

Royal Mencap Society

Hardy Drive

Inspection report

23 Hardy Drive
Royston
Hertfordshire
SG8 5LZ

Tel: 01763243684
Website: www.mencap.org.uk

Date of inspection visit:
22 March 2017

Date of publication:
25 April 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

The inspection took place on 22 March 2017 and was unannounced. At the last inspection of this service on 03 November 2015, they were found to not be meeting the standards we inspected. However at this inspection the provider had made all the required improvements. This was in relation to the requirements of the MCA 2005.

Hardy Drive provides accommodation for up to six people who have a learning disability. The service is not registered for nursing care. At the time of our inspection five people were living at Hardy Drive.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (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 2008 and associated Regulations about how the service is run. However the registered manager was responsible for other homes run by the provider and had an assistant manager at Hardy Drive. At this inspection we spoke with the assistant manager of the service who is responsible for the home.

People felt safe living at Hardy Drive. Staff understood how to keep people safe and risks to people's safety and well-being were identified and managed. The home was calm and people's needs were met in a timely manner by staff that were skilled and experienced. The provider operated robust recruitment processes which helped to ensure that staff employed to provide care and support for people were fit to do so. People's medicines were managed safely.

Staff received regular one to one supervision. People received support they needed to eat and drink sufficient quantities and their health needs were catered for with appropriate referrals made to external health professionals when needed.

People and their relatives complimented the staff team for being kind and caring. Staff were knowledgeable about individuals' care and support needs and preferences and people had been involved in the planning of their care where they were able. Visitors to the home were encouraged at any time of the day.

The provider had arrangements to receive feedback from people who used the service, their relatives, and staff members about the services provided. People were supported to raise concerns with staff or management.

There was an open culture in the home and relatives and staff were comfortable to speak with the registered manager and assistant manager if they had a concern. The provider had arrangements to regularly monitor health and safety and the quality of the care and support provided for people who used the service.

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

Sufficient numbers of staff were not always available to meet people's individual needs at all times.

People were kept safe by staff trained to recognise and respond effectively to the risks of abuse.

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

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

Potential risks to people's health and well-being were identified and managed effectively in a way that promoted their independence.

Is the service effective?

Good ●

The service was effective.

Staff established people's wishes and obtained their consent before care and support was provided.

Staff were trained and supported to help meet people's needs effectively.

People were provided with a healthy balanced diet which met their needs.

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

Is the service caring?

Good ●

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's relatives were involved in the planning, delivery and reviews of the care and support provided where appropriate.

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

Confidentiality of personal information had been maintained and kept securely.

Is the service responsive?

Good ●

The service was responsive.

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

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

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

People and their relatives were confident to raise concerns which were dealt with promptly.

Is the service well-led?

Good ●

The service was well led.

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

People and staff were positive about the managers and how the home operated.

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

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 22 March 2017 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. We also reviewed, information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with two people who lived at the home, two staff members and the assistant manager. After the inspection we spoke with two relatives. We looked at care plans relating to two people and two staff files and a range of other relevant documents relating to how the service operated. These included monitoring data, training records and complaints and compliments.

Is the service safe?

Our findings

People who lived at Hardy Drive told us they were happy. One person said, "I'm safe because I am". A relative said, "[They] are safe there."

We saw information and guidance displayed on noticeboards about safeguarding and how to report any concerns, together with relevant contact numbers. Information was also made available in an 'easy read' format that used appropriate words and pictures to help support people with raising concerns. One staff member told us, "We complete fire safety checks and ensure we have enough staff. We make sure the home is clear of clutter and in particular for [name of service user] because of [their] mobility needs." They also commented, "I would report any concerns straight away." Staff we spoke with knew how to escalate concerns.

Staff were able to demonstrate they could recognise signs of abuse and how to report their concerns both internally and externally if required. One staff member said, "I would report my concerns to the manager and I could also inform the police or social services and CQC."

Safe and effective recruitment practices were followed to help ensure that all staff were of good character, physically and mentally fit for the roles they performed. All staff had been through recruitment procedures which involved obtaining satisfactory references that were verified and background checks with the Disclosure and Barring Service (DBS) before they were employed by the service.

There were suitably experienced, skilled and qualified staff available at all times to meet people's needs safely and effectively. There were processes in place to evaluate staffing levels to ensure there was enough staff to meet people's needs. Staff confirmed there were enough staff to meet people's needs. One staff member said, "There is enough staff, we have a good team here." One relative told us, "I got to say they [staff] do a fantastic job." One person's needs had recently changed and staff told us that this could sometimes impact on staffing levels and affect people being supported to access the community. The assistant manager explained they had recognised this and had applied for more funding to allow for one to one care. They also confirmed on days they were at Hardy Drive they would support staff to ensure people had access to go out when they wanted.

