

# Abbotsound Limited

# The Hamlet

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



### Overall summary

The Hamlet is a respite service in Eccles, Salford and provides 24 hour support to people with learning difficulties. At the time of the inspection there were two people living at the service on a long term basis. The manager also told us that some people also used the service at weekends.

We carried out our unannounced inspection of The Hamlet on 27 October 2015. At the previous inspection in April 2014 we found the service was meeting all standards assessed.

During this inspection we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to Safe Care and Treatment and Good Governance.

There was a registered manager in day to day charge of the service. 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.

# Summary of findings

We found that staff recruitment procedures were generally safe, but that one member of staff had started their induction before an appropriate DBS check had been undertaken.

We found that people's risk assessments were not always reviewed at regular intervals, some dating back to 2012 in relation to falls and bed rails. One person who used the service also used a hoist and an electric wheelchair; however we could not see that an appropriate moving and handling assessment had been completed. These concerns meant there had been a breach of Regulation 12 (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to Safe Care and Treatment.

The premises were not always safe on the day of the inspection. This was because there was nothing stopping people walking in off the street and gaining unauthorised access to The Hamlet. The main reception was unmanned and anybody coming through the main entrance could access the accommodation on the ground floor.

The people we spoke with said they felt safe as a result of the care and support they received and trusted the staff who looked after them.

People's medicines were looked after properly by staff that had been given training to help them with this. However, there was not always clear guidance for staff about when to administer 'when required' (PRN) medicines.

We looked at how the service ensured there were sufficient numbers of staff to meet people's needs and keep them safe and found enough were available to look after people safely.

We looked at the training matrix to establish the kinds of training staff had undertaken. We found there were gaps on the matrix, which the manager told us was up to date. Some of these courses included Safeguarding, Moving and Handling, Infection Control and Health and Safety. The manager said the expectation was to update these courses each year. Additionally, the training matrix stated only three members of staff had completed any training in Learning Disabilities, which was the main specialism of the service and that not all staff had received training in Conflict Management. We raised these concerns with the manager.

The Mental Capacity Act 2005 (MCA 2005) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this. At the time of the inspection, there was nobody using the service who was subject to a DoLS.

We found that people living at the service were supported to receive adequate nutrition and hydration. Staff were aware of people's dietary requirements and the support they required to meet these needs.

From looking at records, and from discussions with people who used the service, it was clear there were opportunities for involvement in many interesting activities both inside and outside the service.

The service had an appropriate complaints procedure in place. The procedure was available in an easy read format that could be understood by everyone who used the service. We looked at the complaints log and saw complaints had been responded to appropriately, with a response given to the individual complainant.

There was a system in place to monitor accidents and incidents. However we found no analysis of these was done which would identify any trends and prevent future re-occurrences. The manager said this was down to current time constraints.

We looked at policies and procedures and found that many needed to be reviewed.

There were systems in place to regularly assess and monitor the quality of the service. These included audits of care plans and medication. The manager also spent time speaking with people who used the service at several points during the year to ask them about the service and if it was to their satisfaction. These were clearly recorded within people's support plans.

There were no systems in place to ensure that appropriate risk assessments were in place and reviewed at regular intervals, that the premises were safe and that all staff training was up to date. These were areas where

# Summary of findings

we found concerns during the inspection. These concerns meant there had been a breach of Regulation 17 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation Good Governance.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Not all aspects of the service were safe. Risk assessments were not always reviewed at regular intervals. We also found some people did not have appropriate risk assessments in place to help keep them safe.

The premises were not always safe during our inspection, with anybody being able to access the accommodation through the main entrance.

People who used the service told us they felt safe.

Requires improvement



### Is the service effective?

Not all aspects of the service were effective. We found that there were some gaps in staff training, particularly in relation to safeguarding, infection control, conflict management and learning disabilities.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and people were able to make safe choices and decisions about their lives.

People spoke positively about the food and said they had enough to eat and drink.

Requires improvement



### Is the service caring?

The service was caring. People who used the service were happy with the staff team. Staff were kind, pleasant and friendly and were respectful of people's choices and opinions. Staff displayed good knowledge of the people they supported.

People were able to make choices and were involved in making decisions such as how they spent their day, the meals they ate, activities, room décor, and involvement in household chores.

