

Hightown Housing Association Limited

Wendover Road

Inspection report

87 Wendover Road
Stoke Mandeville
Aylesbury
Buckinghamshire
HP22 5TD

Tel: 01296615403
Website: www.hpcha.org.uk

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Ratings

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| 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

At the last inspection in March 2016 we found breaches in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These included Regulation 15, 11 and 17. This was because the provider failed to act in line with the Mental Capacity Act. They had also failed to maintain the property and maintain appropriate care records. During this inspection we found improvements had been made to all areas.

Wendover Road is a care home that is registered to provide residential care for up to four people with learning disabilities. At the time of our inspection four people lived in the home. They had complex disabilities which included learning, physical and behavioural needs.

During this inspection we spent time with staff who worked well together and who understood the needs of the people they were caring for. They were aware of the values of the service, and from our observations they aimed to implement them. Staff knew what people's individual needs were, including their preferences. We observed positive interactions between people and staff and it was apparent, people enjoyed spending time with staff.

We found improvements had been made to the home, with redecoration in the parts that required it. Work had also been undertaken regarding the flooding of the car park, but this was ongoing.

Staff showed respect for people and preserved their dignity and privacy. People's safety had been considered by the home, risk assessments related to care and the environment were in place. Care plans were in place that guided staff to provide appropriate care, these were reviewed on a regular basis. Care plans reflected people choice and the control they had over their lives and had improved since our last inspection. Staff were able to demonstrate their knowledge and received training in how to identify and report concerns related to abuse.

Staff understood the Mental Capacity Act 2005 (MCA) and how this applied to their role. Where restrictions on people's liberty were required, staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Appropriate applications for Deprivation of Liberty Safeguards (DoLS) had been made to the local authority.

Medicines were safely administered and stored by trained staff. Records associated to the administration of medicines were up to date and accurate.

Staff were supported through regular supervision and appraisals. Training for staff was provided and kept up to date. New staff completed induction and training. Staff spoke positively about the registered manager and the support they received. Staff meetings also took place to encourage feedback from staff and to drive forward improvements to the service.

Staff were aware of people's nutritional needs and how to support them. Staff understood the support needed by people to eat and drink and applied this to their practice. Staff were also aware of people's

dietary needs in relation to their culture and religion, and this was respected.

Appropriate activities were in place to ensure people remained stimulated and had a good quality of life. These were in line with people's preferences.

The home practiced safe recruitment in relation to new staff. Employment checks were carried out and records kept. This minimised the risk of inappropriate staff working with people.

Checks were made on the safety of the home and the quality of the service provided. The registered manager had an overview of the home and was working towards continuous improvement. Both staff and a relative spoke positively about the registered manager and the assistant manager.

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.

Where people required assistance with medicines these were administered by trained staff.

People's safety and well-being had been considered by the service and steps had been taken to ensure that any risk of harm had been assessed.

The provider had systems in place to make sure people were protected from abuse and avoidable harm.

Is the service effective?

Good ●

The service was effective.

People could make choices about what they ate and drank.

People were protected from receiving care from untrained staff as staff had received training to carry out their roles. The training was on-going and relevant to the care being provided in the home.

People rights were protected as staff understood how the MCA and DoLS applied to their role and the lives of the people they were caring for.

Is the service caring?

Good ●

The service was caring.

We observed staff were caring and kind towards the people who lived in the home.

People were respected by staff. We observed how staff cared for people and found it to be appropriate, respectful and courteous.

Staff understood the importance of enabling people to be as independent as possible, allowing them to make choices where possible.

Is the service responsive?

Good ●

The service was responsive

A range of activities was available for people to participate in. This protected people from social isolation.

Care and support was planned and delivered in a way that ensured people's safety and welfare.

Records showed relatives had been involved in meetings and discussions with staff regarding the delivery of appropriate care to people.

Is the service well-led?

Good ●

The service was well led.

Staff told us the registered manager was accessible and they felt comfortable raising issues or concerns with them.

