

# Hestia Housing and Support Talgarth Road

## 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?

Good ●

# Summary of findings

## Overall summary

This inspection was conducted on 20 and 22 February 2017. Talgarth Road is registered with the Care Quality Commission to provide care and accommodation for up to 10 people with mental health needs. There was one vacancy at the time of the inspection and one person had been admitted to hospital. People live in an ordinary domestic property with three storeys which does not have a passenger lift. The single bedrooms do not have en-suite facilities. There are communal sitting rooms, a dining room, bathrooms and shower rooms, and a back garden with a patio area.

There was a registered manager in post, who had worked at the service for several years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was present on both days of the inspection.

At the previous inspection in February 2016 we found breaches of regulation in relation to the provider ensuring that there was sufficient staff at night time and informing us of significant events in the service that impacted on the safety and wellbeing of people who used the service. Following the inspection the provider sent us an action plan which explained the action they would take in order to improve. At this inspection we found the provider had met the breaches of regulation.

At the previous inspection we found that people's care and support needs were not always met by sufficient numbers of staff at night time, in order to ensure people's safety. Following the inspection visit we received written confirmation from the provider that the night time staffing levels had been increased. During this inspection we found that the provider had carried out risk assessments to ensure that sufficient staff were deployed for night shifts, and these assessments were kept under review. Increased night time staffing had been implemented for a specific period to address issues that impacted on people's safety, and these issues were no longer applicable to the service.

We had also found at the previous inspection that the provider had not informed the Care Quality Commission (CQC) of a serious incident within the service that impacted on the safety and wellbeing of people who used the service, as required by legislation. This had meant CQC could not monitor the safety of people who used the service. At this inspection we found that the provider had appropriately notified CQC of any significant events, in accordance with the law.

Staff understood how to identify and report any safeguarding concerns, and were aware of how to whistleblow about any issues of concern in regards to the running of the service. Individual risk assessments and environmental risk assessments were carried out to ensure people were kept as safe as possible from potential harm.

Rigorous recruitment practices were in place to make sure that people received their care and support from

staff with appropriate experience and knowledge. Staff were provided with suitable training, guidance and supervision to carry out their roles and responsibilities. The staff we spoke with explained the different approaches they used in order to identify and meet people's individual needs, wishes and goals. People were assisted to access healthcare support and a range of community facilities including cinemas, adult education classes, art galleries and restaurants.

People were supported to make meaningful choices. The registered manager and the staff team sought people's consent before they provided care and support. The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005, Deprivation of Liberty Safeguards (DoLS) and to report upon our findings. DoLS are in place to protect people where they do not have the capacity to make decisions and where it is regarded as necessary to restrict their freedom in some way, to protect themselves or others. Staff had received applicable training and demonstrated they understood the legal requirements of the MCA.

Staff encouraged people to actively engage with the daily running of their home, including weekly meetings to plan menus, activities and entertainments. People told us they enjoyed their meals and snacks, and felt their skills and confidence with cooking and baking had improved. People described staff as being "lovely" and "respectful" and felt comfortable about raising any concerns or complaints.

People's needs were regularly assessed and reviewed. The care planning model used by the provider enabled people to monitor their own progress and contribute to the planning of new goals. Key working sessions took place so that people knew they had a scheduled time to talk about their needs with their allocated member of staff. We observed that people approached staff during the inspection if they needed support or wanted to chat.

People and relatives described the registered manager as being approachable, supportive and committed to improving the quality of the service. There were systems in place to monitor and audit practices within the service and people told us how much they enjoyed participating in regional quality assurance events organised by the provider.

## 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.

Effective recruitment practices were in place and the provider had deployed sufficient staff at the time of the inspection.

Staff understood how to protect people from the risk of abuse. Risks to people's safety and wellbeing were identified and addressed, in order to minimise these risks.

The building was clean and homely, and the provider sought to regularly redecorate and refurbish the environment.

Medicines were safely managed.

### Is the service effective?

Good ●

The service was effective.

Staff received suitable training, support and supervision to enable them to meet people's needs.

Staff understood their legal responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

People were supported to eat a balanced and healthy diet, and participate with the planning and preparing of meals.

People were supported to attend external health care appointments and adhere to guidance from health care professionals.

### Is the service caring?

Good ●

The service was caring.

People and relatives told us staff were kind and friendly.

Staff ensured that people's entitlement to dignity, respect and confidentiality were upheld.

People were offered opportunities to express their views at individual and group meetings, and seek independent advocacy.

### **Is the service responsive?**

The service was responsive.

