who were important to them.

Is the service responsive?

Good ●

The service was responsive.

People received support that was tailored to their individual needs and preferences. People were able to choose how they spent their time and were supported to do things they enjoyed

doing. People knew how to raise complaints and were confident that they would be dealt with.

Is the service well-led?

Good ●

The service was well led.

There was clear and effective leadership. People found the registered manager easy to talk with. The registered manager had a clear vision for the service which was shared by staff. Staff were motivated by the registered manager's open and inclusive approach. The registered manager had a range of checks in place to monitor the quality of the care and drive improvements.

Hengoed Park

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 23 June 2016 and was unannounced. The inspection was conducted by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of the inspection we reviewed the information we held about the service, such as statutory notifications we had received from the provider. Statutory notifications are about important events which the provider is required to send us by law. We also reviewed the Provider Information Record (PIR). The PIR is a form where we ask the provider to give some key information about the service, what the service does well and what improvements they plan to make. We asked the local authority and Health Watch if they had information to share about the service provided. We used this information to plan the inspection. We spent time observing how staff supported people and how they interacted with them.

During the inspection we spoke with 10 people who lived at their home and one relative. We spoke with 10 staff which included the registered manager, three team leaders, two care staff, the activities worker, a consultant who supported the service and two cooks. We viewed two records which related to the assessment of needs and risk. We also viewed other records which related to the management of the service such as medicine records, accident reports and recruitment records.

Is the service safe?

Our findings

People told us they felt safe and secure living at the home. One person said, "There is always someone coming around checking on me that is what makes me feel safe". They went on to tell us their belongings were safe and that staff helped them to keep their room clean and tidy. Another person was reassured that staff always checked in on them when they went to bed early. A relative was confident that their family member was in safe hands.

One person told us they knew to report any concerns they had to staff they said, "If I don't think it is right I have to tell them". People were supported by staff who had received training on how to keep them safe from the risk of harm or abuse. Staff were able to tell us about the different forms of abuse and how they would recognise if people were being abused. They knew how and who to report concerns of abuse or poor practice and were confident that the registered manager would take prompt action. One staff member said, "I'm 100% certain that [registered manager] would deal with any concerns raised". Where concerns had been raised we saw that these had been dealt with in an appropriate manner.

There were systems in place to reduce the risk of people being harmed whilst enabling them to take part in things they enjoyed doing and lead fulfilled lives. These included work and leisure activities. One person told us they liked to do work in the garden, staff had spoken with them and they understood they needed to be careful not to 'overdo it'. Another person told us they had mobility problems and needed staff to be with them when they walked. We saw that staff responded to their requests for assistance in a timely and patient manner. Any potential risks to people's safety had been assessed and support guidelines put in place to minimise the risks. Staff demonstrated they were aware of the risks associated with people's needs and told us that risk assessments were regularly reviewed. The registered manager told us they completed a range of health and safety checks to ensure the environment was safe. They also had completed personal emergency evacuation plans for each person detailing the support people would require to leave the home in the event of a fire or other such emergencies. Records we looked at confirmed this.

Staff demonstrated they were aware of what action to take in the event of an accident or incident. They would subsequently complete the relevant forms which were overseen by the registered manager. They in turn told us they would analyse the forms for any trends and take action to prevent reoccurrence. For example, if people were seen to have increased number of falls they would be referred to the falls programme.

People felt there were enough staff who were readily available to support them when needed. One person told us, "I'm an early bird, I like to get up early and when I come downstairs there are always staff down stairs. The staff work long hours here but they are friendly". A relative said, "There is always plenty of staff on". Staff told us there were enough staff to meet people's health and social needs. We saw that staff had time to sit and talk with people and were readily available to assist people as needed. Staff told us that the provider completed employment checks prior to them starting work at the home. These included checks with the Disclosure and Barring Service (DBS) and references from previous employers. The DBS helps employers make safer recruitment decisions and prevent unsuitable employees working with people.

Discussions with the manager and records we looked at confirmed that safe recruitment processes were followed.

People were supported to take their medicine as prescribed. One person told us they took medicine three times a day at mealtimes and that staff took care of this for them. Another person told us staff gave them their tablets after breakfast. Staff told us only those that had received training on the safe administration of medicine gave people their medicines. Staff and the registered manager told and showed us that competency checks were completed to ensure the on going safe management of medicines. We saw that medicines were safely stored and accurate records maintained.

Is the service effective?

Our findings

People were confident in staff's ability to identify and respond to their changing needs. One person told us, "They [staff] are well trained to look after you, if you are poorly they come straight away, they are really good". Another person said, "They [staff] do look after us well". A relative we spoke with felt that staff were suitably trained to respond to people's needs.