A number of audits took place at the home. These were used to assess the quality and the safety of the service provided.

Care provided to people was consistent and caring as the staff worked well together as a team. The registered manager was aware of the day to day culture in the home.

Wendover Road

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 checked 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 unannounced inspection took place on 30 and 31 May 2017. The inspection was carried out by one inspector. We visited the home and spoke with four staff including the registered manager, the assistant manager, a full time support worker and a care assistant who worked on the provider's staffing bank. We spoke with one relative on the telephone following the inspection.

We observed the care being provided to four people over the two days of the inspection. We received a completed Provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We read two people's care plans and care documents including medicine records for the four people living in the home. We reviewed three staff recruitment files, staff supervision and training records and documents related to the management of the home.

Is the service safe?

Our findings

One person's relative told us the home was a safe place for people to live.

Staff told us they felt there were enough staff to meet people's needs. Staff were deployed in such a way that there were sufficient staff to ensure people were supported with their needs. The people living in the home had high support needs and some of the people required constant supervision. This was because they displayed behaviours which were challenging.

People were protected as far as possible from harm. Staff understood the indicators of abuse and what action to take if they had concerns. Staff received training in the safeguarding of adults.

Where people who lived in the home had behaviours that posed a risk of harm to others, staff support was available to them. The provider had sought advice from external professionals to support people, for example psychiatry services. This helped staff to understand the triggers for behaviours and any medical or emotional/physical needs the person may have. With this information it allowed staff to work with alongside people and prevent them hurting themselves or others. Care plans were in place to advise staff on what action they should take to minimise the risk of harm. Where risk management involved placing restrictions on people's movements or actions, the appropriate authorisation was applied for from the local authority. We discussed with the registered manager how more detail was needed in the care plans to ensure where physical intervention was required by staff, they were clear as to what specific actions they were required to take. This would highlight the need for their intervention to be the least restrictive. They agreed to include this detail in the plans and to make the physical intervention policy available to all staff. The registered manager told us this would be discussed at the next staff meeting.

Each person had a care plan in place which covered the areas staff needed to be aware of when caring for the person. The risks associated with the care provision had been highlighted and risk assessments supported staff on how to minimise the risk of harm to themselves and to the people living in the home. For example, the administration of medicines.

People were protected from discrimination by staff investigating as far as possible what people's preferences were and supporting people with those preferences. For example, one person wore western clothes in the home, but wore their cultural dress when visiting their family or on social outings. Staff respected people's wishes and understood the importance of people's cultural, religious and lifestyle choices.

Recruitment systems were in place to ensure people were protected as far as possible from unsuitable staff. Checks included Disclosure and Barring Service (DBS) checks, written references, health declarations, and proof of identity and address. We were informed by the registered manager that since our last inspection the provider had implemented the use of a form to check any employment history gaps in applications to ensure candidates were safe to work with vulnerable groups.

We reviewed the medicines for each person. Staff were trained to administer medicines in a safe way. Records showed people's medicine records were up to date and accurate. Body charts were used to identify where creams should be applied. Medicines were locked securely in each person's room. The contents of the cabinet were checked three times daily to ensure the correct amount of medicines had been administered and records were up to date and accurate. We checked a random number of medicines against the stock audit and found the amounts to be correct. Each person had a protocol in place for "as required" (PRN) medicines. This enabled staff to identify when a person may require additional medicines to relieve pain or anxiety. We spoke with the registered manager about including a form to record medicines that are taken out of the home for social outings. They said they would speak to the provider about implementing this in line with the provider's policy. We saw people's chosen way of taking medicines was documented. This ensured people were able to take their medicines in their preferred way. The service made sure that people's behaviour was not controlled by excessive or inappropriate use of medicines through regular medicine reviews with the prescribing doctor. Documents verified this was happening regularly. The pharmacy that supported the people living in the home with their medicines had recently undertaken a medicines audit in the home. Their findings were positive. They were planning to do stock and ordering of medicines training with staff in the near future.

