

Hightown Housing Association Limited

Manor View

Inspection report

45 Manor View
Stevenage
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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

About the service : Manor View is a service which provided personal care to seven people living with a learning disability or autism at the time of the inspection. People have their own bedrooms and share communal areas such as the lounge, the kitchen and adapted bathrooms. The service can support up to eight people. Manor View accommodates people in one adapted building, on one level.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

Some people who lived at the home were able to communicate verbally but for people who were unable to speak with us we observed staff support them with a range of communication aids. These included sign language and interpreting people's body language with regards to meeting their needs and wishes. People showed they were happy living at Manor View, and that they felt safe and comfortable with the staff team. One person said, "I love it here and want to stay here forever."

Staff were kind and caring and knew each person well. Staff felt they received good support and enjoyed working at the service. There were enough staff to support people in the way they wanted. Staff received training, supervision, guidance and support so that they could do their job well. Staff respected people's privacy and dignity and encouraged people's independence.

Systems were in place to manage risks and keep people safe from avoidable harm. Medication was well managed. Staff followed good practice guidelines to prevent the spread of infection. The staff looked for ways to continually make improvements, worked well with external professionals and ensured that people were part of their local community. People were supported to be as active as possible.

Staff supported people 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 supported this practice. Audits were carried out to monitor the service and address any improvements required. The registered manager notified the CQC of incidents that they were legally obliged to.

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

Rating at last inspection: Good (Report published 24 November 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Manor View

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 Care Act 2014.

Inspection team

One inspector carried out this inspection.

Service and service type

Manor View is a 'care home'. 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.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We used the information the provider sent us in the provider information return. 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.

During the inspection-

We spoke with two people who used the service about their experience of the care provided. We spoke with nine members of staff including the registered manager, deputy manager and seven care workers.

We reviewed a range of records. This included two people's care records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits and training records were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one professional who visits the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse and staff were able to describe the process they would take to report concerns.
- Records showed that where issues had been raised they were appropriately reported to safeguarding authorities and investigated.
- People told us they felt safe. One person said, "This is the best place I have ever lived and I know I am always safe here as staff are around if I need them."

Assessing risk, safety monitoring and management

- The registered manager had assessed all potential risks to people and had put clear guidance in place so that staff knew how to manage these. The assessments were personalised and ensured that staff supported each person to take risks in a safe way. For example, one person had a risk assessment in place for people who were at risk of choking and who had epilepsy. We saw these risk assessments had all been updated within the past six months and contained detailed information on the triggers to look for and the control measures in place to reduce the risk of harm to the person.
- Staff undertook regular checks of equipment in the service to ensure that it was safe to use. Staff had fire safety awareness training and knew how to keep the people and themselves safe. We spoke with one newly appointed staff member who confirmed that they had been provided with fire awareness training when they first commenced working at the home. They said, "I made sure I was fully aware of the fire procedure and where all the call points and assembly areas were in case the fire alarms went off."

Staffing and recruitment

- The registered manager monitored staffing levels to ensure people received support to meet their needs.
- Staff felt that staffing levels were appropriate, and they had time to provide safe and caring support.
- The provider's recruitment policy ensured as far as possible that new staff were suitable to work in the home. This included obtaining references and a Disclosure and Barring Service check.

Using medicines safely

- Staff managed medicines safely and gave people their medicines as prescribed. Detailed protocols were in place for medicines given when required.
- Medicines were stored safely, and staff audited medicines weekly. Staff had an annual competency check to ensure they administered medicines in line with the prescribed instructions and the providers policy.

Preventing and controlling infection

- Staff received infection control training and had access to gloves and aprons.

- The premises were clean and tidy and we saw staff applying infection control principles, such as encouraging hand washing, during the inspection.

Learning lessons when things go wrong

- Records showed accidents and incidents were recorded in detail and appropriate action had been taken as a result of all incidents.
- The registered manager reviewed all accidents and incidents and made recommendations for future practice.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- A detailed assessment of people's support needs was carried out before they moved into the service. People, relatives and external professionals were involved in this to ensure appropriate support was available.

- Staff followed guidance and advice from external professionals to ensure people received appropriate support.