Staff were extremely positive about the support and training they received to enable them to fulfil their roles. They told us the registered manager had an open door policy and they were able to speak to them at any time should they require guidance or support. Staff told us they had yearly appraisals. The provider employed an external trainer who attended the home each week to deliver face to face training. Staff told us they now had better training opportunities that were more relevant to their specific roles and the individual needs of the people living at the home. This included training around the impact of substance misuse and how to support people suffering from conditions such as Korsakoff syndrome. Korsakoff syndrome is a chronic memory disorder which is most commonly caused by alcohol misuse. The provider had also employed an independent consultant for one day a week to develop the supported living service at the home. Staff felt that the training they received had been beneficial to their development and people's wellbeing. One staff member said that the supported living training had given them greater insight into ways of enabling and developing people's independent living skills.

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 told us staff checked they were happy for them to support them. One person said, "I still do what I want to do". Staff told us it was important to explain things to people and to give them plenty of time to make decisions for themselves. If people declined support when offered they would give them space and go back in a few minutes. Alternately they would get another member of staff to offer support. One staff member said, "Sometimes a change of face can make all the difference". We saw that staff sought people's consent before supporting them. Where people could not make decisions for themselves the registered manager said they worked with the person, their relatives and professionals to ensure decisions made on their behalf were in their best interest. The registered manager told us people also had access to an advocate who visited the home on a monthly basis who was able to provide independent guidance and support.

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. The application procedures for this in care homes and hospitals are 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 were being met. The registered manager demonstrated a good understanding of the DoLS process. They showed us that they had submitted a number of DoLS applications but only one had been authorised and had no conditions attached. They had got clear systems in place for both the application and subsequent reviews.

People told us they had a choice of what they wanted to eat and drink. They felt that the food was good and there was enough of it. One person said, "It's gorgeous, fresh. If you want more, you ask and you have it". Another person said "If there is something on the menu you don't like they will do you something else, the staff are obliging". People told us staff were aware of their dietary needs and encouraged them to maintain a healthy diet. One person explained, "When I first came I couldn't eat much, the staff did their job they encouraged me to eat". Another person told us they were a diabetic and had to watch what they ate. They said that staff advised them what they should and should not eat. At mid-morning we saw staff offering people a choice of cheese and crackers or fresh fruit with hot or cold drinks. People were able to choose where they wished to sit to eat their lunch. It was a hot sunny day and one person had chosen to sit outside in the harbour to eat their lunch. Later in the afternoon a number of people enjoyed an ice cream sitting in the sunshine. Staff we spoke with were aware of people's dietary needs and encouraged a nutritious diet. They were knowledgeable about the effect of alcohol on people's bodies and how to combat this with diet. We spoke with the two cooks who told us they met with people and their relatives when they moved in to establish their dietary needs, their likes and dislikes as well as any allergies. They subsequently attended meetings held at the home to discuss menu options. They told us they worked closely with care staff and were kept informed of any changes. For example, for people who lived with diabetes care staff would tell them when there were concerns with their blood sugar levels to allow them to offer alternative options. They were in the process of developing a pictorial menu which detailed the meals nutritional value. A person who lived in the bungalows told us they were able to cook their own meals and make their own drinks. Staff supporting in this part of the home supported people to be as independent as possible, gradually reducing their support as people's skills increased.

People and their relatives told us staff looked after them and would arrange and attend appointments where necessary. One person told said, "If you're not feeling well they [staff] take you to the doctors, it's a good place". Another person said staff had recently taken them to have some tests done and that staff arranged chiropody appointments when required. A relative told us that staff recently supported their family member to go to hospital Staff kept them fully informed of what was happening and stayed with them until they were able to get there. Staff monitored people's health and told us they arranged health appointments as necessary. Records we looked at confirmed this.

Is the service caring?

Our findings

People told us that staff treated them with kindness and respect. One person told us, "All the staff are lovely". Another person who was missing their home said, "They [staff] do their job efficiently and their kindness is immeasurable. They go out of their way to make you feel better". A relative we spoke with felt staff were caring and responsive. We saw that staff treated with patience and understanding.

Staff had formed positive working relationships with people. One person said, "I get on with them [staff] well". Another person said, "[Staff name] is the van driver. I get on quite well with them they are very good". A relative we spoke with felt that they had a good relationship with staff. Staff stressed the importance of getting to know people as individuals. One staff member told us, "It's nice to get to know their history, what I'm presented with now is not the full story, they are all individual and they all have a past. I think they are amazing". Another staff member said, "Reading care plans is crucial, we've got to know them as individuals - you trust them and they trust you". We saw much positive interaction between people and staff. There were lots of friendly chats, laughs and smiles.