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. For example, one person with mobility issues had just completed a review of their mobility needs with a manager from the provider's organisation and the day care centre they attended to help ensure their changing mobility needs were addressed. We saw that risk assessments had been completed for the person's safety. This meant that people's risk and changing needs were monitored and reviewed and action taken to keep people safe.

Information gathered in relation to accidents and incidents that had occurred had been documented and reviewed by the assistant manager to ensure that people's changing needs were addressed and that reoccurring patterns were identified. The assistant manager told us that they reviewed accidents to help

ensure people's needs were met they also confirmed that there were not many accidents or incidents that had occurred.

There were suitable arrangements for the safe storage and management of people's medicines. People were supported to take their medicines by senior staff that were trained and had their competency assessed. Staff had access to detailed guidance about how to support people with their medicines in a safe and person centred way. One staff member told us, "We explain what we are giving and at the end of the month we do spot checks." We found where medication was given when required, for example pain relief protocols were in place that gave guidance to staff on how to manage this appropriately. We completed random stock level checks and found in one sample that two tablets were missing. However the assistant manager investigated this and was able to demonstrate that it had been a recording error and told us that they would be addressing this with the staff

Plans and guidance were available to help staff deal with unforeseen events and emergencies which included relevant training such as first aid and fire safety. Regular checks were carried out to help ensure that both the environment and the equipment used were well maintained to keep people safe. For example, the fire alarm systems were regularly tested. We saw people had personal evacuation plans in place.

Is the service effective?

Our findings

At our last inspection we found that 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. At this inspection we found that the requirements were now being met. For example we saw that where people lacked capacity, best interest decisions were made in line with the Mental Capacity Act (MCA) 2005.

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. 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. We checked whether the service was working within the principles of the MCA and found that they were.

Staff understood the importance of choice. They were able to verbally demonstrate how they offered people choice. One staff member said, "Choice is important because their individuality is important. I wouldn't always want to do the same things, everyone is different." Another staff member commented that they would get out different items of clothing to help people make their choice. We saw that people had individualised their own rooms and one person who lived at Hardy Drive confirmed they were supported daily with choices.

People received support from staff who had the appropriate knowledge, experience and skills to carry out their roles and responsibilities. One person told us, "I like the staff, they are good to me."

Staff confirmed they had completed an induction programme, during which they received training relevant to their roles and had their competencies observed and assessed in the work place. The assistant manager confirmed that on a day to day basis they were observing staff interaction to ensure best practice is followed. Staff received training and regular updates in a range of subjects designed to help them perform their roles and meet people's needs effectively. This included areas such as moving and handling, dementia, medicines and infection control. Staff confirmed they had completed inductions when they started to work at the service. One staff member said, "I didn't feel confident with my autism knowledge, I was sent on more training and now I understand it."

Staff confirmed they felt supported by the assistant manager and were encouraged to have their say. Staff attended regular meetings and discussed issues that were important to them. They also had regular supervisions where their performance and development were reviewed. One staff member said, "I have supervision, they ask if there is any support we need, they want us to develop. Team meetings are good; we can speak about any problems." Staff told us that the assistant managers' door was always open and they could see them at any time to discuss any issues. Another staff member commented, "The training was

good, we have staff meetings every month. I feel supported the team work is good." They also said, "The assistant manager is approachable, personable and professional."

People were supported with healthy meal choices and confirmed that staff held regular weekly meetings to discuss what the menu would be. One person had been supported with losing weight and had lost a significant amount of weight in a safe way. They went weekly to a club that supported them with this and had lots of healthy recipes and was involved with the preparation of their meals. We saw where required people had fortified foods to support them with their nutritional needs. Staff confirmed that they visually offered people two or three meals to support choice where people were nonverbal. One person said, "I like the food, I cook." We saw one person being supported to eat who was nonverbal and they lifted the staff member's arm to indicate they wanted to drink.

We saw in care plans that people received care, treatment and support which promoted their health and welfare. People had access to GPs and other care professionals when required. We saw that people had been supported with their appointments.

Is the service caring?

Our findings

We saw kind and caring interaction between staff and the people who used the service. People we spoke with were complimentary about the staff and we were told by one person, "They [staff] are good to me I am happy here." One relative said, "[Name] is always well dressed, they are always clean and well cared for."

We saw that staff helped and supported people with dignity and respected their privacy at all times. For example when staff entered people's rooms they were seen to knock on the door. We saw throughout the inspection staff were caring and respectful of people's needs. For example, we observed staff support people with eating, they did not rush but encouraged people's independence in their own time. One relative said, "[Name] was in their shell but they have come out of their shell and they are relaxed and happy there."

