

Royal Mencap Society

Hardy Drive

Inspection report

23 Hardy Drive
Royston
Hertfordshire
SG8 5LZ
Tel: 01763 243 684
Website: www.mencap.org.uk

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 03 November 2015 and was unannounced. At our last inspection on 01 August 2013, the service was found to be meeting the required standards in the areas we looked at. Hardy Drive provides accommodation and personal care for up to six adults who live with learning disabilities. At the time of our inspection five people lived at the home.

There was a manager in post who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run. At the time of our inspection the registered manager was on sick leave with cover being provided by two assistant service managers.

The CQC is required to monitor the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS

Summary of findings

are put in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others.

At the time of the inspection we found that potential DoLS issues had been properly considered and kept under review but it had been determined that authorities were not required. However, we found that mental capacity assessments had not always been carried out or formalised in a way that satisfied the requirements of the MCA 2005. This is an area for improvement that is being immediately addressed by the assistant managers and provider.

Some people who were present at the home during our inspection were unable to communicate with us. Those that could and some people's relatives told us that it was safe at the home. Staff had received training in how to safeguard people from abuse and knew how to report concerns both internally and externally. Safe and effective recruitment practices were followed and there were sufficient numbers of suitable staff available at all times to meet people's individual care and support needs.

There were plans and guidance to help staff deal with unforeseen events and emergencies. The environment and equipment used were regularly checked and well maintained to keep people safe. Staff had been trained to help people take their medicines safely and at the right time. Potential risks to people's health and well-being were identified, reviewed and managed effectively.

Relatives and social care professionals were positive about the skills, experience and abilities of staff who worked at the home. Staff received training and refresher updates relevant to their roles. They had regular 'one to one' supervision meetings to discuss and review their personal development and performance.

People were supported to maintain good health and had access to health and social care professionals when necessary. They were supported to eat a healthy balanced diet that met their individual needs.

Staff obtained people's consent before providing personal care and support, which they did in a kind and patient way.

Arrangements were in hand to ensure that people were supported by advocacy services where appropriate to help them access independent advice or guidance. People and their relatives were involved in reviews of the care and support provided wherever possible. However, this was not always consistently or accurately reflected in plans of care or the guidance provided to staff. This is an area for improvement being immediately addressed by the management team.

We saw that staff had developed positive and caring relationships with the people they cared for. The confidentiality of information held about people's medical and personal histories had been securely maintained throughout the home.

We saw that care was provided in a way that promoted people's dignity and respected their privacy. People received personalised care and support that met their needs and took account of their preferences wherever possible. Staff knew the people they looked after very well and were knowledgeable about their background histories, preferences, routines and personal circumstances.

People were supported to pursue social interests and take part in meaningful activities relevant to their needs, both at the home and in the community. Relatives told us that staff listened to them and responded to any concerns they had in a positive way. Complaints were recorded and investigated thoroughly with learning outcomes used to make improvements where necessary.

Relatives, staff and professional stakeholders were complimentary about the management team and how the home was run. Appropriate steps were taken to monitor the quality of services provided, reduce potential risks and drive continuous improvement.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were kept safe and looked after by staff who had been trained to recognise and respond effectively to potential abuse.

Safe and effective recruitment practices were followed to ensure that all staff were fit, able and qualified to do their jobs.

Sufficient numbers of staff were available to meet people's needs at all times.

People were helped to take their medicines safely by trained staff.

Potential risks to people's health were identified and managed effectively.

Good



Is the service effective?

The service was not always effective.

Staff made every effort to establish people's wishes and obtain their consent before care and support was provided. However, this was not always reflected in care plans and guidance.

Mental capacity assessments were not always carried out and formalised in a way that met the requirements of the MCA 2005.

Staff were well trained and supported which helped them meet people's needs effectively.

People were supported to eat a healthy balanced diet that met their needs.

People had their day to day health needs met with access to and support from health and social care professionals when necessary.

Requires improvement



Is the service caring?

The service was caring.

People were cared for in a kind and compassionate way by staff who knew them well and were familiar with their needs.

People and their relatives were involved in reviews of the care and support provided.

Care was provided in a way that promoted people's dignity and respected their privacy.

Arrangements were in hand to help people access independent advocacy services where appropriate.

The confidentiality of personal information had been maintained.

Good



Summary of findings

Is the service responsive?

The service was responsive.

People received personalised care that met their needs and took account of their preferences and personal circumstances wherever possible.

Guidance made available to staff enabled them to provide person centred care and support.

There were opportunities provided to help people to pursue social interests and take part in meaningful activities relevant to their needs.

People's relatives were confident to raise concerns and these were dealt with promptly and to their satisfaction.