People told us they were treated with respect and said that staff listened to them.

Good



### Is the service responsive?

The service was responsive. People received care and support which was personalised to their wishes and responsive to their needs.

People were involved in many interesting activities both inside and outside the service. They were involved in discussions and decisions about the activities they would prefer which helped make sure activities were tailored to each person.

The complaints procedure was available in an easy read format that could be understood by everyone who used the service. People Told us they would feel confident to raise a complaint if required.

Good



# Summary of findings

## Is the service well-led?

Not all aspects of the service were well-led. There were no systems in place to ensure staff training was up to date, that appropriate risk assessments were in place and up to date and that the premises were safe. These were areas we found concerns during the inspection.

Some of the policies and procedures we looked at were out of date and needed to be reviewed.

There was no analysis of accidents done to monitor trends and prevent future re-occurrences.

## Requires improvement



# The Hamlet

## 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 inspection took place on 27 October 2015 and was unannounced. This meant the staff and provider did not know we would be visiting. The inspection was carried out by two adult social care inspectors from the Care Quality Commission.

Before the inspection we reviewed any information we held about the service in the form of notifications received from

the service. We also reviewed any whistleblowing information we had received or any particular complaints about the service. We liaised with external providers including Safeguarding, Infection Control, Environmental Health and Social Work team at Salford Council.

At the time of our inspection there were two people using the services of The Hamlet, although one of these people had gone out during the day and was not present during the inspection. During the inspection we spoke with one person who used the service, one member of staff, the carer of a person who used the service and both the assistant and registered manager. We were able to look around the building and look at various information. This included support plans, staff personnel files and quality assurance documentation.

# Is the service safe?

## Our findings

During the inspection, the person we spoke with who lived at The Hamlet told us that they felt safe as a result of the care and support they received. The staff we spoke with were also able to describe what action they would take if they had concerns about people's safety. They could also describe the signs and symptoms they would look out for if they suspected abuse might have taken place.

We looked at how the service managed risk. We found that people's risk assessments were not always reviewed at regular intervals, some dating back to 2012 in relation to personal relationships, falls and bed rails. One person who used the service also used a hoist and an electric wheelchair; however there was no moving and handling assessment in place. We saw a risk in relation to a health care need had not been assessed for one person where this had been required. Antecedent Behaviour Charts (ABC) had not been consistently completed, in line with guidance in people's care plans where people had displayed behaviours that challenged the service. We raised these concerns with the manager who told us they would be updated immediately following our inspection. These concerns meant there had been a breach of Regulation 12 (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to Safe Care and Treatment.

The premises were not secure on the day of the inspection. This was because there was nothing stopping people walking in off the street and gaining unauthorised access to The Hamlet. The building itself is an old leisure centre which also has a day service centre onsite known as The Lynx. There is also a main reception area located at the front of the building. The reception desk itself was unmanned and at times was a hub of activity, with no clear system to identify who was using the day service and who wasn't, other than a signing in book on the front desk. However it appeared that only inspectors from the CQC had signed this on entry to the premises on the day of the inspection. We raised these concerns about the security of the building with the manager.

We found there were enough staff to support people who used the service. At the time of the inspection, there were two people living at the Hamlet on long term placements. Other people often used the service at weekends. We were told that no dependency tool was used and that staffing

numbers were dependant on the number of people using the service and their individual needs. On the day of the inspection, there was one member of staff in addition to a personal support worker to support the two people living at the service. We were told by the deputy manager that one member of staff worked the night shift. One of the people using the service used a hoist, therefore two members of staff would be required. Staff told us that if this person required assistance over the night shift period that staff from the supported living service would be called and could assist. Both staff and people living at The Hamlet told us they were happy with the current staffing numbers, in order to meet people's needs safely.

We looked at how the service managed people's medicines and reviewed medication records for the two people who were using the service. We saw accurate records of administration had been kept. There were adequate stocks of medicines, which were kept securely in a locked medicines cabinet in a locked room. The registered manager described the process in place when receiving medicines into the service, which involved two staff checking in any medicines.