People told us they were encouraged to keep in contact with people and family who were important to them. One person said, "I am happy here, I have made friends, it is like living in luxury in here". Another person received a telephone call from a relative they had not seen or heard from for a long time. They said they were pleased and were very emotional. The registered manager explained that the relative had tracked them down to the home. Following the call the relative sent some photographs via email which staff printed off for the person. The registered manager was going to set up skype for future contact. A relative we spoke with said they regularly visited their family member and was able to meet with them in the privacy of their own room. A staff member told us about a person who became anxious after relatives visited because they missed them. They had recently started to support the person to visit their relatives at their home. The visits had gone well and the person's anxieties had since reduced. We saw that staff knew people's relatives well and were friendly and welcoming to them.

People were given choices and involved in decisions about their care. One person said, "I go bed when I want and get up when I want". Another person told us staff asked them how they liked things done and listened to them. Staff told us each person was individual with different personalities, likes and dislikes. They said it was important to be aware of people's preferences and to give them choice. For example, one person preferred to be supported by male staff but was also happy to be supported by two specific female staff and this was respected. Where staff had difficulty communicating with people they said they were careful to present the information in a way which could be understood. One staff member told us that they never made assumptions about what people wanted or needed. They would always ask people what they wanted and would simplify the question or observe facial expressions or hand gestures to establish their wishes.

Staff were aware of people's cultural differences and promoted their dignity and independence. One person told us they were able to do a lot for themselves, staff encouraged their independence but would help them if they were 'stuck' with anything. Another person said that staff were respectful of their culture and they had never experienced any discrimination at the home. Staff we spoke with were mindful of people's dignity and

as such ensured they were discreet when supporting people. They promoted people's independence and enabled them to do things to the best of their ability. For example, a person explained that instead of coming home with a diary compiled by staff from another service they had been empowered them to give their own account of the day's events.

Is the service responsive?

Our findings

People told us their support was tailored to their needs and preferences. For example, one person told us that the registered manager had discussed with them how they felt about moving back out to live in the community. They said they were not ready for this at present because they did not trust themselves not to drink. In the meantime they said enjoyed regular trips out with their friends and staff. Another person told us staff were responsive to their needs if they wanted help they just had to ask. For example, if they wanted to go out shopping or to appointments staff would support them. They also said, "If I have mail, they [staff] will help read it and sort it out". Staff told us people were assessed prior to being admitted to the home to ensure that they could meet their needs and expectations. People were allocated a key worker whose role was to build up a relationship with people and their relatives. They would ensure people's care plans and risk assessments were reviewed on a monthly basis with the person. They would also source opportunities for people to follow their interests and develop their independent living skills. One staff member said, "We work with the individual and look at the best plan for them". We saw that care plans were person centred,. They detailed people's individual needs and how they preferred to be supported. The registered manager told us some people were particularly anxious and needed support to maintain their safety. They explained that they worked with them to help them manage their own anxieties and develop coping mechanisms. We saw that strategies used had reduced the impact and frequency of their anxiety.

People said they were able to spend their time as they liked. One person told us they enjoyed physical work and liked to help out in the garden. They said they had been weeding and were also growing strawberries in the greenhouse. Another person said, "I work at the charity shop two days a week, staff drive me in and out". Staff told us they looked for opportunities for people to follow their interests, build their social skills and confidence. The provider had recently employed an activities worker to support people to take part in activities they enjoyed. On the day of our visit we saw them facilitate a reminiscence group focussing on the 60's. They had pictures of different topics that reflected the era which included cars and bikes, fashion and kitchen equipment. The activities worker discreetly prompted discussion which proved effective as people recalled what they were doing during that era. One person said, "The 60's were the best I don't think we will have a time like them again". Another person talked about a type of bike they used to own at the time. The activities worker took the details with the intention to get some pictures of this type of bike for the person. Two people talked about a small town both of them had a connection with. The activities worker was also familiar with the town and was able to prompt further discussion. Another person was busy making cards and told us they were hoping to sell them at a cream tea afternoon to be held at the home in August. They told us how they used to enjoy buying and selling items at a profit. We saw other staff took time to play draughts with people, talk with them or take them out shopping. One other person told us they liked to sit and savour the view from the lounge. They said, "Look at the vista in front of me the beautiful vista".

The registered manager and activities worker told us they were keen to develop the range of activities on offer. People told us staff had arranged a trip out to Chester races which they were looking forward to. The provider had their own minibus and was able to facilitate trips out to social activities and transport to and from appointments. The activities worker had introduced travel training which was aimed at building people's confidence to use public transport. This involved supporting people to apply for travel cards and

plan routes. They had also introduced pet training which gave people insight into the work needed to look after pets. The registered manager had brought in their dog and we saw that a people were able to comment on the dogs potential. This was work in progress and therefore we were unable to evaluate the effectiveness during our visit.