Good



Is the service well-led?

The service was well led.

Effective systems were in place to quality assure the services provided, manage risks and drive improvement.

Relatives, staff and social care professionals were very positive about the managers and how the home operated.

Staff understood their roles and responsibilities and were well supported by the management team.

Good



Hardy Drive

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, 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 03 November 2015 by one Inspector and was unannounced. Before the

inspection, the provider completed a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make.

Some people who lived at the home were unable to communicate with us so we observed care being provided in communal areas of the home. During the inspection we spoke briefly with three people who were able to communicate, two relatives, three staff members and both assistant service managers. We also received feedback from health and social care professionals, stakeholders and reviewed the commissioner's report of their most recent inspection. We looked at care plans relating to four people and two staff files.

Is the service safe?

Our findings

People who were able to communicate with us said they felt safe at the home and well supported by staff who they liked and described as “nice.” Relatives of people who lived at the home told us they were confident that their family members were kept safe and well protected from the risks of abuse and avoidable harm. The relative of one person told us, “[Name] is safe and secure there, I have no worries on that score.”

Staff received training about how to safeguard people from harm and were knowledgeable about the risks of abuse. They knew how to raise concerns, both internally and externally, and how to report potential abuse by whistle blowing. Information and guidance about how to report concerns, together with relevant contact numbers, was prominently displayed. One member of staff said, “We regularly talk about safeguarding issues and procedures at team meetings and during supervisions if we have any concerns.”

We saw that staff encouraged people to think about how to stay safe, both at home and in the community, at group meetings through use of role play and pictures appropriate to people’s communication needs. For example, sessions had included group discussions on themed topics such as ‘stranger danger’ and road safety.

Safe and effective recruitment practices were followed to make sure that all staff employed at the home were of good character, physically and mentally fit for the roles they performed. One staff member commented, “The recruitment I went through was very strict. They [provider] did lots of checks and I had a strict interview and tests.” A relative told us, “All of the staff are excellent, they really are.”

Flexible and effective arrangements were in place to ensure there were enough suitably experienced, skilled and qualified staff available at all times to meet people’s individual needs. Relatives told us that when they visited there were always enough staff around to provide the necessary levels of care and support. One person’s family member said, “There are enough staff around to make sure that [name] is well looked after and gets what they need.” Staff were also confident there were enough of them to provide safe and effective care. One staff member

commented, “There are enough of us most of the time and we only use regular bank staff from time to time to cover sickness or holidays. There is always a manager on-call and a procedure to follow if people [staff] can’t come in at short notice.”

Medicines were stored, managed and disposed of safely. People were helped and supported to take their medicines by trained staff who had their competencies checked and assessed in the workplace. One person’s relative told us, “We have never had any problems with their medicines.” A social care professional with experience of the home told us they were satisfied that people were supported with medicines safely. We saw that when errors had occurred they were thoroughly investigated and effective steps taken to reduce the risks and likelihood of reoccurrence.

Where potential risks to people’s health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people’s changing needs and circumstances. This included in areas such as nutrition, cooking, medicines, road safety, household tasks, mobility, health and welfare.

Staff adopted a positive approach to risks to ensure that people’s independence was supported and promoted in a safe way that reflected their individual needs and personal circumstances. For example, one person had struggled to keep their weight down to a level that was both healthy and comfortable for them. In consultation with their GP, staff supported them to regularly attend a local slimming club of their choice free of charge. They also helped and encouraged them to prepare and eat meals suggested by the club as part of a healthy balanced diet. The person concerned not only enjoyed the experience but has lost weight in a way that has reduced risks to their health. A relative commented, “[Name] has really come along and improved there.”

Plans and guidance were available to help staff deal with unforeseen events and emergencies which included relevant training, for example in first aid and fire safety. Regular checks were carried out to ensure that both the environment and the equipment used were well maintained to keep people safe, for example fire alarms. Everybody who lived at the home had personalised guidance in place to help staff evacuate them quickly and safely in the event of an emergency situation.

Is the service effective?

Our findings

Staff received training about the Deprivation of Liberty Safeguards (DoLS) and how to obtain consent in line with the Mental Capacity Act (MCA) 2005. However, where people may have lacked the capacity necessary to make decisions for themselves, proper assessments had not always been carried out in a structured and formalised way that satisfied the requirements of the MCA 2005. This was an area that required improvement.

For example, some people who had signed to indicate their consent and agreement to plans of care and support may not have had the necessary levels of capacity to make those decisions on their own. This meant that the full extent of their ability to make decisions in key areas, such as personal and health care, mobility, medicines and nutrition, had not always been adequately explored or established in a way that met the requirements of the MCA 2005. We discussed this with both assistant service managers who agreed that improvements were needed and have taken immediate steps to implement them.