We saw that some people using the service were prescribed 'when required' (PRN) medicines. There were no protocols in place in the medicines file to inform staff under which circumstances these medicines should be administered. We saw details about when to administer some when required medicines were recorded in people's care plans and risk assessments, although this was not the case for all when required medicines. The registered manager said this could be as some people's medicines changed on a regular basis. We saw administration of when required medicines was recorded in people's daily records. However, the records did not always evidence a clear reason for the administration of when required medicines. In the case that when required medicines were administered due to people showing signs of agitation or showing behaviours that challenged, records did not always clearly document the use of other methods prior to administration of the medicines to provide people with the support they required.

**We recommend the service reviews national guidance in relation to the administration of 'when required' (PRN) medicine.**

During the inspection we looked at seven staff personnel files and found that recruitment procedures were safe. We

## Is the service safe?

found that appropriate checks were undertaken before staff began work. This included ensuring that application forms were completed, interviews were carried out and that appropriate DBS (Disclosure Barring Service) checks were undertaken. During the inspection, we looked at

seven staff recruitment files and saw that these checks were in place. We did see in one file however, that the member of staff had started their induction before an appropriate DBS check had been undertaken. We raised this concern with the manager.

# Is the service effective?

## Our findings

We looked at the staff induction programme which all staff completed when they first commenced employment at the service. Records showed there was an in depth induction programme for new staff which would help make sure they were confident, safe and competent. This included a review of policies and procedures, initial training to support them with their role, shadowing experienced staff to allow them to develop their role and regular monitoring to make sure they had a good introduction to the role.

We looked at the training matrix to establish the kinds of training staff had undertaken. We found there were gaps on the matrix, which the manager told us was up to date. Some of these courses included safeguarding, moving and handling, infection control, fire safety, conflict management and health and safety. The manager said the expectation was to update these courses each year. Additionally, the training matrix stated only three members of staff had completed any training in learning disabilities, which was the main specialism of the service. We raised our concern about staff training not being up to date with the manager.

Staff told us they were supported and provided with regular supervision and had an annual appraisal of their work performance and we saw records to support this. This should help identify any shortfalls in staff practice and identify the need for any additional training and support in a timely manner. Staff told us they usually received supervision every three to six months with their line manager.

At the time of our inspection we were told that nobody living at The Hamlet was subject to a DoLS. We also spoke with people who used the service and staff about seeking consent. We saw that one person had signed and given their permission for their photograph to be taken. Another person did not want their photograph to be taken and this

had been respected by staff. One member of staff described to us how they would knock and wait to go in before entering people's bedrooms, to ensure they received permission to enter. One person who used the service did not have a capacity assessment on their file. The manager said they tried to keep to decision specific assessments wherever possible, to ensure it was in people's best interest. The training matrix identified that several people had attended training in this area in July 2015, however this was not consistent for each member of staff. We raised this with the manager.

We looked at how people were protected from poor nutrition and supported with eating and drinking. People, who were able to, would be given support by staff to prepare their own meals. There was no set meal for lunch time and people living in the service were able to choose either to dine in or out of the house at a time convenient to them. We were told an evening meal was always prepared by staff and that people who lived at the service were able to contribute where possible. We saw people's preferences and dietary requirements were recorded in their support plans. The staff member we spoke with was aware of people's dietary requirements and the support people needed with eating and drinking. One person told us they were able to have a take away on a Saturday night which they enjoyed.

We looked at how people were supported with their health. There was detailed guidance for staff to follow in relation to management of seizures, constipation and dietary requirements. However, we saw there were some gaps in records kept in relation to one person's food intake and records of bowel movements. There was a record of visits to any relevant health professionals kept within people's support plans. One person's records showed only infrequent contact with health professionals. We raised this with a member of staff who told us they were in the process of registering this person with healthcare services in the local area.

# Is the service caring?

## Our findings

People living at The Hamlet told us they were happy with the service they received. They said they found the staff caring, were listened to and were supported to maintain regular contact with their family. One person said; “Staff are brilliant, no complaints”. We spoke with a support worker who was employed by a different provider, who told us they thought the person they provided support to had good relationships with the staff. The carer of a person who used the service told us they found the service communicated well with them and kept them informed in relation to the support provided to the person they cared for.

Throughout the inspection, we observed staff interacting with people in a kind, pleasant and friendly manner and being respectful of people's choices and opinions. There was a relaxed atmosphere and the staff spoken with had a good knowledge of the people they supported.

