

Father Hudsons Society

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## DCC

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

We inspected this service on 13 December 2018. The inspection was announced and carried out by one inspector and an expert by experience.

The service provides domiciliary care and supported living to people in their own homes. Ten people were tenants at St Vincent's House and five people had their own homes in the local community. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in post. 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.

At our last inspection in February 2016 we rated the service as Good. At this inspection, we found the overall quality of the care had been maintained and people continued to receive a service that was safe, caring, effective and responsive to their needs. However, the registered manager had not met their legal obligation to send us statutory notifications about specific events as required. The rating for the key area Well Led is now Requires Improvement. The overall rating continues to be Good.

People felt safe with staff in their own homes. Risks had been assessed and staff knew how to keep people safe and minimise risks of harm and injury. Staff had been trained in safeguarding people and knew how to report concerns. People received their care and support at the agreed times. Staff knew what action to take in the event of an emergency. The provider checked staff's suitability to deliver care and support during the recruitment process.

Staff respected people's choices about how they wanted to be supported. People were encouraged and supported to maintain good health through healthy eating and attending healthcare appointments. People received their prescribed medicines from trained staff. Staff had received training in the Mental Capacity Act 2005 and worked within the principles of the Act. Managers understood their responsibilities under the Act and when 'best interests' meetings should take place.

Staff were compassionate, kind and caring toward the people they supported. People's privacy and dignity was respected and staff took opportunities to promote people's independence. People were complimentary about the service and had no complaints. Staff felt valued and supported by the provider and registered manager and were happy in their job role.

The registered manager and provider checked the quality of the service to make sure people's needs were

met safely and effectively. Feedback was encouraged from people. The registered manager and provider did not understand their regulatory responsibilities to the local authority or the Care Quality Commission.

Further information is in the detailed findings below.

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

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service was, overall, Well Led. However, statutory notifications were not sent to us as required.  Staff felt well supported. The provider had a system of checks and audits so that improvements, where needed, were identified and actions taken.	<b>Requires Improvement</b> ●

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### **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 comprehensive inspection took place on 13 December 2018 and was announced. We gave short notice the day before our inspection visit because this is a domiciliary supported living service and we needed to make sure staff would be available to speak with us. One inspector and an expert by experience undertook this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The expert by experience on this inspection had experience of learning disabilities services.

Prior to our inspection visit, we reviewed the information we held about the service. The provider had not sent us any statutory notifications since our last inspection during February 2016. A statutory notification is information about important events which the provider is required to send us by law. The local authority told us they had no current concerns about the service.

During the inspection visit, we spent time with five people, who invited us to talk with them in their flats, and observed how they interacted with staff. This helped us judge whether people's needs were appropriately met and to identify if people experienced good standards of care. We had a telephone conversation with one person. We spoke with seven care staff, the deputy manager, the registered manager and the provider's chief executive officer.

We reviewed four people's care plans, daily records and medicine administration records. We reviewed feedback about the service that people had given. We also looked at the management records of the quality assurance audits the registered manager and provider's chief executive officer made to assure themselves

people received a safe, effective quality service.

# Is the service safe?

## Our findings

At our last inspection we rated this key question as Good. At this inspection we found people continued to receive a service that was safe. The rating remains Good.

Staff had been trained in safeguarding people from abuse and told us they would report any concerns to the registered manager. One staff member told us, "I would report anything immediately to the manager or go higher if needed." Staff understood how to whistle-blow and one staff member said, "I'd phone you at CQC if I had to." During our inspection visit, we reviewed records and found safeguarding incidents had occurred but these had not been reported to us as required by the registered manager. However, the registered manager had always taken action to ensure people's safety was maintained. For example, where an incident had occurred between two people who used the service, the police had been contacted and actions taken were documented by the registered manager.

People told us they felt safe in their flats. One person told us, "I have a staff sleep here in my spare bedroom, so I can call them if I needed to." The provider had a system of recruiting staff to ensure their suitability to care and support people safely. Two staff had recently been recruited and their staff files showed pre-employment checks had been completed by the provider. Risks of harm or injury to people were assessed and staff knew how to keep people safe because they knew them well and followed people's risk management plans. Most people were assessed as being safe to go out alone, and had been given cards to remind them of telephone numbers they could contact if they needed help or support.