Staff were knowledgeable about DoLS and how these principles applied in practice together with the reasons why, and the extent to which, people's freedoms could be restricted to keep them safe. At the time of our inspection it had not been necessary to obtain DoLS authorities in relation to people who lived at the home. However, we saw that situations that may have required authorities if people's circumstances changed had been properly considered and kept under review in consultation with the local authority.

Some people who lived at the home were either unable to communicate verbally or had limited means of communication available to them. Throughout our inspection we saw that staff used a variety of appropriate and effective techniques, both verbal and non-verbal, to communicate with people who they clearly knew very well. We saw that staff explained what was happening, reassured people and made every effort to obtain consent and ascertain their wishes before providing personal care and support. For example, we saw a staff member spend a significant period of time with one person trying to establish what they wanted for lunch and where in the home they wanted to eat it.

People who lived at the home, their relatives and social care professionals were positive about the skills, experience and abilities of staff. One person told us, "They [staff] are very nice, they are alright." New staff were required to complete a structured induction programme, during which they received training relevant to their roles, and had their competencies observed and assessed in the work place. A relative of a person who lived at the home told us, "The staff are brilliant, I really cannot fault them."

Staff received training and regular updates in areas such as moving and handling, food hygiene, medicines, first aid and fire safety. They were also encouraged and supported to obtain nationally recognised social care vocational qualifications. One staff member commented, "Training here is very good and we get the opportunity to talk about different scenarios at meetings." We saw that staff who experienced difficulties with record keeping and maintaining care plans were given additional support and guidance by the managers.

Staff members told us they felt well supported by the management team and were encouraged to have their say about any concerns they had and how the service operated. They had the opportunity to attend regular meetings and discuss issues that were important to them together with regular supervisions with a manager where their performance and a personal development was reviewed. One member of staff commented, "We have the chance to add things to meeting agenda's but can raise concerns and issues at any time, we don't have to wait to be asked here."

Staff were very knowledgeable about people's nutritional needs and what they preferred to eat and drink. They were provided with detailed guidance about how to prepare and provide meals that supported a healthy balanced diet, took full account of people's preferences and met their individual dietary requirements. A relative told us, "From what I've seen the food is great, staff encourage [people] to get involved in deciding what they have." We observed lunch being prepared and served in a communal kitchen by a staff member who provided appropriate levels of support to the one person who was present.

People received care and support that met their needs in a safe and effective way. Staff were very knowledgeable about people's health and welfare needs, some of which were complex. Identified needs were properly documented and reviewed on a regular basis to ensure that the care and

Is the service effective?

support provided helped people to maintain good physical, mental and emotional health and well-being. One person's relative told us, "[Name] is very well looked after there. Yes I am happy they meet all of his needs." A social care professional commented, "They [staff] work in partnership in supporting individuals to maintain health and well-being. Staff who attend reviews have been supportive and have a good knowledge of the service users."

People were supported to access appropriate health and social care services in a timely way and to receive the on-going care needed to meet their individual needs. One person's relative told us, "[Name] gets to see a doctor when they need to. I am happy they are very well looked after and get the care they need."

Is the service caring?

Our findings

People were cared for and supported in a kind and compassionate way by staff who knew them well and were very familiar with their needs. One person told us, “I love it here. The staff are alright.” A relative said, “All of the staff are excellent, they really care. They have a genuine interest in the residents and look after them in a very lovely and kind way.” Another family member commented, “It’s very homely, just like home. All of the staff are very kind and caring, it’s more than just a job to them.”

We saw that staff helped and supported people in a calm and patient way and respected their privacy and dignity at all times. They had developed positive and caring relationships and were very knowledgeable about people’s individual personalities, characters and the factors that may have influenced their moods and behaviours. For example, we saw one staff member use effective distraction techniques to deal with a person who attempted to touch and hug them in an inappropriate manner. They remained professional and used their knowledge of the person to good effect in addressing the behaviour in a firm but light-hearted manner.

People were supported to maintain positive relationships with friends and family members who were welcome to visit the home at any time. For example, one person was

helped to keep in regular touch with family through use of a laptop while another was supported and accompanied by staff on a trip abroad to visit and stay with a close relative.

We saw that staff had talked with people about their care and support needs and had involved them in decisions about how it was planned and delivered wherever possible. Relatives also told us they had been fully involved in the planning and reviews of the care and support provided. One person’s relative said, “I get regular updates about what goes on and attend reviews where we talk about the care [name] gets there.”

