Scope

Houghton Regis Community Care Scheme

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	**Good**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Summary of findings

Overall summary

This inspection took place on 12 February 2016 and was unannounced. We spoke with relatives of the people who use this service to gather their views on 15 February 2016. When we last inspected this service in June 2013 we found that the provider was meeting the legal requirements in the areas that we looked at.

Houghton Regis Community Care Scheme is a residential care service that provides accommodation for up to 16 people with learning and physical disabilities. People who lived at this service were cared for in four flats all situated in the same complex each able to house four people. At the time of our inspection there were 11 people living at this service.

The home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safe as the provider had effective systems in place to protect them from avoidable harm. However, improvements within the environment were needed to make the service safer and suitable for the people who lived there. People's medicines were administered safely and they were supported to access other healthcare professionals to maintain their health and well-being.

People were involved in choosing the food they had and were offered choices of nutritious food and drinks throughout the day. The people who needed help to eat their food were supported in doing so by staff. They were encouraged to maintain their independence and supported to maintain their interests and hobbies.

It was unclear if people were aware of the provider's complaints system due to the nature of their learning disabilities. However the provider had information in an easy read format available in all the four flats. People were encouraged to contribute to the development of the service.

Staff were trained and they understood the requirements of the Mental Capacity Act 2005 (MCA), and the associated Deprivation of Liberty Safeguards. They were caring and respected people's privacy and dignity. They understood the provider's visions and values.

People and their relatives were asked for feedback about the service to enable improvements and there was an effective quality monitoring system in place.

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.

Staff were trained in safeguarding and understood how to keep people safe.

There were individualised risk assessments in place for each person and they gave guidance to staff on keeping people safe. Emergency plans were in place.
Staff were employed safely to work in the service and were trained to ensure people's needs were met.

Medicines were managed and stored appropriately.

Is the service effective?

Requires Improvement

The service was not always effective.

People were supported to access other health and social care services when required.

Staff were trained to meet the needs of the people using the service and were regularly supervised by the management team.

The requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards were met.

Adaptations of the environment had been made to meet people's care needs. However, further improvements were required to ensure that the environment was safe and appropriately met people's changing needs.

Is the service caring?

Good

The service was caring.

Staff were kind and supportive of people.

People's privacy and dignity were respected.

People were supported to maintain family relationships.

Is the service responsive?

Good

The service was responsive.

People's health and care needs had been identified and plans to meet these in a consistent way had been put in place.

People were supported to follow their hobbies and interests

There was a robust system in place for handling and acting upon complaints.

Is the service well-led?

Good

The service was well-led.

The registered manager was approachable and supportive of staff and people who lived at the service.

The provider had systems in place for monitoring the quality of the service provided.

Houghton Regis Community Care Scheme

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection, which meant the provider did not know we were coming. It was carried out over a two day period by one inspector from the Care Quality Commission (CQC). We visited the home on 12 February 2016 and carried out telephone interviews with people's relatives and care professionals on 14 February 2016.

Before the inspection, the provider completed a 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 reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. We also reviewed the report issued following a recent local authority monitoring visit.

On the day of our inspection we spoke with one person who lived at the home, three members of staff and the registered manager. We observed how care was delivered and reviewed the care records and risk assessments for three people who lived at the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We checked people's medicines and reviewed medicines administration records. We also looked at staff recruitment, training and supervision records. We reviewed information on how the quality of the service was monitored and managed.

After the inspection we spoke with three relatives of the people who lived at the home and one care professional who regularly visited the home.

Good

Is the service safe?

Our findings

People who lived at the service used gestures and sign language to tell us they felt safe. They were not able to fully explain what made them feel safe because of the nature of their disability. However, their relatives, care professionals and staff explained that people were safe living at the home. One relative said, "Absolutely, [Relative] has the staff there all the time. They really do look after them." A care professional told us people were safe and they never felt people were at risk of harm. One member of staff said, "Of course they are safe and the place is safe and secure. The doors are locked, no one can just come in without the staff knowing."