People told us they were asked their opinions on the service and what they would like to see happen. One person said, "We have meetings sometimes we talk about anything that or what they are going to do – what you like what you don't". The registered manager told us they were keen to gather people's views and to use these to develop the service. They already held regular meetings with people and their relatives. They intended to introduce 'resident of the day' where each day the heads of each department would meet with a different person to get their views on each part of the service. They would use this information to tailor the support to their needs and preferences.

People we spoke with were happy with the support provided and were confident that should they need to complain they would be listened to. One person told us, "I have no complaints, no issues with staff, if I did I would feel confident to complain". Another person said, "If I was worried about anything, I would tell them [staff] and they would put it right". Staff we spoke with aware of the complaints process and said they would support people if they wanted to make a complaint. They also said that an advocate visited the home and could support people to complain if required. We saw that the provider had a complaints process in place and that concerns received had been dealt with appropriately.

Is the service well-led?

Our findings

The registered manager had been in post since the beginning of January 2016. They had found it difficult and frustrating at first as there were lots of areas that needed to be improved and not enough of time. They had however broken things down into achievable steps and secured resources with the provider to develop the service. They told us their vision for the service was to have a reputation of a loving, caring and open home where people were happy to live and staff were proud to work. This was a vision that was shared by staff who told us they wanted the best for people and wanted them to achieve their full potential. Staff were positive about their roles. One staff member said, "I love it I really do" Another staff member told us they enjoyed their new role immensely. Staff felt that there was a positive working culture that supported the vision for the service. One staff member said, "We are supportive of one another, people are supportive of one another, it's like one big happy family".

People knew the registered manager by name and told us they found them easy to talk to. One person said, "[registered manager] is alright, a good person". A relative we spoke with felt that staff were caring and responsive and that the home was well managed. People were very complimentary about the service they received. One person said, "It is first class I can't fault the place". Another person said, "I would recommend this place to anybody. It's a 'doll' of a place". Staff felt there had been a marked improvement at the home since the registered manager had been in post. One staff member said, "It's the best it has ever been since [registered manager] has been here, [registered manager] is here for the residents and has made lots of changes for the better". They went on to provide examples of improvements made such as the change of the layout in the lounge which had created a nice atmosphere.

Staff were enthused and motivated by the registered managers' positive and inclusive outlook. One staff member said, "[Registered manager] is brilliant they have turned the place around". Another staff member said, "Before there was no point in speaking out as nothing was done. [Registered manager] listens to you. There is lots of potential for improvement now". Staff felt the registered manager provided clear direction and support which enhanced their skills and confidence. One staff member told us, "I've been given more responsibilities; it's nice to have that trust in me". Another staff member said, "[Register manager] is absolutely fantastic their door is always open no matter what. It's nice that you can approach them, they listen and act upon things, is fair but firm". Staff were given opportunities to give their views and suggestions to improve the service. One staff member told us the manager encouraged staff to share any concerns no matter how small. They said, "[Registered manager] tells us if it worries you it worries me". There were regular team meetings where staff felt able to speak out. When asked about the effectiveness of staff meetings one staff member said, "We always feel involved and you are asked if there is anything you would like". They went on to explain that it was about working together as a team being able to, "air our views and know they will be listened to". The registered manager told us it was important to support and value staff. They said they had worked in many caring roles and had respect for all staff and the work they did.

The registered manager told they were keen to develop staff and give them more responsibility. They said they made effective use of appraisals to look at staff goals and development needs. The provider employed an external trainer to deliver training at the home on a weekly basis. This ensured staff were equipped with

the right skills and knowledge to fulfil their roles. The provider information return told us they also hoped to secure training from the University of Sterling to include Alcohol related Brain Damage (ARBD), dementia and mental health. The registered manager told us a meeting had since been arranged with the University.

The registered manager showed us they had a range of checks in place to monitor the quality of the service. These included health and safety checks as well as analysis of accidents and incident forms. They used the information to drive improvements in the service. They also had systems in place for monitoring training and worked a variety of shifts on a weekly basis to provide support and monitor staff practice.

The service had forged good links with the local community. Some people told us they played bingo in the local village whilst others went out bowling. The registered manager told us there was a planned open day at the home in August. They had made changes to the supported living part of the service. They hoped to develop the service further by extending their support to people when they moved back into the community.

There was a clear management structure in place where the registered manager had the support of team leaders who took responsibility for the running of each shift. The registered manager told us the provider was 'brilliant' and had given them the support and resources they wanted. They benefited from the support of a management consultant, a consultant in supported living and a trainer who each provided weekly support to develop the service. They also had access to a human resource agency who provided advice and guidance on employment issues.