Safety checks were undertaken to ensure the environment was safe, these included environmental risk assessments, water testing for legionella, fire safety, electricity and gas maintenance. We discussed with the registered manager how the security of the building could be improved, this was something they were going to discuss with the provider.

Is the service effective?

Our findings

During our last inspection in March 2016 we found breaches of regulation 17, 15 and 11 of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had failed to supply the interim manager details of staff training, some parts of the premises were in need of redecoration and structural improvements. We also found in one person's care plan they were not being given choice and control over their lifestyle. During this inspection we found there had been improvements in all these areas.

During our previous inspection we found the interim manager did not have access to information regarding staff training. This was because the computer system was not equipped to enable them to see the training status of all the staff. During this inspection we found this had improved and the registered manager now had full access to staff training records. A training matrix showed the majority of staff had completed training deemed mandatory by the provider. This provided staff with the knowledge and skills to carry out their roles. Where staff required training to be updated this was being planned.

Once employed, staff undertook induction and training to familiarise themselves with the requirements of their job and to provide them with the knowledge and skills they needed. Support was also offered through supervision sessions between senior staff and care staff. This gave both parties the opportunity to discuss their work and their performance. Staff felt this was useful and stated, "It gives you the chance to discuss anything you might have a problem with and we discuss the clients as well." One bank staff member told us they felt they could always go and discuss any issues with the registered manager or assistant manager at any time. Staff spoke positively about the registered manager and the support they received. Staff meetings also took place to encourage feedback from staff and to drive forward improvements to the service.

During our last inspection we found some parts of the premises were in need of redecoration. During this inspection we saw how the decoration had taken place and this had improved the environment for people. Previously we also found the parking area to the front of the premises had sunken in one area; this resulted in flooding when it rained. We were told during this inspection that remedial work had been undertaken to reduce the flooding, however further work was still required. This was being dealt with by the provider.

At our last inspection we found one person's care plan did not reflect the person's choice or control over their lifestyle. Following this inspection we were informed by the registered manager the care plan had been removed. During this inspection we found the person's care plan was written in such a way that the person's choices and preferences had been acknowledged. They were receiving appropriate support and the staff approach was centred on the person's needs, likes and dislikes. We found improvements had been made in this area.

One relative told us they felt their loved one was receiving appropriate care and all their needs were being met by the staff in the home.

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. The application procedures for this in care homes 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 manager had identified where people had been deprived of their liberty to ensure their safety and wellbeing. They had made DoLS applications to the supervisory body.

Staff asked people for consent before they assisted them with care. Staff were able to demonstrate an understanding and knowledge about the MCA and how this applied to people's lives. We checked people's files to determine whether decisions were made in people's best interests. For example, documents showed decisions were made in consultation with relevant people. The manager told us and documents verified that the service had completed and submitted applications for standard DoLS authorisations as a requirement of the MCA. Some had been authorised and some were awaiting decisions.

People's nutritional needs had been considered. Nutritional and hydration care plans were in place. Where concerns had been identified about people's food and fluid intake, professional advice had been sought. For example, staff were concerned about the lack of fluid one person consumed. In consultation with a dietician they had devised a plan to help the person increase their fluid intake. We observed a meal at the home, and witnessed staff following the guidelines in the care plans regarding the support people needed with their meals. Staff understood the individual needs of people with regards to their diet and the specific support they needed to provide.

We found various external professionals were involved in assessing, planning, implementing and evaluating people's care and treatment. This included GPs, dietitians, speech and language therapists, occupational therapists and psychiatrists.