It was clear from our discussions, observations and from looking at records that people were able to make choices and were involved in decisions about their day, which were respected by staff. Examples included decisions and choices about how they spent their day, the meals they ate, room décor, clothing choices and involvement in household chores. We saw that people had been able to personalise their own bedrooms with memorabilia of their choice and decorate it with specific colours of their choice.

The staff we spoke with were clear about how to promote people's independence. Staff said that people were able to access the community independently with support from staff. One person who used the service said they could choose what time they got up and went to bed and that their independence was promoted. One member of staff told us about how they encouraged people to things for themselves and that is what important to establish what each person was able to do. The kitchen was not accessible

for people who used wheelchairs, however, staff told us if people wanted to be involved in preparation of food and drinks that there was another kitchen in the building that they could be supported to use.

People's privacy was respected. Each person had a single room which was fitted with appropriate locks, where people could have a key to their room if they wished. The people we spoke with told us they had no issues with how they were treated by staff. Staff were able to provide examples of how they treated people with dignity and respect such as not allowing people to come in the room when delivering care. One person we spoke with told us they were able to join in with activities and socialise, or they could go to their room to watch TV or use a tablet computer if they preferred.

There was an advocacy services and corporate appointee ship available to people if they wanted it. This service could be used when people wanted support and advice from someone other than staff, friends or family members. Corporate appointee ship enabled somebody externally to monitor their finances on their behalf if they did not have a good understanding of their money and what to do with it.

From speaking with people who used the service or their carers, we found that people had been involved in the planning of support. Although the service had various information in accessible or easy read format, we found the service user guide was out of date and was not in accessible format. A service user guide provides key information that people might need about the service. We spoke with one person who told us they had not seen a service user guide.

We saw that some care plans had communication profiles in them. The communication profiles contained key information that would enable staff to communicate effectively with people who had limited spoken communication.

# Is the service responsive?

## Our findings

Each person who lived at the service had a support plan that was personal to them. The support plans were easy to follow and contained information about people's likes and dislikes as well as their care and support needs. We saw they contained information about how people communicated any risks to their well-being and their ability to make safe decisions about their care and support. We saw care plans were in place that had been developed with relevant professionals to provide staff with guidance on how to support people effectively who had behaviour that could challenge the service. We spoke with the carer of a person who used the service who told us staff had worked effectively to implement revised guidance from an appropriate professional. Staff told us they found the support plans to be useful and were involved in updating the documents in line with any changing needs. One person told us that they had seen their support plan and were happy with its content.

We saw that there were systems in place to ensure staff could communicate with people properly. For instance, several people had a 'How to communicate with me' document in their support plan which provided an overview of things staff needed to be aware of. This took into account people's medical condition, if they understood verbal language and the types of things they often asked people such as being repetitive or continually asking what people's name was. One person who used the service showed us a pictorial planner they had, which they used to help organise their week.

From looking at records, and from discussions with people who used the service, it was clear there were opportunities for involvement in many interesting activities both inside and outside the service. There was also a day centre onsite, where people had access to different activities during the day. People were involved in discussions and decisions about the activities they would prefer which would help make sure activities were tailored to each individual. One person told us about some of the activities they often took part in. These included an art class and various massage and nail painting sessions. They also said they had been on holiday recently with support from staff. A member of staff told us there was no schedule of activities to allow flexibility to meet people's preferences. This staff member

spoke positively about the time they had to get to know people whilst supporting them in order to be able to provide activities and support in-line with their preferences.

We found people who used the service were supported to live as independent lives as possible with people having access to a range of services within the local community. This included, college/training facilities and employment/voluntary work where necessary. At the time of the inspection, nobody had access to employment or voluntary work and we told that although this was encouraged, it was people's choice as to if this was something they wanted to undertake. Several people living at the service were able to cook their own meals, although nobody was yet at the stage where they could administer their own medication. Staff were always available to support these tasks and accompanied people where necessary.

People who lived at the service were supported by staff to undertake activities of daily living, in areas which allowed them to retain their independence. This included tasks such as laundry, tidying their bedroom, attending appointments and preparing meals in the kitchen. One person had also undertaken some specific training with regards to crossing the road. This gave this person an understanding of the green cross code and how to use zebra and pelican crossing safely. People who lived at the service also told us that they were able to go on trip and holidays of their choice and that staff supported them to do this.

