

Mr Paul Selby

HEGARTY CARE

Inspection report

201 UNIVERSITY BOULEVARD
BEESTON
NOTTINGHAM
NOTTS
NG9 2GJ

Tel: 01158085898

Date of inspection visit:
15 August 2017

Date of publication:
12 September 2017

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?	Good ●

Summary of findings

Overall summary

This unannounced inspection was carried out on 15 August 2017. Hegarty Care provides accommodation and personal care for up to four people living with either mental health or a learning disability. On the day of our inspection visit there were three people who were using the service.

The service had a registered manager in place at the time of our inspection. 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 who used the service and relatives we spoke with told us they felt staff provided safe care and support. Staff were trained in adult safeguarding procedures and knew what to do if they considered someone was at risk of harm or if they needed to report concerns. Risks to people's health and safety were identified and staff had information of how to reduce these. Contingency plans were in place to support staff to provide a safe service in the event of an untoward incident affecting the service. There were sufficient staff employed to meet people's needs and safe recruitment procedures were in place and followed. People received their medicines as prescribed and these were managed safely.

People received effective care and support from trained and competent staff, who had received an induction and appropriate ongoing training and support. People were supported to make choices and decisions for themselves. Policies and procedures were in place to guide staff in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff had received appropriate training and understood the processes in place for ensuring decisions were made in people's best interests.

People were involved in menu planning and staff promoted health eating. Any dietary needs had been assessed and planned for. Staff understood people's healthcare needs and their role in supporting them with these, and they worked well with external healthcare professionals.

People were cared for and supported by staff who respected them as individuals. Staff had caring relationships with people and respected their privacy and dignity. People were involved in planning and reviewing their own support. Information about an independent advocacy service was available for people should this support be required.

People received individualised care based on their needs, routines and preferences. Staff supported people to pursue their interests and hobbies. People knew how to raise any complaints or concerns they had and felt confident that these would be dealt with.

People, relatives, staff and external professional were positive about the leadership of the service and received opportunities to give feedback. There were systems in place to monitor the quality and safety of the

service and make improvements when needed.

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.

People felt safe using the service and staff looked for any potential risk of abuse and knew what to do if they had any concerns.

Risks to people's health and safety were assessed and staff were informed about how to provide safe care and support.

People were supported by a sufficient number of staff who had been recruited safely.

People received the support they required to ensure they took their medicines which were stored safely and securely.

Is the service effective?

Good ●

The service was effective.

People were supported by staff that received an appropriate induction, ongoing training and support and understood individual needs.

People were supported to make choices and decisions for themselves and where required, their rights were protected by the use of the Mental Capacity Act 2005.

People's dietary needs had been assessed and planned for; menu options met people's individual needs and preferences.

People received support with any healthcare need they had and staff worked with healthcare professionals to support people appropriately.

Is the service caring?

Good ●

The service was effective.

People were cared for and supported by staff who respected

them as individuals.

People and their relatives were involved in planning and reviewing their care and support. Information about independent advocacy was available if required.

Staff had positive relationships with people, respected their privacy and dignity and independence was promoted.

Is the service responsive?

Good ●

The service was responsive.

People received a personalised and responsive service based on their individual needs, routines and preferences. People were supported to pursue their interest and hobbies.

People were able to raise any complaints or concerns they had and felt confident that these would be dealt with.

Is the service well-led?

Good ●

The service was well-led.

People, relatives, staff and external providers were positive about the leadership of the service.

People received opportunities to share their experience about the service.

There were quality assurance processes in place for checking and auditing safety and quality.

The registration and regulatory requirements were understood and met by the provider.

HEGARTY CARE

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 inspection took place on 15 August 2017 and was unannounced. The inspection was carried out by one inspector.

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. Before our inspection, we reviewed the PIR and other information we held about the home, which included notifications they had sent to us. A notification is information about important events which the provider is required to send us by law. We also contacted the commissioners of the service, and Healthwatch to obtain their views about the service provided.

During the inspection we spoke with two people who used the service and one visiting relative for their views about the service. We also spoke with the registered manager and four care staff. We looked at all or parts of the care records of three people along with other records relevant to the running of the service. These included policies and procedures, records of staff training, the management of medicines and records of quality assurance processes.

After our visit we spoke with one relative and received feedback from a consultant psychiatrist, two social workers, a specialist learning disabilities community nurse and a GP.

Is the service safe?