Ten of the fifteen people supported by the provider lived in their own flats within St Vincent's House. There was a fire alarm system and people had Personal Emergency Evacuation Plans (PEEPS) in place which informed staff and emergency services of the level of support people would need in the event of an emergency. Staff knew how to record accidents and incidents so that learning could take place when things went wrong.

Where people required staff to manage their medicines for them, they were supported by trained staff. People had lockable facilities in their flat for staff to use so their medicines were stored and handled safely. People had a medicine administration records (MAR) and we found these had been completed correctly. Protocols were in place to guide staff about 'when required' medicines should be given to people, to ensure a consistent approach was taken by staff.

One person received their medicine through a patch applied directly to their skin. Staff maintained a record of where the patch had been applied to the person's skin but had not ensured the manufacturer's instructions were followed. The registered manager told us they had not identified this omission during their medicine audits and took immediate action to ensure the manufacturer's instructions were followed and skin application sites were given a 'rest period' before a new patch was applied to the same site.

Staff understood the importance of using personal protective equipment (PPE), such as gloves and aprons, to reduce the risks of infection.

## Is the service effective?

### Our findings

At our last inspection we rated this key question as Good. At this inspection we found staff continued to give an effective service to people. The rating remains Good.

People were relaxed with staff who knew them well. Positive interactions took place between people and staff during our inspection visit. People's care needs were assessed and individual care plans were in place.

An induction programme supported new staff in their role. One recently appointed staff member told us, "The training has been good, I'm well supported. It's a great job, and I think the support people get is of a good quality."

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The registered manager understood their responsibilities under the Act. No one had an approved DoLS and no applications had been made to restrict anyone of their liberty. Staff understood their role in protecting people, and worked within the principles of the MCA. People confirmed to us that staff asked for their consent before, for example, supporting them with personal care.

People's nutritional needs were met by staff who encouraged people to make healthy choices about what they ate and drank. One staff member told us, "The person I support has a health condition that means certain foods should be avoided. I remind them about this and always encourage them to have options that are in line with their healthcare guidance."

People told us they preferred staff to support them and attend healthcare appointments with them. Some people became very anxious about their healthcare appointments and staff knew how to make visits less stressful for people. Records showed people were supported to access GPs, dentists, psychiatry services and community learning disability services. One person had been assessed for a special heavy blanket to use when they felt anxious and could cover themselves with this on their bed. Staff followed professional healthcare guidance and the use of the blanket had reduced this person's anxiety.

## Is the service caring?

### Our findings

At our last inspection we rated this key question as Good. At this inspection we found staff continued to have a caring approach toward people who were happy using the service. The rating remains Good.

People made positive comments to us about the service. Everyone spoken with said staff were kind and caring toward them. People were actively encouraged to be involved in making decisions about their care and support and how they spent their time. One staff member told us, "Most people have unsupported hours and might go out and about themselves. During their supported hours, for some people that might focus on specific support they need with personal care, shopping, cooking or cleaning their flat." People told us about holidays they had been on with staff supporting them during the year.

Staff knew how to promote people's independence. One person told us, "I made a cake, [staff's name] helped me." Another person said, "I know the jobs I can do in my flat, like the dusting and vacuuming. But, I don't touch the oven, staff do that for me." During 2018, the deputy manager had arranged visits from the local police and fire service for people, to give them information to help them maintain their independence in a safe way. Following the visits, one person who went out alone now used only one earpiece to listen to their music when they crossed roads so they could also hear traffic. Another person said the talk from the fire service had led to them making sure their front door was locked and they turned off their electrical appliances before going to bed.

People told us, and we observed, staff respected people's privacy and dignity. One person told us, "Staff give me a shower and treat me with respect." People lived in their own flat and staff knocked on front doors and waited to be invited in.