People were involved in the development and reviewing of their care and support plans.

Staff motivated people to get involved with hobbies and interests within their own home and the wider community.

People were aware of how to make a complaint and felt the registered manager would respond in a professional and helpful way.

**Good** ●

### **Is the service well-led?**

The service was well-led.

The provider informed the Care Quality Commission of specific incidents that impacted on the safety and wellbeing of people who used the service.

People and relatives expressed positive views about how the service was managed.

Staff felt supported by the management team.

Regular audits and monitoring visits by the provider were in place to ensure the service operated smoothly and safely.

**Good** ●

# Talgarth Road

## 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.

The inspection was carried out on 20 and 22 February 2017 and was unannounced on the first day. We advised the registered manager that we would be returning on the second day. The inspection team consisted of one adult social care inspector.

We reviewed the information we held about the service before the inspection visit. This included the previous inspection report, which showed that the service had not met all of the regulations we inspected on 1, 2 and 10 February 2016. Following the publication of the February 2016 inspection report, the provider sent us an action plan, which explained how they would address the two breaches of regulation within an agreed timescale. We also checked any notifications sent to us by the registered manager about significant incidents and events that had occurred at the service, which the provider is required to send to us by law.

During the inspection we spoke with three people who used the service, one senior support and review worker, two social work students on placements at the service and the registered manager. Following the inspection visit, we spoke by telephone with the relatives of three people who used the service and two support workers. We observed the care and support people received in the communal areas and toured the premises.

We read three care and support plans and the accompanying risk assessments. We also reviewed a selection of the provider's documents, which included medicine administration record (MAR) sheets, policies and procedures, staff records for recruitment, training, supervision and appraisal, health and safety records, minutes for residents' meetings and the complaints log.

We contacted nine health and social care professionals with knowledge of this service to find out their opinions about the quality of the care and support. We received one written response.

# Is the service safe?

## Our findings

At the previous inspection we asked the provider to increase staffing levels at night time as people told us they did not always feel protected against the risks associated with unauthorised personal visitors to the service. We had noted that there was only one member of staff on duty at night time who was on a waking duty until midnight; the shift then converted into a sleeping-in duty until six o'clock in the morning. The provider had increased staffing levels at night time in order to ensure people's safety. At this inspection we found that the person who had disregarded the provider's visitors' policy no longer lived at the service. Discussions with people who use the service and with staff demonstrated that people now felt safe at night time. The staffing levels for the night time had now reverted to the prior arrangement of one member of staff. The registered manager informed us that this was kept under review in line with people's needs and their risk assessments. We noted that staff had received training about safe lone working and understood the provider's policy for lone working.

The staffing rotas we looked at showed there were sufficient staff rostered for day duties and weekends. People confirmed that staff were available to accompany them to health care and other appointments and organise leisure events in the community, such as trips to restaurants. At the time of the inspection there was one vacant position for a support worker and an appointment had been made, subject to satisfactory employment checks. The registered manager contacted us after the inspection to confirm that the checks were successfully completed and a start date for the new employee had been arranged.

We checked the recruitment files for five staff and found that the provider used safe and thorough processes in order to ensure staff had suitable skills and knowledge to work with the people who used the service. A range of checks were undertaken, which included at least two verified references, Disclosure and Barring Service (DBS) clearance, and checks to confirm an employee's identity and eligibility to work in the UK. (The DBS provides criminal record checks and barring functions to help employers make safer recruitment decisions).

Staff understood the provider's policies and procedures to protect people from the risk of abuse and harm, and informed us they would report any actual or suspected abuse to their line manager. They told us they were confident that the registered manager would always take appropriate action to safeguard people. We noted from the training records that staff had undertaken relevant training and had been provided with information about how to use the provider's whistleblowing policy if required. (Whistleblowing is the term used when a worker passes on information concerning wrongdoings). The whistleblowing policy gave employees contact details for an independent charity that could offer free support and there was information for staff working in Hestia's regulated care services about the role of the Care Quality Commission.

Care and support plans contained risk assessments, which were regularly reviewed and reflected changes identified at people's Care Planning Approach (CPA) meetings and other reviews. (CPA is the system used to organise people's community mental health services, involving people, their representatives and health and social care professionals). The CPA meetings were also attended by staff from the service, in order to provide

people with emotional support, and contribute their own observations about people's needs and progress with their goals. We looked at the risk assessments for three people who used the service, which addressed a variety of issues including their mental health and physical health needs, and community integration. There was guidance for staff to mitigate the identified risks.