Our findings

People told us they felt safe using the service and they were treated well by staff. One person said, "I feel safe because staff are always around." Relatives were confident their family member was supported to remain safe. One relative said, "One to one support is provided, it's a safe place for them to live."

Staff showed a good understanding of their role in regard to safeguarding people in their care. One staff member said, "We've had safeguarding training and have information available of the action we need to take. I wouldn't hesitate to report any concerns either internally or externally to agencies." Staff training records confirmed staff had received appropriate safeguarding training and information was available for staff to support them if they had any concerns.

Where safeguarding incidents had occurred, these had been reported to external agencies appropriately and records confirmed the registered manager had worked with external professionals to investigate these.

Risks associated to people's needs and the environment had been assessed and planned for. People who used the service told us they felt involved in discussions about how risks were managed. Relatives were positive that risks had been appropriately assessed and were managed well. One relative said, "Risks are discussed and plans are in place to manage these and I know they are reviewed."

Feedback from external professionals was positive about how individual risks were managed. One professional said, "They [staff] have been very professional when dealing with concerns and safety issues."

Staff told us how risks associated to people's needs had been assessed. They were confident that these were managed effectively. One staff member said, "There are risk assessments completed for things like smoking and accessing the community and people are involved in discussions about how these are managed." Another staff member told us how restrictions were managed. One staff member said, "Whilst restrictions are in place such as people have to have support when they access the community for their safety, we try and minimise restrictions. We support people to access the community when they want to go out. People have a key to their bedroom and have access to the kitchen, communal areas including the garden when they wish."

People's care records confirmed staff had detailed and supportive information about what risks people were exposed to and how these should be managed. Risk plans were in place such as accessing the community, smoking and the misuse of alcohol and amphetamines. These were regularly reviewed to ensure staff had up to date information.

Staff had information available of the action to take should there be an event that affected the safe running of the service. This included a business continuity plan and personal evacuation plans for people. Staff had received health and safety training and were aware of their responsibility to ensure the environment was kept safe at all times. There were audits and checks completed regularly of the environment.

Staffing levels were sufficient in meeting people's individual needs and safety. People who used the service were positive about the staff, saying there were always staff available to support them when required. Relatives were equally positive about staffing levels provided. One relative said, "As far as I'm concerned the staffing levels are good. [Name of family member] goes out every day several times, and has the one to one support they have been assessed as needing."

Staff told us about the shift pattern in place and said the "middle shift", was essential in enabling people to be supported to access the community as and when they wished. The registered manager told us how shortfalls in staffing were covered by the existing staff team and action was being taken to develop the team of bank staff. These are staff employed by the provider to work as and when required. The registered manager told us that people had additional staff support to meet their needs and how this was provided. Records confirmed people received the support they had been assessed as requiring.

Staff employed at the service had relevant pre-employment checks before they commenced work to check on their suitability to work with people. This included criminal records check and employment history.

People received their prescribed medicines appropriately and these were managed and stored safely. One person who used the service told us, "I get my tablets at the same time every day." Relatives were confident their family member's medicines were managed well.

We found the management of medicines, including storage, monitoring, ordering and disposal followed good practice guidance. We reviewed people's medicines administration records that confirmed people had received their prescribed medicines. Additionally, the way people preferred to take their medicines had been recorded along with any important information the staff required. Detailed information was available to staff with respect to medicines that were prescribed as and when required. This information provided guidance of the administration of this medicine to protect people's safety. We did a sample stock check of medicines and found these to be correct.

Records confirmed that staff had received appropriate training and had received observational competency assessments to ensure they were administering medicines safely. The provider had regular audits and checks in place.

Is the service effective?

Our findings

Relatives told us they were confident staff understood their family member's needs. One relative said, "Staff have got to know and understand [name of family member]'s needs and I can ask any staff and they can tell me how they are, what they have been doing."

External professional were positive about the training staff had received. One professional said, "They [registered manager] obtained specialist training tailored to each person for the staff team." Another professional said, "[Name of person] has complex needs and Hegarty Care have asked for support when they feel specialised knowledge is needed and worked closely with myself and health professionals."

Staff spoke positively about their induction, training and support. One staff member said, "The induction and training was great and the training is pretty constant. I feel the training is good and what we need, but we could ask for any additional training and the manager would organise it." Another staff member said, "Training I've completed includes, mental health awareness including autism, dignity, medicines, fire safety and lots more."