Key workers were responsible for ensuring that the guidance provided about how to care for people safely and effectively was updated to reflect people’s changing needs and personal circumstances. The managers and staff provided updates to people’s relatives on a regular basis and consulted them about their progress and developments where appropriate. One person’s relative told us, “We get updates and newsletters letting us know what goes on. [The assistant managers] are brilliant with communication and are very caring.”

We found that confidentiality was well maintained throughout the home and that information held about people’s health, support needs and medical histories was kept secure. At the time of our inspection the management team were in the process of engaging an advocacy service to provide independent advice and guidance to people and their relatives when needed.

Is the service responsive?

Our findings

People received personalised care and support that met their individual needs and took full account of their background history and personal circumstances. Staff had access to detailed information and guidance about how to look after people in a person centred way, based on their preferences and individual health and social care needs. This included information about their preferred routines, medicines, relationships that were important to them, dietary requirements and personal care preferences.

For example, entries in guidance provided about one person noted; “I will have a bath if and when I feel like one”, “I enjoy a roast dinner on Sunday and a pub meal on a Thursday with the day centre” and “I have keys to the house and after day centre I like to let myself in. I also have keys to my own room and can lock it if I want to.” This meant that people’s views and preferences had been factored into the planning and delivery of their care and support. A staff member told us, “it’s really important to know people really well so that we can understand how they want to live their lives.”

Staff also had access to detailed information and guidance about how to communicate effectively with people, particularly those who were non-verbal, and how to recognise potential signs and triggers for pain, discomfort and behaviour that may challenge staff and others. A staff member commented, “I can tell for example how someone is if they grind their teeth, go quiet or grab at things, it’s all about getting to know people well.”

Opportunities were provided for people to engage with meaningful activities and social interests relevant to their individual needs and requirements, both at the home and in the community. A relative commented, “They do more activities than I do, they are kept very busy and lead full and interesting lives.”

People had access to a sensory room that was in the process of being refurbished at the time of our inspection. They were also supported to attend local day centres and to carry out voluntary work, for example in charity shops and garden centres. A relative commented, “The staff encourage and help people take part in lots of activities. They also help them to plan trips, holidays and go to shows and concerts.”

We saw that staff and volunteers had helped to decorate people’s rooms in a way that reflected their personality’s and characters, for example one room had colourful wall art that complimented a person’s love of 1980’s pop music while another room had an African wildlife mural painted on a wall.

People’s relatives told us they were consulted and updated about the services provided and were encouraged to provide feedback about how the home operated. They felt listened to and told us that the managers responded to any complaints or concerns raised in a prompt and positive way. One relative commented, “I have no concerns or problems with the place at all. If I do have any issues I speak with [assistant service manager] or one of the staff and things are sorted straight away.”

Is the service well-led?

Our findings

People's relatives, staff and professional stakeholders were all positive about how the home was run. They were very complimentary about the assistant service managers in particular who they felt were both approachable, supportive and well organised. One person's relative told us, "It's a very well run and efficient organisation." Another family member commented, "The managers are absolutely brilliant, they really are. Nothing is ever too much trouble and they always go the extra mile."

The assistant service managers were very clear about their vision regarding the purpose of the home, how it operated and the level of care provided. One of them they told us, "Hardy Drive's vision is to build upon and create a place which is inclusive, caring, trustworthy, challenging and a positive place for the people we support. Our main mission is to make sure that the service users are included in every aspect of the care and support."

They were also very knowledgeable about the people who lived at the home, their needs, personal circumstances and family relationships. Staff understood their roles and were clear about their responsibilities and what was expected of them. A staff member commented, "I love it here. [The assistant service managers] trust us and give us responsibility to get things done and make our own decisions. They are very supportive and approachable."

As part of their personal and professional development, staff were supported to obtain the skills, knowledge and

experience necessary for them to perform their roles effectively. The managers had drawn up a team plan, in consultation with staff, which incorporated and focused on key elements of the provider's values around, inclusion, trust, care, challenging poor practices and performance creating a positive environment for residents and staff to live and work.

Information gathered in relation to accidents and incidents that had occurred was personally reviewed by the manager who ensured that learning outcomes were identified and shared with staff. For example, we saw that where medication errors had occurred these had been thoroughly investigated and used to change and improve the practices and systems used to ensure people's medicines were managed safely and reduce the risks of reoccurrence.

We found that the views, experiences and feedback obtained from people's relatives and stakeholders about how the service operated had been sought and responded to in a positive way. Questionnaires seeking feedback about all aspects of the service were sent out and the responses used to develop and improve the home.

The managers were required to carry out regular checks and audits in a number of key areas, for example in relation to medicine management, health and safety, staffing issues and care planning. These were reviewed by senior representatives of the provider and the information gathered used to develop a continuous improvement service plan.