The provider had up to date policies on safeguarding people and whistleblowing. These polices gave staff guidance on how to identify and report concerns about people's safety. Whistleblowing is a way in which staff can report misconduct or concerns within their workplace without fear of the consequences of doing so. Staff were aware of the provider's whistle blowing policy which was placed in the entrance hall and in the offices. They confidently spoke about it and showed us a flow chart that detailed who within the organisation they could report their concern to. One member of staff said, "I have not used [the whistle blowing policy] yet, but I would if I ever needed to."

Staff were trained on safeguarding people and were able to tell us the signs that they would look out for, if people were unsafe. The registered manager told us that they would report relevant incidents of concern to the local authority and to the Care Quality Commission and our records showed that they had done so in the past.

There were personalised risk assessments and risk management plans for each person who lived at the service. Each assessment detailed the possible hazards to people, the type of harm that could be caused, the precautions that were already in place and the control measures which gave guidance to staff on how to reduce risks to people. Staff told us they kept up to date with the identified risks to people and how these were managed by reading risk assessments, people's daily records and by talking to each other at shift handovers. This enabled them to support people as safely as they could.

Records showed that the provider had carried out assessments to identify and manage risks posed to the people by the environment. These included assessments in moving and handling processes, the kitchen and food safety, safeguarding people and fire safety. People had personal emergency evacuation plans (PEEPs) in place. These gave guidance to staff on how to support people in emergencies that meant they had to evacuate the premises. A service emergency plan was also in place and it detailed the steps the provider will take to ensure people's safety in an event that stops the home running the way it should.

The provider had a robust recruitment policy in place. This included carrying out checks with the Disclosure and Barring Service (DBS) to ensure that applicants were suitable to safely care for people, health questionnaires to ensure they were fit for the role applied for and the follow up of employment references. This enabled the provider to determine whether applicants were suitable for the roles they had been considered.

People's relatives and members of the staff team told us the service was short staffed. One relative told us, "Everywhere works differently but they are short staffed." The registered manager told us that the service was in the process of recruiting more staff and used regular agency staff to cover vacant shifts. Although we found that the service did not have enough fulltime staff, a review of the staff rota confirmed that the number of staff on duty corresponded to the number of staff the manager told us were needed to meet people's needs. This showed that the manager always ensured that enough staff were available to support people safely.

People's medicines were administered as prescribed and stored in locked cabinets in their bedrooms. We reviewed the medicine administration records (MAR) for three people and found that these had been completed correctly. Protocols were in place for people to receive medicines that had been prescribed on an 'as and when required' basis (PRN) and there was guidance for staff on how people liked to be supported with their medicines. We checked the stock levels of medicines held for three people against the records and found this to be correct. Staff were trained and their competency assessed by the provider before they supported people with their medicines. A member of staff told us, "People get their [medicines] on time. All staff are trained except the new ones who will be trained soon."

Requires Improvement

Is the service effective?

Our findings

Adaptations had been made to meet the needs of the people who used the service. We found that the walls and flooring in one person's bedroom had been completely padded to reduce the risk of them harming themselves. The living room areas in each of the flats could be turned to a sensory room and there were ceiling hoists in people's bedroom as well as the bathrooms. However, the flats were very small to fully meet the changing needs of the people that lived there. There was also a need for redecoration of some of the bathrooms, living areas and kitchens within the service. The manager told us that the provider had set aside funds in their next year's budget to have two kitchens replaced but they were waiting for the agencies that owned the building to come back to them with a renovation plan. A review of the local authority's audit of the service showed that this issue had been identified and an action plan put in place for the provider to make the required improvements.

People were not able to tell us of their opinion of the skills of the staff because of the nature of their disabilities. However their relatives told us the care provided to people was effective. One relative said, "[Relative's] care is fantastic, [They've] never had a better quality of care." Another relative told us, "It's a lovely home. [Relative] has never been happier."

Staff told us they had received a full induction into the service at the start of their employment. This included working alongside experienced members of the staff team for three or four weeks, before taking up their full duties. One member of staff told us, "Induction is good. You spend one week in each flat shadowing after that, they will make sure you work alongside experienced staff on shift till you are confident." We found that the induction programme gave new staff the opportunity to read through people's care plans and familiarise themselves with people's care needs and the facilities in the service.