The induction for new staff included the Care Certificate. This certificate is a set of standards that health and social care workers are expected to adhere to. This told us that staff received a detailed induction programme that promoted good practice and was supportive to staff.

Staff told us they received regular opportunities to meet with the registered manager to discuss their work, training and development needs and that this was helpful. One staff member said, "We get regular opportunities to meet with the manager to discuss our work, it's good, they tell you how you are getting on and any areas where training is required and any further development, it's really helpful."

Records confirmed staff received ongoing support as described to us. This told us people were supported by staff who received regular ongoing training and support to enable them to carry out their role and responsibilities effectively.

People who used the service told us they were involved in discussions and decisions about the support they received. Care records showed some people had signed their support plans which demonstrated they had been involved and had agreed to the support they received.

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. We checked whether the service was working within the principles of the MCA.

Where people lacked mental capacity to make specific decisions about their support we saw examples of where MCA assessments and best interest decisions that had been completed. For example decisions such

as medicines and finances had been assessed. We found staff understood the principles of the MCA. One staff member said, "We assume people can consent to their support. Some people can struggle with giving consent for some decisions and these have to be made in their best interest. There is a process that is followed and others are involved such as relatives and professionals."

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Where people had been granted an authorisation this was documented to inform staff.

Some people had Care and Treatment Orders as part of their community mental health treatment plan, and were required to comply with conditions imposed by the order. Staff were knowledgeable about these conditions and what this meant for people.

Due to people's mental health needs they could experience periods of high anxiety that affected their mood and behaviour. Staff were knowledgeable about people's individual needs and gave examples of how they supported people when their mental health fluctuated. One staff member said, "We manage people's anxiety by being aware of when a person's mood or behaviour is changing. We give people reassurance and use verbal redirection and distraction techniques which work well."

Feedback from external professionals about how staff supported people with their mental health was positive. One professional said, "The team attended staff support sessions with myself and the psychologist and they contributed to discussions, and we were able to identify strategies and interventions to help ease some of the challenges."

We found positive behavioural support plans provided staff with detailed information about people's fluctuating mental health needs and what people's coping strategies were. Some people were prescribed medicines to be used as and when required, to support people's mental health needs. However, we noted this information was not included in the person's behavioural support plan. This was important information that staff required. We discussed this with the registered manager who agreed to take immediate action to address this.

People told us they had weekly meetings with the staff to discuss the weekly menu. One person said, "We plan the menu each week so we get a say in what we want. I also go with staff food shopping." People told us they could make themselves snacks and drinks when they wished and we observed during our inspection visit people in the kitchen doing this. Relatives were positive their family member was supported appropriately with their dietary needs. One relative said, "Staff are really supportive with healthy eating and monitoring weights. There is always fresh fruit available and the menu looks well balanced."

Staff told us how they included and supported people with health eating. One staff member said, "We plan the menu each week with people, we encourage healthy eating and we monitor people's food intake and their weight just as good practice so we can identify any changes."

A visual weekly menu was available that reflected people's preferences and was well balanced. Food was found to be stored appropriately. Care records confirmed staff had detailed information about people's dietary needs. We noted from staff training records and staff confirmed, they had not received training in diabetes. Due to some people's needs we identified staff would benefit from this training. We discussed this with the registered manager who agreed to arrange this training.

People told us how staff supported them to attend primary and specialist health care services. Relatives were positive their family member was supported to access health care services appropriately and that their health needs were monitored and well met. One relative said, "Staff support with health appointments such as the opticians, dentist and attending the diabetic clinic, any health issues and the staff are spot on."

Feedback from external healthcare professionals about how people were supported with their health needs was positive. One professional said, "Staff are helpful and know people. If they are concerned they phone appropriately to get help and support. Staff are willing to liaise with other health care professionals in order to get care for people."

People's care records confirmed their health needs had been assessed and planned for. Staff had the required information to know how to support people with their health. Records showed that people were appropriately supported to attend health appointments such as the dentist and optician as well as mental health services to have their health monitored.

People had health action plans that recorded their health needs and appointments. We found care records gave examples of the staff working with external healthcare professionals such as the GP, psychiatrist and specialist learning disability community team. This told us that staff worked with external healthcare professionals to provide effective care and support.

Is the service caring?

Our findings

People who used the service and relatives were positive about the approach of staff and described them as caring and kind. One person said, "I like the staff they are always around to make sure you're ok and they listen to any problems and help you. They are always happy and chatty." Another person said, "The staff are pretty much alright, the manager looks after me and the staff."

