

Dame Hannah Rogers Trust

Hannahwood Transitions

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

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 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.

About the service

Hannahwood Transitions is a residential care service that provides personal care and support for up to 23 adults with learning difficulties and or autism. At the time of our inspection 15 people were living at the service.

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

Right Support: 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. The model of care at Hannahwood Transitions maximised people's choice, control and independence. Staff were committed to supporting people in line with their preferences and supported people to receive their medicines safely and as prescribed. People were enabled to access health and social care support in the community.

Right Care: Risks associated with people's care were assessed and included in their support plans. Care records guided staff on the action they were to take to mitigate risks to people and themselves.

Right Culture: The registered manager and staff were clear about their aim of providing person-centred care. They had a good knowledge of the service and understood the needs of people they supported. Staff supported people to lead confident, inclusive and empowered lives.

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 (04 August 2017).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those

requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hannahwood Transitions on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Hannahwood Transitions

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 2 inspectors.

Service and service type

Hannahwood Transitions is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hannahwood Transitions is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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 unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements

they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with 1 person and 5 relatives of people who used the service. We spoke with the registered manager, 5 staff, clinical lead and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 7 people's care records, medicine records and a variety of records relating to the management of the service including audits, meetings, policies, and procedures. We also looked at 5 recruitment and supervision files.

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. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives we spoke with told us they felt people were safe living at the service. Comments included, "It has always been a really happy place, I have great faith in the staff" and "It is a wonderful place. (Person) has 2 male carers who have now become old friends to him and to us, they treat him as their own son".
- Staff were aware and able to describe signs of possible abuse. Staff had completed safeguarding training and understood their responsibilities to identify and report all concerns in relation to safeguarding people from abuse.
- Staff told us that if they had any concerns then they would report them to the registered manager. Staff were also aware they could report externally if needed. One staff member said, "I would go to the local safeguarding team directly if I had to".

Assessing risk, safety monitoring and management.

- People's care plans contained risk assessments, which included risks associated with ongoing medical conditions, moving and handling, choking, epilepsy, environment, and emotional wellbeing.
- People living with long term health conditions such as epilepsy had specific risk assessments and care plans in place to guide staff on how to keep people safe and when to seek medical advice. Staff we spoke with were aware and followed this guidance.
- Some people required specialist equipment to support with nutritional, fluid and medicine intake. The registered manager and provider ensured appropriate risk assessments were in place to mitigate the risks associated with these people's care and equipment.

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 MCA 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, whether appropriate legal

authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member told us, "Never assume a person lacks capacity until its proven". Another staff member said, "An unwise decision does not necessarily mean someone lacks capacity".
- People were supported in line with the principles of the MCA. Where people were thought to not have capacity to make certain decisions, capacity assessments had been carried out.
- Where people did not have capacity to make specific decisions, these had been made in their best interest by staff following the best interest process.

Staffing and recruitment

- We observed, staff were not rushed in their duties, which allowed staff to deliver safe and person-centred care to people they were supporting.
- Staffing rotas confirmed, there were sufficient staff to meet people's needs. We saw that were there was identified staffing shortfalls, the service took action to ensure staffing levels were maintained to the required level.
- People were protected against the employment of unsuitable staff because the provider followed safe recruitment practices.

Using medicines safely

- Relatives told us, and we observed people received their medicines as prescribed. One relative told us, "(Person) always has his prescribed medication and when (person) comes to stay (They) bring a pack of their medication. The home is very caring".
- Medicines administered 'as and when required' included protocols providing guidance for staff about when the medication should be used. Staff had an understanding of the protocols and how to use them.
- Staff were trained to administer medicine and their competency was regularly checked by the registered manager and provider. The provider had a medicine policy in place which guided staff on how to administer and manage medicines safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- There was a system in place for staff to report and record accidents and incidents. The registered manager and provider had oversight of the system and kept it under review.

- There was a strong emphasis within the service on learning from incidents. The registered manager and provider reflected on practices when things went wrong in order to reduce the risk of re-occurrence.
- Learning from accidents and incidents was shared with all staff on an individual basis and as a team.

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. The rating for this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- We saw positive examples of quality assurance, the systems in place to monitor the effectiveness and safety of the service were effective.
- However, we identified an area where the systems could be strengthened in relation to the recording of care tasks and medicine reviews. For example, staff did not always record when a care task relating to specialist equipment had been checked.

We were satisfied this was a records concern and people were receiving the appropriate care and support. Therefore, we recommend the provider strengthens its practices in relation to the recording of this care task and medicine reviews.

- The registered manager was supported by a knowledgeable clinical lead. There was a clear management and staffing structure and staff were aware of their roles and responsibilities.
- Quality audits of the environment, staff competency to meet people's needs and monitoring of incidents and accidents, all were in place and established to ensure the registered manager had sufficient oversight of the service provided.
- We found an open and transparent culture, where constructive criticism was encouraged. The provider and staff were enthusiastic and committed to further improving the service for the benefit of the people using the service.
- The registered manager promoted continuous learning, they held meetings with staff to discuss work practices, training and development need.

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

- Peoples relatives and staff expressed confidence in the leadership team. Comments included, "The fact that we all work closely together means we are in constant communication with each other, which really helps", "Every time I've had a problem, I've had a swift response", "I have great faith in the service" and "I feel I can speak out if I need to".
- The registered manager and staff team promoted a person-centred culture to ensure people received personalised care and support. Staff skills, commitment and morale was high.
- It was clear from speaking with the registered manager, provider and staff that there was a clear emphasis on ensuring people were treated as individuals

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 CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The provider understood their responsibilities.

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

- It was clear from our observations and speaking with staff and the registered manager they demonstrated a commitment to providing consideration to people's protected characteristics.
- The registered manager and provider demonstrated an in-depth knowledge of the staff they employed and people who used the service. They were familiar with people's needs and personal circumstances.
- People were given opportunities to contribute feedback and ideas regarding the running of the service.
- Systems were in place to ensure timely referrals could be made to healthcare professionals. Where professionals provided advice about people's care this was incorporated into people's care plans and risk assessments.
- The service worked closely with healthcare professionals, to ensure that people received continuity in their care.