Staff support: induction, training, skills and experience

- Staff received training to ensure they had the knowledge and skills to provide effective support and spoke positively about this. One member of staff told us, "I am just working through my induction now and have only been here [period of time], but so far I am loving it. I feel very supported by the (registered) manager and all the other staff. The induction is thorough and gives me a good insight into what the job is about."

- Newly recruited staff completed an induction. This included observing experienced staff and completing the Care Certificate training. The PIR stated that 'All staff undergo the Care certificate Part 1 before they step into a service, so they have the basic knowledge prior to working with any service users. This includes medication and safeguarding. As part of inductions, all staff are given a copy of the Code of Conduct for Social Care, which is reviewed with staff'.

- Staff were supported with regular supervisions and annual appraisals. These monitored staff welfare, knowledge and skills.

Supporting people to eat and drink enough to maintain a balanced diet

- One member of staff told us how they supported one person to make healthy choices with regard to their diet.

- People's weight was monitored monthly to ensure they maintained a healthy weight.

- People received effective support with eating and drinking. People's dietary needs and preferences were clearly recorded and followed. One person told, "The food here is really tasty and we can also get takeaways if we want them."

- Staff involved people in planning and preparing meals to help maintain and develop their independence.

Staff working with other agencies to provide consistent, effective, timely care, supporting people to live healthier lives, access healthcare services and support

- Staff worked closely with a number of other services so that people received effective care and support. This included the speech and language and the local learning disability service.

- Staff involved other healthcare professionals to support people to maintain their health. These included

the GP, community nursing team, as well as specialists relevant to people's health conditions.

- Advice given by healthcare professionals was recorded in people's care records and linked to people's care plans. Staff followed this advice well.

Adapting service, design, decoration to meet people's needs

- People's rooms were personalised to their own taste and information seen with people's care plans confirmed that they had been involved in choosing their own colour schemes and how they wished their room to be decorated. One person was happy to show us their bedroom which had been decorated in bright colours with a variety of personal items displayed which created a very homely and personalised environment.
- The service was free from clutter and all living areas were of a good size and could be fully and freely accessed by people who required the use of specialist equipment and wheelchairs.

Ensuring consent to care and treatment in line with law and guidance

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.

- Mental capacity assessments had been carried out to determine what decisions people could and could not make for themselves.
- Where decisions had to be made in people's best interests, these were clearly documented and involved the person so they were informed of why staff made certain decisions for them.
- People were given choice about how they liked their care and treatment to be given and we observed staff gave people choice.
- Staff had an understanding of the principles of the MCA and how it applied to the care they provided for people.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they liked living at Manor View. Comments included, "I love all the staff, not one of them is unkind or bossy." and, "It's my home."
- Some people who lived at Manor View did not use words to communicate. We saw that they were happy and had good relationships with the staff from the positive body language used, for example people smiling and holding hands with staff members. This meant that people felt comfortable with the staff and relaxed in their company.
- Staff treated people equally and without discrimination. In the PIR the provider told us that staff had received training in equality and diversity and that this topic was all part of the care certificate which all staff have to work towards when they commence employment at the service.
- Staff considered people's protected characteristics under the Equality Act 2010. These included religion, race and sexual orientation and they supported people to have their diverse needs met.

Supporting people to express their views and be involved in making decisions about their care

- People were fully involved in making decisions about their care and support.
- Staff knew people well and knew people's likes, dislikes and how they preferred to be supported. One person said, "Staff understand me and know me well."
- Where appropriate, people had access to advocacy services. An advocate is independent and supports the person to express their views.

Respecting and promoting people's privacy, dignity and independence

- People's personal information was kept confidential in the office.
- Staff fully respected and promoted people's privacy and dignity. Personal care was offered discreetly and carried out in private.
- Staff encouraged and supported people to do as much as they could for themselves. People helped staff with household chores where possible and also meal preparation from time to time.
- Staff supported people to maintain relationships with relatives and friends.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Each person had a person-centred support plan, which detailed their preferences about the way they wanted staff to give them care and support. The person and their keyworker reviewed their support plan at least monthly.
- People invited their relatives to annual reviews of their care and support if this is what they chose to do. Support plans showed how each person had been involved in the plan.
- Staff had worked with people and their families to find out as much about the person as they could. This included the person's likes, dislikes and how they wanted to spend their days.
- The registered manager gave us several examples of how the support provided by the staff had responded to people's needs. This included ensuring that all staff received Positive Behaviour Training to support people's individual needs.