Feedback from relatives included, "The manager goes out their way to help, the rest of the staff are like family, they are caring, sharing, loving and kind." And, "The staff team are wonderful, the manager has chosen their team really well, they are very caring and accepting." A third comment received was, "Staff go the extra mile, I had a difficulty with [name of family member] and the staff were amazing not only with them but me too. They were very supportive, and caring towards us."

External professionals were equally positive about the staff team. One professional said, "I found the team at Hegarty to be very helpful and welcoming when I visited and they provided lots of useful information to the service user I supported." Another professional said, "The manager communicates well with myself both verbally and by email, and staff are always pleasant and supportive when I call."

Staff told us it was important to get to know the people that they cared for and gave examples of how they have created a positive, homely and caring environment. One staff member said, "We have tried to create a homely, relaxing and calm environment. Photographs of people participating in activities and pictures and furnishings chosen by people who live here shows this is their home."

Staff demonstrated they were knowledgeable about people's individual needs and preferences. People had a range of diverse needs and staff showed a good understanding of what these were and what was important to people. Staff told us how a person chose to attend church when they wanted and that this was supported. People's care records were detailed and informative; this ensured staff had the required information to provide an individualised service. This included information about their family, interests and preferred daily routines. This helped staff to develop meaningful and caring relationships with people who used the service. Our observations found people were relaxed within the company of staff and friendly, jovial exchanges were had.

We spoke with people regarding their involvement in planning their support. One person said, "Once a week we have a meeting with our keyworker who asks us how we are, if we want any changes made to our support and we talk about activities we want to do." A keyworker is a member of staff that had additional responsibility for a named person." Relatives told us they felt their family member was involved as fully as possible in their support and that they too felt involved. One relative said, "I feel involved in [name of family member]'s care and support. Anything wrong I want to know and the staff will call me."

We saw that there was information available about an independent advocacy service. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known. We saw examples of the involvement of advocates where people had restrictions placed upon them. These are

called Independent Mental Capacity Advocate's (IMCA). This was to ensure people were appropriately protected and that any restrictions were carried out lawfully.

Staff told us how they supported people to develop their independence and recognised the importance of this. One staff member said, "We promote independent living be that with daily living such as helping with jobs around the house or with personal care, making snacks and drinks and generally being involved in decisions in all aspects of the house."

People told us they felt staff respected their dignity and privacy. A person told us how they liked to spend their time and what was important to them, they said that staff understood this and respected and supported their choices.

Staff gave examples of how they respected people's dignity and privacy. One staff member said, "We respect people's personal space and understand this is important to them. We knock on doors and wait to be invited to enter their bedroom." Staff told us there were no restrictions about people receiving visitors and relatives confirmed they could visit their family member at any time. We found people's personal information was respected, for example it was managed and stored securely and appropriately.

Is the service responsive?

Our findings

People were positive that staff provided support that was individual and supportive to their needs, including interests and hobbies. One person said, "I've been given the opportunity to move to a downstairs bedroom, I've been shopping with the manager and chosen what bed I want. Now I'm going to be downstairs, I'm getting my own dog." This person added, "We have a weekly activity planner of what we do each day but this can change if you want to do something different."

Relatives were positive that their family member received a responsive and individualised service. One relative said, "There's opportunities to do lots of activities, they go out every day. [Name of family member] has been to laser quest recently." Another relative said, "[Name of family member] has music and light therapy in their room to help calm and relax."

Positive feedback was received from an external professional about how staff supported people to engage in meaningful activities. Comments included, "Staff are energetic and inventive when it comes to determining the interests of people. Finding local opportunities for them and working out practical ways not only to support them to pursue such interests, but also to recognise a 'rehabilitation' pathway from doing something with staff support, to doing it increasingly independently."

On the day of our inspection visit two people were supported to visit two different Cities and one used public transport as part of the planned activity. A third person went shopping with a family member and we saw how they returned with their purchases, they were eager to show staff who were interested and asked about their trip out. This person told us they were going to the cinema later with staff which staff confirmed. We observed a person ask a staff member to sit in the garden with them which they did, both were observed to be relaxed within each other's company and chattered easily.

People's care records confirmed they were supported to pursue activities of their choice. We saw people had their own activity planner as described to us. The registered manager said at present no person attended any vocational training or voluntary work, but this would be explored with people in the future.