Staff received training in areas that were relevant to the needs of the people that used the service. One member of staff told us, "The training is sufficient, makes you know what you are doing. Its really opened my eyes." A review of the training records confirmed that training covered areas like safeguarding people, medicines administration, mental capacity act and safe moving and handling. Newer members of the staff team were given the opportunity to complete the care certificate.

Staff told us they received supervision every six weeks and an annual appraisal of their performance. The manager showed us the service's supervision schedule which was used to monitor and ensure all staff received supervision. Although, due to a shortage of staff in recent months and the pressures that came with that, staff had not always received supervision as regular as they should. This had since been re-instated and supervisions were taking place as scheduled.

Staff had received training and had a good understanding of the requirements of the Mental Capacity Act 2005 (MCA). 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. The provider had employed the services of a Drama Therapist to support people in making their own decisions. The therapist was able to understand people's communication through observations of their body language, facial expressions and gestures.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Assessments of people's capacity to make decisions had been completed in required areas. The service had assessed whether people were being deprived of their liberty (DoLS) under the Mental Capacity Act. They found that a number of authorisations were needed and they sent the appropriate referrals. These had since been granted by the supervisory body because people were not allowed to leave the home unless they were supervised.

Relatives of the people who used the service and members of staff told us that people's consent was sought and their decisions respected. One relative told us, "Yes, they ask permission and even if [They] don't want to go out they respect that." Another relative said, "They always knock on the door before they come in." A member of staff told us, "We respect their decisions and choices." Our observations of the staffs' interactions with people confirmed this. One person chose to eat their meals by hand and never liked using cutlery. Having lost the ability to eat their meals independently staff were respecting their decision by supporting them in the way they chose to eat their meals.

People were provided with a choice of food, snacks and drinks throughout the day. Their relatives told us that people had enough to eat and drink. One relative said, "The food is very good. [They] have put on a bit of weight since being there and [They] don't complain about being hungry." The registered manager told us that people chose what was going to be on the menus on a weekly basis. We saw that people's dietary needs, likes, dislikes and preferences for food and drinks were contained within their care plans. We reviewed the menus for two flats and found that people had a healthy and balanced diet that incorporated their individual choices.

People were actively supported to maintain their health and well-being. They were supported to access healthcare services when required. Their known health conditions were recorded in their health plans. The service routinely monitored people's healthcare needs and supported them to access the right health care services when changes occurred. These were recorded with outcomes of visits to health professionals in each person's health plan.

Good

Is the service caring?

Our findings

People were not fully able to tell us about their experiences about the service. However, some of them used sign language and told us they were happy living at the service. Their relatives told us that the staff were caring and treated people with dignity and respect. One relative said, "It is a lovely home, all the staff are lovely. [Relative] has never been happier." Another relative told us, "It is a fantastic place [their] care is amazing."

We found that staff interacted with people in a caring way. They understood the needs of the people and were supportive towards them. One member of staff told us, "It is a rewarding job, the fact that they are just beaming when they see you walk through the door is just lovely."

People were very much at ease in the company of staff. The atmosphere in all the four flats was relaxed with a lot of laughter and jokes between staff and the people that lived at the service. One relative told us, [Relative] seems very happy, they know [them] very well. They do extremely well looking after [them]."

People's care records included a section called 'About Me', which contained information about their life history, likes, dislikes, and things that were important to them. Staff were able to confidently talk us through people's history and preferences which demonstrated the knowledge they had about the people they supported.

Staff spoke with people appropriately and used their preferred names. They were patient when communicating with people and took time to listen to what people were communicating. They respected people's views, their choices and encouraged them to be as independent as possible. A relative told us, "They talk to [Relative] even though we don't know how much [they] understand. They give [them] a choice and treat [them] like an adult."

Staff told us they promoted people's privacy and dignity by making sure doors were closed during personal care, medicines were administered in private and they asked permission before going into people's bedrooms. One member of staff said, "We respect privacy, we don't talk about them to people that don't need to know."