Meeting people's communication needs

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

- Information was given to people in an easy read format to help aid their understanding.

Supporting people to develop and maintain relationships to avoid social isolation: support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff encouraged people to be as active as possible, both within and outside the home. One person who lived at the service was able to go out independently with the assistance of their motorised wheelchair. They told us that this gave them freedom to enjoy social and leisure activities within the local community which they considered very important for their health and well-being.
- Staff supported people to do a range of activities. One person told us, "It's good here, I am able to do lots of things." The PIR states 'The activity programme reflects activities including a visiting reflexologist, music sessions and celebrating birthdays and special events. We are also exploring activities in co-ordination with HCPA such as raised flower beds to promote outdoor based activities, although likely to take place in the summer months when it is warmer.' We saw that each person had an individual activity programme, which reflected their interest and hobbies. We saw one person enjoyed sing a long session to their favourite pop star and was supported by staff to access this music via their SMART TV in their room as well as enjoying regular trips out for coffee.
- People were encouraged and assisted to maintain and remember relationships that were important to

them. For example, staying in touch with friends and family.

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place. We saw that this had been produced in an easy read format that ensured everyone living at Manor View was fully able to comprehend the policy, if they wanted to make a complaint about the service provided.

In the PIR the provider told us, 'Pictures of those responsible dealing with the complaint at each stage have been added to help the resident, family and advocate recognise who is dealing with their complaint at each stage.'

- People told us they had no complaints, but they were confident the registered manager would deal with anything they raised.

End of life care and support

- All staff were provided with training and knowledge about end of life care.

- No one at the time of this inspection was receiving end of life care, however, people's end of life wishes had been recorded where people were happy to discuss this. We saw an example of where the registered manager and staff team had been fully involved in the funeral arrangements for one service user who had sadly passed away earlier in the year. We saw that the registered manager had ensured their end of life support plan was followed, and in consultation with the family made the funeral a celebration of their life. The people who lived at Manor View were supported by staff and their own families to attend the funeral. The community learning disability team also provided regular contact with the home to ensure that everyone was supported through this sad and difficult time.

- Staff said that people receiving end of life care could stay at the home if this was their wish and they were able to meet their needs.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people and 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

- There was a clear ethos at the service to promote people's independence.
- Our conversations with the registered manager and the staff demonstrated they understood person-centred care and applied this in practice.
- The registered manager completed monthly audits across all areas of the service to monitor the quality of the service being delivered.
- Staff were positive about the registered manager and described them as approachable and professional. Staff made comments about the training they received. They told us it gave them the underpinning knowledge to carry out their role effectively and professionally. One staff member told us, "We are always told when we need to attend our refresher training and each time I learn something new."

The Manager and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were well supported in their role. Regular staff meetings were held and staff were aware of how they contributed to the performance of the service.
- The registered manager showed a good understanding of legislation, requirements and their responsibilities within the governance role.
- Staff told us how they kept up to date with best practice and developments. For example, they attended training and were given reminders when training was due. Staff spoke of how they were supported to develop to the next level of training in care qualifications. One staff member told us, "The training here is excellent and whatever extra training we ask for is provided. This helps us do the best job we can and provide the best support." Another staff member told us, "We are always told when we need to attend our refresher training and each time I learn something new."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The PIR stated; 'The providers obtain regular feedback about our service from service users, relatives and other stakeholders through informal discussions, regular meetings and annual survey.'
- The service worked in partnership with health and social care professionals who were involved in people's care. We spoke to two visiting health professionals who both said that the service staff were keen to develop

and work with their agency for the benefit of people living at the service.

Continuous learning and improving care

- The registered manager used audits and feedback to develop and improve the service and relayed this to their staff team. The PIR states 'Hightown operates a computerised business manager system which holds care notes, personal details and rotas. Managers utilise this tool to monitor key performance indicators including staff absence, recruitment, establishment, contract values, support hours, working time regulations, human resources, complaints and other KPIs. Tablets enable staff to monitor health and safety checks, while the compliance team monitor the performance of individual schemes. All standards are monitored by the compliance team and reviewed in joint management meetings and forums.'
- The service used knowledge of the wider care industry to learn when things had gone wrong and evaluate how to avoid the same concerns at Manor View.