There was a well organised system in place to support people with their prescribed medicines. Medicines were given to people by two members of staff and the medicine administration record (MAR) charts evidenced that two members of staff signed when they observed that people had taken their medicines. The MAR charts clearly stated if people were known to have any relevant allergies, which provided staff and any visiting external health care professionals with vital information to ensure people's safety. We noted at the previous inspection visit that none of the people who used the service were managing their own medicines although staff were supporting some people to take on this responsibility in the future. This was in line with people's own plans for gaining more independence as part of their mental health recovery. At this inspection we found that two people were at different stages of managing aspects of their own medicines, which had been agreed by their doctors.

The registered manager told us that people who were prescribed depot injections could either attend a clinic or have their injections administered at home by a community mental health nurse, which demonstrated that people were encouraged to make their own decisions about how their health care needs were met. The registered manager conducted a range of audits to check that medicines were correctly stored, administered and disposed of, if necessary. The provider also organised for a local pharmacist to conduct an annual audit and we saw that the registered manager had followed the pharmacist's suggestions to improve the management of medicines.

The premises were clean and orderly. A part-time cleaner was employed and staff supported people to clean their own bedrooms. At the previous inspection we noted that certain areas of the premises needed to be cleaned more thoroughly and monitored for cleanliness, as we had found finger marks on paintwork and bedroom doors, and dust was visible on skirting boards, blinds and fire extinguishers. At this inspection we saw that the registered manager had implemented hygiene checks for communal areas and for people's bedrooms, which had improved the cleanliness of the environment. The senior support and review worker and the registered manager told us that the provider was in discussions with the social housing landlord about required improvements for the premises and the refurbishment of some communal areas had been agreed for later this year.

The provider carried out health and safety checks to ensure that people and staff were provided with a safe environment to live and work in. We looked at a sample of the checks which included gas safety, electrical installations, water temperatures, testing of the fire alarm system and window restrictors' safety checks. Key workers were responsible for carrying out safety checks in people's bedrooms once a month. There was an up to date fire risk assessment which had been produced by an external fire safety professional and the required actions for the service to implement had been achieved. A personal emergency evacuation plan (PEEP) had been developed for each person who used the service. (This is a bespoke 'escape plan' for people who may need help and assistance to leave a building in the event of an emergency evacuation).

## Is the service effective?

### Our findings

People told us they believed that staff had the right skills and knowledge to effectively support them. One person who used the service told us, "I am encouraged to help with the cooking. I wasn't always keen but I like it now" and another person said "The staff here are great, they know what they are doing and I have no complaints about any of them." Relatives told us they thought staff were supportive as their family members were contented and comfortable at the service. One relative said they were pleased with how staff supported their family member to try out new activities that embraced their family member's talent for arts and crafts.

Staff spoke positively about the provider's training package, which included mandatory training and other training that focused on the needs of people who used the service. This included training about mental health needs and training about the unique core values of the provider. At the previous inspection the provider told us they aimed to set up training workshops for people who used the service and staff to attend together. At this inspection we found that people and staff had attended a joint training session about diabetes and in response to a request from people who used the service, the registered manager was planning another joint training session about medicines. We spoke with a supported living worker about their induction training, as they had started working at the service on the first day of the inspection. The supported living worker explained that they were familiar with the service as they had previously been an agency worker at Talgarth Road and other services managed by the provider. They confirmed that a structured induction plan was in place to introduce them to their role and responsibilities, and the registered manager had spoken with them about the mandatory training that needed to be completed within their probationary period.

Records showed that staff received formal one-to-one supervision sessions at least once every eight weeks, which provided staff with opportunities to discuss their work and professional development, and seek guidance and support from their line manager. We looked at a sample of the annual appraisals, which enabled staff to review their performance over the past 12 months with the registered manager and set new learning and development aims. At the previous inspection we noted that all new staff were being supported to achieve the Care Certificate. (The Care Certificate sets the standard for the fundamental skills and knowledge expected from staff within a care service). At this inspection we found that experienced staff had also undertaken the Care Certificate as a useful refresher course.

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 to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS requires care homes to make applications to the local authority where they suspect they are depriving people of their liberty. Staff had received applicable training related to the MCA and DoLS and confirmed that people were free to come and

go as they wished. The registered manager understood his responsibilities and informed us that people had the capacity to make their own choices.

People were asked at the residents' weekly meetings for their ideas to draw up the weekly menus. We looked at the menu plans for four weeks and saw that people were offered a varied and healthy diet. There was a weekly rota for people to work with staff cooking lunches and dinners. People were asked to put their names on the rota for dates and times that suited them.