Some of the people living in the home displayed behaviour that was challenging. Staff received training to be able to support people with their behaviour and to keep themselves and others safe. Records showed the risks associated with the behaviours had been assessed and care plans had been written to guide staff on the appropriate action to take. We spoke with the registered manager about how the detail in the care plans could be improved. This was because staff had to sometimes physically intervene to keep people safe. They agreed that more detail would benefit staff and protect people from staff who may not realise their actions could be harmful. There had been no incidents of this at the home. The improvements would ensure staff were clear about using least restrictive methods to assist people. This would help to protect people from harm and ensure staff understood the difference between lawful and unlawful intervention practices. Where people required the intervention of staff to help them with their behaviour, a DoLS application had been made.

Is the service caring?

Our findings

One relative told us "The staff are very friendly, very professional and very caring. The house is not an institution it is a home." We concurred with their opinion.

People's bedrooms reflected a service that had given thought and consideration to people's needs likes and dislikes. They had been decorated in a way that echoed people's personalities, and reflected their lifestyles and choices. For example one person liked to sit in their bedroom in an arm chair and relax, another had access to playing music. Staff had taken time to ensure people's private space was comfortable and calming.

Staff worked well together, and throughout the inspection we heard staff chatting and laughing with the people who lived in the home. There was a sense of fun, and the people living in the home were included. There was a pleasant homely atmosphere and people's body language told us they were relaxed. People were familiar with their surroundings, and staff treated the home with respect. One relative told us they thought the staff were caring, we asked how they knew this, they replied. " The ones [staff] I know are very caring, it is the way they act with [Named person] and the way they speak to me, I can just feel it and I see it." We asked them for an example, they told us how their loved one does not like crowds. Last Christmas there was a plan for people to visit London. The staff were aware that the person would not enjoy the outing and had made arrangements for them to visit a different venue, where there would be less people. The relative told us this was important as they had given consideration to all the people in the home and it meant their loved one would not miss out.

Relatives were encouraged to share their views about the service. Records showed people's relatives where appropriate had been involved in decisions or reviews that had taken place in relation to people's care. One relative told us they could always speak to the staff when they visited to discuss the care being provided. They told us communication between themselves and the staff was very good.

Staff demonstrated respect of people's privacy when personal hygiene was provided, by closing bedroom doors and curtains. We observed staff knock on people's bedroom doors before entering. We saw how staff asked people if they wanted to do things rather than tell them. We saw staff called people by their name and treated them with respect when they provided care. We discussed with staff how they preserved people's dignity and how they treated people with respect. They told us, "If a person spills their food or drink, I will clean them up as much as I can when we are out." "I don't carry out discussions about them [person] in front of other people."

Staff knew how to encourage people to be as independent as possible. They told us, "I give them as much choice as they can cope with, for example choosing their clothing." A staff member told us they gave people alternative food if they did not like the food on offer.

Throughout the inspection we observed positive interaction between staff and people living in the home. Staff communicated with people in a fun and respectful way. When staff were dealing with people who were

distressed or anxious, they were gentle and supportive in their approach. Staff showed patience when accommodating people's needs. For example, during a meal one person got off their chair and sat under the dining room table. The staff member who was supporting them joined them to encourage them to return to their chair and finish their meal, which they did.

Is the service responsive?

Our findings

One relative told us they were able to discuss the care of their loved one with the staff when they visited. They told us they were kept up to date with any changes, incidents or concerns, as staff would have a telephone conversation with them. Records demonstrated relatives had been involved in meetings and discussions with staff regarding the delivery of appropriate care to people.

Staff understood people's body language, facial expressions and their behaviour. In doing so they were able to recognise and understand how people wished to receive their care. Strategies had been put in place to ensure one person's care did not impose on other people living in the home. For example, where people sat at the dining room table during meal times. People were encouraged to participate in activities that staff knew they enjoyed such as sensory sessions, going to the cinema, shopping and arts and crafts. People's preferences were documented in care plans.

Care plans were informative and it was evident they had been reviewed regularly. The records of care included sections on people's personal histories, mobility, nutrition, continence and behaviour amongst others.

