



Inspection Report on

Hudson House

**16 LUDLOW STREET
CAERPHILLY
CF83 1GG**

20 August 2019

20/08/2019

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Description of the service

Hudson House is registered with Care Inspectorate Wales (CIW) to provide personal care and accommodation for nine adults aged over 18 years with mental health needs and or a learning disability. The service provider is Ocean Community Services Ltd. The company has nominated a responsible individual to oversee the management of the home. The manager is registered with Social Care Wales. The service is in walking distance of Caerphilly town centre and its amenities.

Summary of our findings

1. Overall assessment

Residents told us that generally their individual needs were met at Hudson House. The service promotes people's physical, mental and emotional wellbeing and safeguards them. We found staff were competent, sensitive and caring and knew the residents well. Individuals are supported to access a range of community services for leisure and healthcare purposes. The environment was clean, comfortable and personalised. Some areas, in one of the properties, had been earmarked for redecoration to give it more of a homely feel. Improvements are required to further support individuals with positive risk taking and to ensure staff are not being asked to conduct duties outside of their remit. We judged the service was meeting its stated purpose which is to provide a stable, safe and caring home, for service users to develop socially, emotionally and spiritually.

2. Improvements

Arrangements had been put in place for staff to receive regular one to one supervision. We found the recommendations set out in at our last visit had been addressed.

3. Requirements and recommendations

Section five of this report sets out recommendations to improve the service and the areas where the service is not meeting legal requirements. This was in relation to:

- Positive risk taking
- Staff roles and responsibilities
- Medication
- Policies

1. Well-being

Our findings

People have choice and control over their daily lives. This was evident from observations, speaking with residents and reviewing their personal documentation. Residents have a diverse range of needs which meant some people were independent whilst others needed staff support. We saw residents cooking, cleaning and making themselves drinks. The environment was clean, comfortable and supported individual's needs. Residents are able to personalise their surroundings and are encouraged to participate in the running of the service. We saw that people were given regular opportunities to express their views and opinions. We judged that people's individual circumstances are considered and they are able to contribute to decisions that affect their lives.

Resident's physical, mental and emotional wellbeing is promoted and safeguarded. We viewed a sample of individuals care documentation which demonstrated the person's involvement. We found staff had a good working knowledge of the individuals they supported. Systems are in place to safeguard people living at the service. The organisation has a number of policies and procedures to protect resident's wellbeing. The service provider ensured a positive approach is adopted to support individuals to manage their behaviour. We found deprivation of liberty safeguard (Dols) applications had been made to ensure some people are supported in their best interests. The organisation has sound recruitment practices to further safeguard residents. Staff are trained to report any concerns regarding a resident's health, safety and wellbeing. We found people are protected by the mechanisms adopted by the service. Overall, people are encouraged and supported to be safe, healthy and active.

Residents have an opportunity to participate in activities that matter to them and maintain family links. People told us that they attend a number of local community groups. The location of the service supports community access and provides good transport links. Staff support people to access leisure activities, clubs and religious services on a regular basis. Individual risk assessments were in place to support positive risk taking. We were given examples where staff had assisted residents to maintain and re-establish contact with their family and friends. The service states it enables individuals to pursue their own interests, hobbies and life aspirations whilst encouraging social skills and inclusivity in the wider community. We concluded people are supported to grow, develop relationships and become independent.

2. Care and Support

Our findings

People receive consistent and reliable support from trained and confident staff. Resident's individual likes and preferences regarding their care delivery are documented and respected by staff. We viewed individuals care documents and found plans provided clear instructions for staff to how best support individuals to manage their health. We saw residents were included in drawing up and regular reviews of their care plans. Individual recovery plans were in place to support people at times of crisis. We saw people had regular opportunities to discuss their health and wellbeing with staff. One resident told us staff were "*around and about*" and "*always had time to listen.*" We found staff were sensitive, caring and responsive to individual's needs. Staff training statistics indicated they were competent to perform their duties. We noted staff were performing healthcare monitoring and additional duties due to their familiarity with individuals. We spoke with the manager and asked for this practice to be reviewed in consideration that any staff member involved needs to understand their role and responsibilities when having a duty delegated to them. This demonstrates people are involved in planning their care and support and their changing needs are met.