Before people moved to Hegarty Care the registered manager completed an assessment of their needs. This information is important to ensure the service can meet people's individual needs and is a time to consider if additional resources or staff training is required. This information was then used to develop support plans that informed staff of the person's needs and wishes. People also received a transition plan based on their individual needs. A transition plan is an introduction to a service and can consist of a number of visits before the person moves to the service permanently.

An external professional told us how the staff team had provided a planned and supportive transition for people they supported. Comments included, "Hegarty Care supported with weeks of transition work for each service user, and was very sensitive to their difficulties and individual needs." They added, "Both service users and families were (and still are to my knowledge) happy with the service after having been concerned about them being discharged from hospital settings to the community." Another external

professional gave positive feedback saying, "Staff have really supported [name of person] in a person centred way and thinking 'out of the box' to provide the care which they required at the time and putting in additional support at very short notice."

We found people's support plans provided staff with detailed information to be able to provide a responsive and individualised service. These records were reviewed regularly to ensure they continually reflected people's needs.

People told us how they felt involved in the development of the service. One person said, "We've been involved in designing the new garden; I went with the manager to the garden centre. I've got my own hideaway especially designed for me where I like to relax and have my own space." Relatives told us how they were invited to attend review meetings with their family member where they received an opportunity to discuss the service provided. One relative said, "I'm invited to attend review meetings and I'm kept informed of important information."

People and relatives told us they were aware of how to make a complaint if they needed to, and said they felt confident to do this if required and positive that they would be listened to.

Staff told us about the complaints procedure. One staff member said, "I'm aware of the complaints procedure and there is information available for people, if I could respond to any day to day concerns I would and if not would report them to the manager. Someone complained about a particular steak so we made sure we got the one the person wanted next time."

The registered manager told us how they would respond to any concerns or complaint received. We reviewed the complaints log and saw one concern had been raised which the registered manager had responded to promptly.

Is the service well-led?

Our findings

The service had an open, transparent and person centred approach. People, relatives and external professionals gave consistent positive feedback about the service. One person said, "I like living here, I feel settled and supported." One relative said, "I couldn't wish for a better place for [name of family member] to live." This echoed similar comments received from relatives. Professional feedback included, "Overall I am happy that people are treated sensitively, safely and appropriately in a relaxed, normalised environment." And, "I would recommend and use this service again."

Positive comments were received about the leadership of the registered manager. An external professional said, "The manager was always available and led the team well."

Staff were very complimentary about the registered manager in how they supported them and developed the service. One staff member said, "The manager is a good leader; I've never met a manager so dedicated to their job." Another staff member said, "The manager is great, a part of the team, very supportive and approachable." A third staff member said, "I feel very much involved and as staff we all have an input into the development of the service, we can raise any concerns and make suggestions."

The provider had a clear set of values and vision for the service and this was available for people in the service user guide that informed them of what they could expect from the service. We found staff to be clear about their roles and responsibilities and worked well together showing they were organised and had good communication systems in place.

A whistleblowing policy was in place. A 'whistle-blower' is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation. Staff told us they were aware of this policy and procedure and that they would not hesitate to act on any concerns.

The registered manager had submitted some notifications, to the Care Quality Commission, that they were required to do and had policies and procedures in place to support staff to provide an effective service. Upon reviewing some care records, we found some historic reportable incidents that we had not been informed about. We discussed this with the registered manager who said this was an oversight and that this would not happen again.

There were regular team meetings in place and staff said they found these useful and informative. They felt supported through these, as well as their supervisions, to carry out their role to the best of their ability. This meant that staff got sufficient support from the management team and time to discuss their roles. We also saw there were annual appraisals recorded to look at the overall performance of staff and discuss what they still needed to work towards.

The registered manager told us as part of the provider's internal quality monitoring processes; they were in the process of sending people who used the service, relatives, staff and external professional's surveys to share their experience of the service. The registered manager said they would then review any feedback

received and develop an action plan to address any areas that required improvements.

The registered manager told us that they felt much supported by the owner of the service who visited monthly. They said they felt listened to and had the support they needed to carry out their own role.

The registered manager had a number of audits that they used to track the quality and safety of the service. This included checks in: health and safety, accident and incidents, care plan, medicines management and staff training. We saw that these audits supported the registered manager to analyse trends in people's wellbeing. We saw examples of weekly contact the registered manager had with external professionals that kept them informed of people's needs. The registered manager was passionate and committed in continually driving the service forward.