The registered manager had informed us at the previous inspection that healthy eating was one of the areas they wished to concentrate on and we could see the improvements achieved in the past 12 months. For example, the menu still offered people a fried egg on toast once in a while for breakfast or lunch; however scrambled, boiled and poached eggs featured more prominently. Fresh fruit or yoghurts were offered several times a week instead of a traditional pudding and a large bowl of fruit was available in the kitchen for people to help themselves to throughout the inspection. People told us they liked the choice of salads and vegetables, and one person said they would like more vegetables at their main meal. People's weight was checked so that staff could monitor for unintentional weight gain or loss. This took place once a month unless a health care professional asked staff to carry out weekly monitoring for a person.

People were supported by staff to access a range of health care professionals, in line with their health care needs. One person told us that staff were accompanying them to a health care appointment soon after the inspection and said they liked the reassurance of having a staff member with them. The person explained that sometimes they felt nervous and distracted which meant they forgot to ask questions during a consultation, but staff knew what to ask and made a note of the health care practitioner's advice. The care and support plans addressed people's health care needs and at the time of the inspection people were being supported to meet complex conditions. We noted that one person's care and support plan clearly identified the practical and clinical support they needed to meet their health care needs but did not state if they had been offered any psychological support by a specialist nurse or counsellor. We discussed this with the registered manager who confirmed that he had spoken with a local specialist nursing team to find out about how they could meet the person's emotional needs but at present the person did not wish to receive this type of support. Other people's care and support plans showed that staff spoke with them about ways to improve their health, for example one person was advised about small changes they could make in order to maintain a more balanced diet and another person was given information about smoking cessation programmes. Staff maintained records of health visits which documented the reason for the visit and the outcome.

## Is the service caring?

### Our findings

People told us that staff were kind, friendly and caring. One person told us, "This is my home and it is lovely. The staff are lovely" and another person said, "[Staff member] has helped me with doing more for myself. He/she is helping me recover." A relative told us they frequently attended social functions at the service and observed how staff spoke with their family member and other people. They told us staff interacted with people in a warm and relaxed manner that demonstrated good relationships had been developed. Another relative said that their family member would tell them if they had any concerns about how they got on with the staff and described themselves as "happy" living at the service.

People said their privacy and dignity was respected by staff. We observed that staff knocked on people's doors and awaited permission to be allowed to enter. People were provided with a key for the front door and their own room, which supported people to feel at home and follow their own daily schedules. The minutes for the weekly residents' meetings demonstrated that people and the staff member present spoke about issues such as the importance of respecting other people and living communally in a considerate way. Staff told us that when they prompted people with their personal care they ensured that people's dignity was maintained, for example ensuring that bathroom doors were shut and blinds pulled. We received comments from relatives that their family members sometimes appeared to need more support with attending to their personal care and choosing suitable clean clothing to wear.

Staff promoted people's inclusion and involvement in the community. We noted from care and support plans that people were encouraged to attend a local drop-in centre for clients with mental health needs and some people were supported to join classes and groups by their key workers. For example, one person joined a cookery group at a local college and another person took up a weekly exercising to music class. People told us that staff spoke with them about how they wished to be supported to meet their cultural and/or spiritual needs. This included visits to places of worship, and menu planning and restaurant trips that took into account people's cultural preferences. The service had recently had an Italian themed food week, which reflected people's interest in travel and different cultural influences. The service had organised an event to celebrate Black History Month last October and people were invited to attend a forthcoming Irish pub lunch to mark St. Patrick's Day.

There were mechanisms in place to involve people in the daily management of the service. The minutes for the weekly residents' meetings showed that people were encouraged to make decisions about the day to day running of the service. A number of topics were discussed during these meetings, such as preferred menus, the refurbishment programme for the premises, activities and entertainments. We noted that information was displayed on the communal notice boards about how to make a complaint and contact details were given for advocacy organisations, if people wanted independent support to use the provider's complaints procedure.

At the time of the inspection one person had been recently admitted to hospital. We noted in the staff meeting minutes that staff had visited the person and sensitively discussed the visit with their colleagues.

## Is the service responsive?

### Our findings

Before people moved into the service an assessment of their needs was undertaken in order to ascertain if the service could meet their individual needs. People told us that they were consulted by staff about their care and support and felt involved in the developing and reviewing of their care and support plans. The care and support plans we looked at were written in a detailed manner and regularly reviewed. The service used the Mental Health Recovery Star system as one of its care planning tools. This is a system for supporting and measuring change for adults managing their mental health and recovering from mental illness. Care plans showed that staff worked with people to support them to set their own objectives and evaluate their progress.