People are supported to access healthcare and other services to maintain their health, development and wellbeing. Personal plans set out the individual's needs and supports them to achieve their personal outcomes. We found evidence of involvement from a number of community healthcare professionals. We saw a referral was made to a relevant healthcare professional due to a change in one persons need and found timely actions were taken. Independent advocacy services are available to residents. Individuals are supported to access community facilities to promote their health and well-being and support their personal outcomes e.g. attendance of fitness and leisure classes and or therapeutic activities. We spoke with the manager about an isolated incident involving the health and wellbeing of one resident. We saw individual's sign a copy of terms and conditions and house rules on admission. We concluded the service's positive risk taking policy should be revised given Hudson House's focus is to promote each person's independence and support them to attain their personal goals.

The service has clear systems in place for the management and oversight of medicines. A medication policy and procedure is in place. We viewed a sample of individual's medication administration charts. We saw arrangements were in place to support and promote an individual's independent management of their medication. Individual protocols were in place for use of as required (PRN) medication. In addition to regular internal audits, an external audit from the supplying pharmacy had been completed. The subsequent report made no recommendations. The manager told us there is a move towards more personalised storage of medicines throughout the service. We viewed medication administration records and discussed with the manager the need to review national guidelines in respect of controlled and non-controlled medication. Also, following the change in one person's pain relief there was a need to draw up and implement a subsequent care plan. We judged the service has safe systems of medicine management.

3. Environment

Our findings

The premises are located, designed and equipped to meet the needs of the individuals for which the service is intended. Hudson House consists of two adjoining terraced houses in a residential area near to Caerphilly town centre. There is a separate single occupancy studio flat comprising of a lounge, kitchen and bedroom and separate shower room. The location of the service permits easy access to the local community with good access to public transport and relevant activities, leisure activities, churches, shops and cafes. People's bedrooms were personalised and reflected their individual interests. People were able to lock their own doors which promoted privacy. Communal lounges and dining rooms displayed photographs of people taking part in activities, days out and holidays. Kitchens had various signs to support individual's skill development. Specific areas were identified in one of the properties for redecoration to reduce its clinical appearance.

Systems are in place to promote a safe and good standard of environment in which the service is provided. Service providers ensure the premises comply with legislation and national guidance in relation to health and safety, fire safety, environmental health. The service has a 5 star Food Standards Agency rating which indicates food practices were of a good standard. We saw regular internal monitoring of the environment. There is a system of monitoring which supports a planned maintenance schedule. There are arrangements to ensure repairs are identified, reported and action taken in response to the level of urgency. Infection control measures were in place to ensure satisfactory standards of hygiene in the delivery of care and support. There are security systems in place which ensure residents are safe without compromising their rights and privacy. The gardens were safe, attractive and accessible to individuals. People live in a clean, comfortable and well maintained environment.

4. Leadership and Management

Our findings

There are systems in place to monitor and improve the quality of the service. An appropriate experienced and qualified manager has been appointed to carry out the day to day management of the service. We saw governance arrangements to support the smooth running of the service. Residents sign up to the service's terms and conditions. The statement of purpose has been reviewed following the services re registration under Regulation and Inspection of Social Care Act 2016. Policies and procedures provide guidance for staff to carry out their duties. We were told a review of the policies and procedures was taking place. We found these needed to reflect how the individual service is provided in accordance with the statement of purpose and not the organisation as a whole. The responsible individual was carrying out regular visits to the service to monitor the performance of the service. We viewed the corresponding reports which sought the views of residents. The service is in the process of reviewing residents and other relevant people's satisfaction surveys. We found effective oversight of the service through on-going quality assurance processes.