Staff members were able to demonstrate they understood how to promote independence and respect people's privacy and dignity. One staff member told us they always communicated to people what they were doing and supported people to be as independent as possible. One relative said, "I am happy with the care [name] gets, they are settled there." People's relatives or friends could visit at any time. We spoke with the registered manager over the telephone about advocacy and they confirmed that if required people had access to independent mental capacity assessor. However they informed us that the home is supported through social services. For example, one person had a named social worker involved in decisions around the care and support the person required.

People we saw were well presented throughout the day and it was evident that staff had developed positive and caring relationships with people they supported and were knowledgeable about their individual needs and preferences. We observed good kind interaction from staff throughout the day. People, and their relatives where appropriate, had been fully involved in the planning and reviews of the care and support provided. One relative said, "They are always sending progress notes."

Confidentiality was maintained throughout the home and information held about people's health, support needs and medical histories were kept secure.

Is the service responsive?

Our findings

Care plans we looked at were person centred and had been reviewed regularly, there was guidance for staff to meet people's needs. Staff were able to verbally demonstrate that they knew the people they supported. For example, we asked staff about people they supported and they were able to tell us about people's care needs and what was important to them. Care plans included risk assessments in areas such as showering or bathing, medical conditions, medications and accessing the community. One relative told us that they had been involved with the care planning and that their relative who lived at Hardy Drive was involved with their care and support.

Staff had access to information and guidance about how to support people in a person centred way and people's preferences were responded to. We saw one person who liked to use the sensory room which had been recently updated with new equipment. The assistant manager told us that this had helped support one person in particular when they needed a spot to relax or calm down.

People were supported to access the community and to follow their individual interests. People who lived at Hardy Drive attended their day clubs and the assistant manager confirmed that they each had a day off at home during the week to do the things they wanted to do. This might include shopping for the things they needed, going out to see a film or staying at home, it would be their choice. People were involved with the house chores, for example one person had mopped the floor in the kitchen and had vacuumed. People confirmed they enjoyed completing their chores.

People were supported to do the things they enjoyed, for example one person liked Harry Potter and had been taken to see the Harry Potter exhibit. People were also supported to have holidays. One relative told us, "[Name] has a quality of life I couldn't give them, they go out a lot." One person said, "I go bowling, pub, shopping. I go to rugby with [relative], I have pizza and chips, I like the staff." We saw that people had gone on a barge trip, visited wildlife parks and attended a disco.

We saw there were notices on how to make a complaint presented in an easy read format in people's rooms and people were regularly asked by staff if they had any concerns. One relative said, "If I had any concerns I would speak to [name of assistant manager]." Another relative told us that where there had previously been an issue they had raised it with the assistant manager and this was now being resolved.

Is the service well-led?

Our findings

People who lived Hardy Drive, their relatives and staff were all positive about the assistant manager. We were told that the assistant manager was approachable and supportive. One relative said, "I feel safe that [Name of assistant manager] is there to support them."

The assistant manager walked about the home where they talked to people to check everything was alright on a daily basis. They were clear about their vision regarding the purpose of the home, how it operated and the level of care provided. They checked staff competency and ensured the environment was safe for people. Staff we spoke with confirmed the assistant manager was visible around the home. The assistant manager commented, "I cover shifts as well I have a 'hands on' approach."

The assistant manager was knowledgeable about the people who used the service, their different needs, personal circumstances and relationships. Staff understood their roles; they were clear about their responsibilities and what was expected of them. One staff member said, "We have a good team here, staff know their responsibilities." Staff had responsibilities to be able to grow and develop. For example staff completed audits of medicines held at the home. We saw that regular audits were carried out in areas such as medicines, infection control, care planning and health and safety. This meant there were systems in place to monitor the quality of the service. There was a compliance tool in use that required the assistant manager to make monthly updates and would flag areas such as medication checks if they were overdue.

The assistant manager received support from the registered manager on a weekly basis but could pick up the phone for support at any time. They also had visits from the operations manager bi-monthly to do spot checks and complete audits to ensure best practice were followed. The assistant manager had regular meetings with other managers to discuss ideas and share information. The assistant manager told us that all the managers were completing training around leadership to support learning. They also told us that they felt supported by the provider and other managers. The assistant manager confirmed that they received updates from the provider via email and they attended forums and used web sites such as CQC to ensure they were abreast of best practices.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered assistant manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

We saw there were regular staff and service users meetings and relatives could be involved. Relatives told us that the communication was good and they were contacted about any concerns. We looked at feedback from people who used the service and noted lots of positive comments. Staff confirmed that people were spoken with daily and encouraged to have their say. For example the assistant manager told us, we have Shape Your Future in place for staff and regular support plan review meetings with people we support to support them to develop and achieve their goals. One person we support is supported to do voluntary work.