Information about the provider and the home was available to people in an easy read format. This included details of staffing arrangements, activities, person centred planning, use of the home's transport and how to make complaints. This also set out the roles and responsibilities of the provider and that of the people who lived at the home.

Good

Is the service responsive?

Our findings

The provider had carried out assessments of people's care needs before they started using the service. These identified the level of care people needed and whether the home could meet them. These assessments formed the basis upon which people's care plans were developed alongside information provided by their loved ones and care professionals.

People's care plans followed a standard template that was used within the service but were personalised. They contained information about people's history, the things they liked and what they were not keen on, their interests and detailed guidelines for staff on how to care for them. 'At a glance' versions of people's care plans that were in easy read format were in place. These gave staff a snap shot of people's care needs. They covered areas around people's nutrition, personal care and communication. These were used as quick reference in understanding people's needs.

Each person had one member of the staff team as their key worker. Key workers ensured the service was meeting people's identified care needs and wishes. Where possible, they spent time with people on a monthly basis reviewing their care plans and agreeing the goals they would work towards. They took responsibility for organising annual reviews of people's care with their loved ones and the professionals involved in people's care.

People were supported to enjoy a range of hobbies and activities both in the house and outside. Activities including going swimming, going out shopping and engaging with the local community. A care professional told us that activities were always going on, but improvements were required around recording them. We saw that the provider had now put into place an activities folder where activities that people enjoyed where recorded.

The provider had a system for receiving and handling complaints. People's relatives told us they knew who to raise concerns with and would be comfortable in doing so if they needed to. One relative said, "No, I have never had to make a complaint. I will speak to [manager] if I had to." The service had received one formal complaint from a member of the public regarding staff car parking. The manager responded to the person promptly and offered an apology and explained what they had done to address the issue.

Good

Is the service well-led?

Our findings

The service had a registered manager in post. The relatives of the people who used the service told us they felt the manager was approachable and caring. One relative said, "[Manager] is very nice, she knows what she's doing." Another relative said, "I can't say anything bad about [them], [they] are fantastic." A care professional told us they found the manager to be very honest and open to new ideas to improve the service.

Staff told us the manager was positive and supportive of them and the people who lived at the service. One member of staff said, "She is brilliant. She is very gentle with the [people] and is always laughing. She is very supportive and is always reachable even when she's on holiday abroad." The manager displayed a clear knowledge about people supported by the service. They were experienced in the health and social care sector and had a good understanding of their job role.

Staff were aware of the provider's 'visions and values' which they told us promoted the provision of a better quality of life for people living with disabilities. One member of staff said, "In society people don't always think disabled people have a right to choices, we want to break down those barriers. Our values include valuing people, taking responsibility and working as a team."

Monthly staff team meetings took place where issues affecting the service were discussed. These meetings covered areas around safeguarding people, health and safety, staff health and well-being and dignity and respect of people who lived at the service. Staff meetings were followed by action plans for the team to work on. This encouraged staff to be involved with the development of the service.

People were also involved in the development of the service by way of monthly residents' meetings and annual satisfaction surveys. We saw that topics discussed at residents' meetings covered activities that people wanted to take part in, menu planning and their well-being. Satisfaction surveys provided people and their relatives with an opportunity to give feedback on their experience of the service. Feedback was mainly positive with comments like, "I like my bedroom because it is clean and tidy," and, "The service is clean particularly the dining area." Where feedback was not positive the manager had taken steps to address these.

The service had a quality monitoring system in place. This included weekly and monthly audits carried out by the registered manager, area manager and the provider's quality assurance manager. Weekly audits were completed to ensure that people's finances, medicines and activities were being checked and that needs were being met. Monthly compliance audits provided the manager a broader overview of each area of the service and set objectives for improvement. Unannounced audits carried out by the service's area manager and quality assurance manager also feed into the service's improvement plan, along with actions from the local authority audit. This system helped to ensure that the service was proactive in measuring its performance in meeting the regulations.