Each person was supported by their allocated key worker. This was a member of staff who worked with individual people, in order to build up a trusting relationship and enable people to meet their needs and pursue their aspirations. Through our discussions with people and by looking at individual care and support plans, we saw that staff spoke with people about their wishes to engage with rewarding activities that provided enjoyment and therapeutic benefits. At the time of the inspection one person had been referred to an art therapy group and another person had been referred to attend a music group at a local branch of the mental health charity. People told us that a popular activity was the weekly walking group which was organised by the provider. One person said, "We go out for walks in central London parks, we go to Hyde Park, Regents Park and St. James' Park. We have a lunch when we are out." The person commented that London had many beautiful parks and open spaces and the group gave people the opportunity to discover these areas, socialise with others and take exercise at the same time. The activities programme showed that people were encouraged to take part in groups that offered mental and physical stimulation and other groups that supported people to relax and unwind. For example people could take part in gentle exercise sessions, meditation, bingo, film night at home or trips to the cinema, and an indoor games evening.

The care and support plans contained information for staff to identify and intervene early if they observed any signs or patterns of behaviour that indicated people's mental health was deteriorating. We noted that the registered manager and the staff team had recently supported a person when they noticed concerning changes in the person's wellbeing. Staff had sought guidance from health care professionals involved in the person's care and had acted on their guidance in regards to how to respond when the person became distressed due to their mental health needs. One of the care and support plans showed that staff spoke with a person to explain how an aspect of their daily routine negatively impacted on their mental health needs and another care and support plan showed that a person had been encouraged to return to a 'Hearing Voices' group. (This is a peer support group for adults who hear voices or see visions).

People were given information about how to make a complaint and the provider's complaints leaflets were displayed on communal notice boards. People told us that they were aware of how to make a complaint and would speak with one of the two senior support and review workers or with the registered manager. We saw that the provider had received one complaint since the previous inspection. The complainant was not fully aware of the actions that people and staff had agreed upon in order to protect the service from unauthorised visitors and the complaint was being responded to by the service manager.

## Is the service well-led?

### Our findings

At the previous inspection we had found that the provider had not notified the Care Quality Commission (CQC) of a serious incident that took place at the service, which resulted in the provider calling for the police to attend the service. This had meant the CQC could not effectively monitor events at the service in order to ensure people's safety. At this inspection we noted that the registered manager and senior staff at the service understood their responsibilities in regards to sending notifications to CQC, in line with legislation.

People who used the service told us that it was a good place to live and stated that the registered manager and the staff team were welcoming and accessible. One person told us about their role as the service user champion at Talgarth Road. Their responsibilities included chairing some of the residents meetings or acting as the minute taker, and then collating this information to feed back to a regional group of other service user champions and senior management staff. This group met four times a year. The person explained, "I went to an event [at venue] with two people who live here and [staff member]. It was educational and informative. We talked about things like healthy eating and got an excellent lunch." The person told us they felt that the provider valued the feedback of people who used the service and utilised it to improve the quality of care and support.

An external health and social care professional praised the good support given to a person who used the service. They told us, "The manager and key worker have really gone above and beyond to help my patient. They are very approachable and easy to work with, I have many detailed examples of where they have done things we have asked and discussed care plans with us."

Staff said they were happy and fulfilled in their positions and felt supported by the registered manager. We noted in the minutes for staff meetings that the registered manager encouraged staff to apply for additional training opportunities and join at least one focus group organised by the provider. This was offered to support staff to improve their knowledge and develop opportunities if they were interested in possibly progressing to other roles.

We noted that learning took place from incidents, accidents, complaints and other events. There were systems in place to analyse these events and identify any patterns or trends, so that risks could be minimised. Records showed that the provider, the registered manager and senior staff conducted different audits to establish if people received an appropriate standard of care and support. A detailed annual monitoring report was produced by the provider, who sent in a quality assurance team that included a person who used another Hestia service. This showed that the provider used different methods to reflect the views and perspectives of people who use services.

We looked at a range of audits carried out by the registered manager and senior staff at the service in order to monitor and improve the service. The registered manager checked that care planning documents and risk assessments were up to date. He read the notes for key working sessions to make sure that staff asked people about the support they needed and assisted people to follow up their identified health and social care arrangements. Other audits were carried out in regards to the safety of the environment and staff

attainment with mandatory training. One of the senior support and review workers had carried out an audit of whether people were satisfied with their opportunities for leisure activities. A person who used the service told us about the audit, as they thought it was a good idea and had led to positive changes in the planning of weekly activities.