Service providers have sound selection and recruitment practices. We viewed a sample of personnel files and saw the necessary recruitment checks had been carried out for each worker. Applications were supported by references from previous employers. The manager told us the organisation was encouraging every staff member to register with Social Care Wales. The service statement of purpose sets out that newly appointed staff complete an induction in accordance with Social Care Wales. The majority of staff have achieved an accredited national vocational qualification in care. Staff training records showed overall training compliance of 93.7% in core areas. This included safeguarding 87.5%, food safety 93%, fire safety 93%, first aid 75% and health and safety/ COSSH and infection control 100%. Staff are supported and receive regular supervision which provides an opportunity to reflect on their practice and consider their training and development needs. We saw minutes of staff meetings which demonstrated staff were regularly updated.

The staff team are relatively stable. Staffing levels are dependent upon the needs of individuals living at the service. We saw that each individuals needs were regularly reviewed. Risk assessments specified when a person required support from a member of staff and their gender for example during visits into the community. Arrangements are in place to cover staff absences to ensure individuals support needs are met. We were told the service rarely used agency staff to compliment staff numbers. The organisation has regular bank staff who are familiar to residents and the service. Individuals are supported by staff who are fit and competent to carry out their role and meet their individual needs.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

At our last inspection visit we identified the registered persons had failed to ensure that all persons working at the home were appropriately supervised in relation to supporting and developing staff (Regulation 36 (2) (c)). At our current visit we found that arrangements were in place and staff were receiving regular supervision.

We also found that the recommendations made at our last visit had been addressed.

5.2 Recommendations for improvement

Recommendations were made in respect of the following:

- Improvements to risk taking for individuals. The revision of systems to support individuals when they attend health appointments independently to ensure staff are informed of any changes in a person's medication regime.
- Ensure staff are not asked to work outside of their roles. People's care plans should set out care workers duties to ensure they understand their responsibilities and accountability when having an activity delegated to them.
- National guidance is sought in regards to recording systems of controlled and non-controlled medications.
- Policies and procedures should be revised to reflect the service's statement of purpose and the service provider.

6. How we undertook this inspection

We visited the service on 20 August 2019 and carried out a full inspection between 11:00 and 17:20.

The following regulations were considered as part of this inspection:

- The Regulated Services (Service Providers and Responsible Individuals (Wales) Regulations 2017.

Information in this report was gathered by:

- speaking with three residents
- speaking with staff
- speaking with the manager
- observations of residents daily activities and routines
- observations of the general environment
- consideration of three residents care documents and supporting information
- consideration of three staff's personnel files
- looking at minutes of residents meetings
- looking at minutes of staff meetings
- compliments and concerns log
- looking at three residents medication administration records (MAR), methods of recording medicines, internal and external audits and medication policy
- consideration of a number of policies – Safeguarding Adults, Medication, Prevention and Management of incidents
- consideration of the services statement of purpose and service user guide
- staff training records
- reports following RI visits in December 2018, March 2019, June 2019
- quality of care report September 2018 to March 2019
- information held about the service by CIW. This included a safeguarding referral and notifications.

“We are committed to promoting and upholding the rights of people who use care and support services. In undertaking this inspection we actively sought to uphold people’s legal human rights”.

<https://careinspectorate.wales/sites/default/files/2018-04/180409humanrightsen.pdf>

Further information about what we do can be found on our website:

www.careinspectorate.wales

About the service

Type of care provided	Care Home Service
Service Provider	Ocean Community Services Limited
Responsible Individual	Hazel Orr
Registered maximum number of places	9
Date of previous Care Inspectorate Wales inspection	2/10/17
Dates of this Inspection visit	20/08/2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	This is a service that does not provide an "Active Offer" of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people who use, or intend to use their service. We recommend that the service provider considers Welsh Government's "More than Just Words follow on strategic guidance for Welsh language in social care."
Additional Information:	

Date Published 28/10/2019

No noncompliance records found in Open status.