We looked at how the service handles complaints and saw that there was a policy and procedure in place. The procedure was available in an easy read format that could be understood by everyone who lived at the service. We looked at the complaints log and saw complaints had been responded to appropriately, with a response given to the individual complainant. People we spoke with told us they would feel confident to raise a complaint should they feel this was required.

The service ran 'house meetings' regularly. This provided people with the opportunity to raise any concerns or change anything about the support they received. We looked at the minutes of these meetings, which were also available in easy read format and saw people had been able to speak about how things could potentially be improved.

# Is the service well-led?

## Our findings

There was a registered manager in day to day charge of the service. 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.

From our discussions and observations we found the registered manager had a good knowledge of the people who used the service and of the staff team. We saw people appeared to be relaxed with the management team and it was clear they worked well together. The staff we spoke with all felt the service was well managed. The staff told us they felt treated fairly and had never needed to raise any concerns with management.

We saw that there were systems in place to monitor the quality of service provided to people in order to ensure good governance. This included audits of care plans and medication and had been completed as recently as August 2015. We saw that the audit stated which areas had been covered if any discrepancies were found and what action needed to be taken. However, there were no systems in place to ensure that the premises were safe, that staff training was up to date and that appropriate risk assessments had been undertaken and were updated regularly. These were all areas where we had concerns during the inspection. These concerns meant there had been a breach of Regulation 17 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation Good Governance.

There were systems in place to seek feedback from people who used the service. These included one to one discussions with people where they were asked about the staff team, dignity and respect, activities, food/meal preparation, holidays and if they were happy. Similar discussions were also held with relatives where they were asked if they were happy with the current placement, if they were made to feel welcome, complaints and communication. There was also a separate survey sent to ask people about the food provided at the service. This covered preferences, assistance required with preparation

and their preferred choice of drink. These systems provided an opportunity for people to share their views about the service, in terms of the things they liked, or wanted to improve.

Staff members spoken with told us communication throughout the team, including with the manager was good and they felt supported to raise any concerns or discuss people's care at any time. All staff were made aware of their role and responsibility within the organisation and received regular feedback on their work performance through regular supervision from their manager. They had access to clear policies and procedures to guide them with best practice and had signed when they had read the information. They told us they were kept up to date and encouraged to share their views, opinions and ideas for improvement.

Accidents and incidents were closely monitored at the service. We saw that there was a clear description of what the incident was, any injuries that were sustained and if any further action was required. The manager told us that they did not do any analysis of these incidents to monitor trends and therefore prevent future re-occurrences. The manager said this was due to time constraints and not having time to undertake this work at present.

We saw records of care and support provided were kept for each person using the service. However, there were a number of missing entries, or entries where gaps had been left for two people's records we reviewed. We raised this with the registered manager.

We looked at the minutes from various team meeting which had taken place. Topics of discussion included cleaning of bedrooms, finances/spending money and outings/activities for people. These meetings had been held as recently as October 2015. We saw that staff had been able to voice their opinions and discuss and concerns that were currently affecting their work

The service had policies and procedures in place which covered all aspects of the service. The policies and procedures were comprehensive, however many of them needed to be updated. This meant any change in current practices may not be fully reflected in the service's policies. Staff told us policies and procedures were available for them to read and they were expected to read them as part

## Is the service well-led?

of their induction and training programme. We raised our concerns with the manager about ensuring that policies and procedures were updated and reviewed at regular intervals.

There was also a wide range of policies and procedures available in 'Easy read' format. This meant that is people had difficulty reading certain words or phrases then the

information was available to them in pictorial format. Some of the Easy read policies covered complaints, safeguarding, fire safety, attending the dentist and guidance around promotion of healthy eating.

The service worked in partnership with other agencies and external organisations. These included services which specialised in dignity and respect and challenging behaviour. The service also had links within the local community, such a social club which was well attended by other people with learning difficulties.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

**Appropriate risk assessments were not always in place and were not reviewed at regular intervals.**

### Regulated activity

Personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Appropriate systems were not always in place to ensure Good Governance of the service.