## Is the service responsive?

### Our findings

At our last inspection we rated this key question as Good. At this inspection we found staff continued to be responsive to people's needs. The rating remains Good.

People's needs were assessed and everyone had detailed individual plans of care. Two people received 24 hours of care and support every day and had personalised activity plans which staff used to help them achieve their goals and positive outcomes. One person told us, "Staff took me to the hairdresser this morning and now I will be happy to watch my TV programmes."

Other people received agreed hours of support to meet their individual needs. The registered manager responded to people's changing needs. The registered manager had arranged for one person's needs to be re-assessed by the local authority who commissioned and funded their care and their hours had been increased. People told us staff were consistently supportive of their needs, one person said, "Staff always help me prepare my meals," and another person told us, "Staff took me Christmas shopping, I like my support worker very much."

The 'Accessible Information Standard' (AIS) aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand and any communication support they need. Staff recognised people had different levels of understanding information. One person was given their weekly plan that highlighted staff's name and when they were due to support them in their flat. For another person, staff made a 'tick' mark on their weekly plan as events took place through the day. The person could refer to this information, which reduced their anxiety.

People told us they had no complaints about their care and support and said they would raise any concerns with staff, who they believed would 'sort things out for them.' One person told us they were being supported by the registered manager to make a complaint about a leak in their bathroom, which had been addressed the day before our inspection visit.

# Is the service well-led?

## Our findings

At our last inspection we rated this key question as Good. At this inspection we found the service, overall, was well led. However, the provider and registered manager had not met their legal obligation to tell us about important events that occurred at the service. The rating is now Requires Improvement.

During our inspection visit, we identified four incidents from records we reviewed, where we would have expected to have received a statutory notification from the registered manager. We discussed the incidents with the registered manager and found they were unclear about their legal obligation about what they had to tell us (CQC) about. Of the four incidents, two had been reported to the local authority. A statutory notification is information about important events which the provider is required to send us by law. The provider's checks of the service had not identified the registered manager's oversight. However, the registered manager had recorded the actions they had taken to ensure people's safety was maintained. For example, the police had been contacted and taken action in relation to one incident. The registered manager assured us, that in future, they would send us statutory notifications when they were required to do so because they now understood what should be reported to us. Following our inspection visit, the registered manager sent us notifications for the incidents we discussed with them.

Staff were supported by the registered manager. One staff member said, "If the manager is not here, there is usually [deputy manager's name] we can talk to and they also share the on-call if we need support." Another staff member said, "We see the manager or deputy manager every day, we also have team and one to one meetings. They are very supportive."

The registered manager welcomed staff's suggestions about how improvements could be made. During our inspection visit, a recently appointed staff member suggested to the registered manager it would be useful to have a 'at a glance' information sheet about people. The registered manager agreed to this and planned to implement these over the next month.

People knew who the registered manager and deputy manager were. One person told us, "I know [manager's name] and I'd tell him if I wasn't happy here." Feedback was encouraged from people and a quality survey had been completed during October 2018. The analysis showed people were happy with their care and support. Only one negative comment had been made and this had been resolved through the registered manager meeting with the person's relatives.

Overall, there was an effective system of internal audits and checks undertaken to ensure the safety and quality of the service was maintained. The registered manager had identified areas where improvements were needed and required actions had been implemented. For example, earlier during 2018, medicine audits had identified occasions when people's prescribed paracetamol was missing and unaccounted for. The registered manager had taken actions to address this with staff who were responsible for the safe storage and handling of these medicines. Records we reviewed showed actions taken had minimised risks of reoccurrence. However, medicine audits had not identified staff did not follow the manufacturer's instructions for one person's medicine which they received through a skin patch. The registered manager

assured us this check would be added to their medicines audit.

The provider's chief executive officer undertook checks of the service. Where improvements were identified as needed, an action plan recorded timely completion of actions.

It is a legal requirement that the provider's latest CQC inspection report rating is displayed at the service. This is so people, visitors and those seeking information about the service can be informed of our judgements. The provider had displayed the rating. Father Hudson's Care has a website which provides information about their services and a link to their latest CQC rating.