Care plans included information about people's cultural and religious needs. For example One care plan stated the person visited their family for religious festivals and religious gatherings. They wore a salwar kameez when visiting family which showed respect for their culture and heritage. For one person Halal food was sourced and stored separately to ensure their cultural dietary needs were met. We observed staff checking packets to determine whether the content of the food was in keeping with the cultural needs of the person before offering it to them. This ensured people received care and support they needed in relation to their culture and religion.

The registered manager told us how people were supported to maintain contact with family and friends. Staff from the home transported people to their family homes for visits when this was needed. Visits from family members to the home was encouraged. A relative's garden party was being planned for July 2017.

During the inspection we observed how staff worked together to ensure tasks were completed and people's needs were met. One staff member told us how the team were flexible and would reprioritise the events of the day to fit in with people's needs. They told us, "If something doesn't get done we just move it to another time. We don't rush around with the clients." This enabled staff to be person centred in their approach, and they were able to balance the individual needs of people in the home against the domestic and other requirements of the home.

Staff told us they knew how to deal with complaints. The registered manager told us there had not been any complaints received since our last inspection. The service had a policy and procedure in place for complaints. One relative told us they had not had to make a complaint but knew how to do so if needed.

Is the service well-led?

Our findings

One relative told us the home was well managed, they described the home as, "It feels comfortable when you walk in, it is like walking into someone's home, if it wasn't well managed it wouldn't feel like that. ...[Two named staff] go above what they are supposed to do when looking after [named person]. They treat her as one of their own, they don't treat her as part of their job."

Staff felt the home was well managed they told us "We now have a manager's assistant. It seems to be working a lot better now as there are always things we can't deal with. We pass it on the managers which is good as we wouldn't have time to work with the ladies if we had to deal with it all...We are a good team." Another told us "We are a good team, we work well together and we are supported by the manager. I think if the clients are happy and the staff are happy this helps maintain the staff team and this keeps the clients happy."

Staff told us they felt supported by the manager and they felt comfortable going to them with concerns or issues. We observed staff discussing issues with the manager and resolving them in a constructive way. The manager and the assistant manager were very visible to both the people who lived in the home and the staff throughout our visit.

The home received feedback from relatives about the care that was provided. One staff member told us, "One relative could not thank us enough for taking [named person] on holiday." We were told the relative was able to spend a week on holiday with a person as staff had supported the person to facilitate this. They also told us how they had received positive feedback from a traveller on a train, who commented on the way they were caring for the person during the journey. We read correspondence from one relative to a member of staff, it stated. "I want to say thank you for your love and support...you are a fantastic person. I know you have a strong bond with [named person] and because of that I just feel comfortable talking to you." High level feedback was sought by the provider from relatives and people. Although the people in the home were not able to contribute to the questions and answers a judgement was made on how happy they were living in the home.

A number of audits were completed in the home, these were carried out by a manager from another service every three months. Any identified remedial actions were checked for over the subsequent two months to ensure they were completed before the next audit was completed. These included checks on risk assessments, lone working, fire safety, accidents and incidents amongst others. Other checks took place to ensure the staff were competent to carry out their role, for example, all staff had their competency to administer medicines assessed. These processes ensured any areas of the service that required improvement were identified and improvements were made.

Since the new registered manager and assistant manager had taken up their posts, we saw improvements had taken place in the running and the environment of the home since our last inspection. There was a more relaxed atmosphere with a good team spirit. The redecoration carried out made it a more respectful environment for people and went some way to demonstrating how the staff valued the people and their

home. Care plans had been improved since our last inspection. They included more detail and were focussed on people's individual needs, their preferences and choices. Staff told us they believed the aim of the service was, "To make sure everything is fine for the service users." "To give independence and meet the individual care needs of the people." Staff felt the service met these aims. Both staff members told us they enjoyed their jobs and caring for the people living in the home. They felt supported by the management team and told us feedback on their performance was constructive and encouraging. Staff appeared to be clear about their roles and responsibilities. There were shared values amongst the staff team, and through our observations we could see their focus was very much on meeting the needs of the people who lived in the home.