

Review of compliance

Royal Mencap Society Hardy Drive	
Region:	East
Location address:	23 Hardy Drive Royston Hertfordshire SG8 5LZ
Type of service:	Care home service without nursing
Date of Publication:	January 2012
Overview of the service:	Hardy Drive provides accommodation and personal care for up to six people with learning disabilities.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Hardy Drive was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 24 November 2011, observed how people were being cared for, talked to staff and talked to people who use services.

What people told us

The people who we spoke with said that their privacy and dignity was respected at the care home. They also said that they were happy with care and support they received and that they felt safe and that their welfare was protected. The people we spoke with told us that staff were caring and supportive.

What we found about the standards we reviewed and how well Hardy Drive was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

The provider is compliant with this outcome because people are able to discuss and choose the support they need and that their privacy, dignity, independence and human rights are respected and promoted.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

The provider is compliant with this outcome because people received care and support that meets their needs. Identified risks are managed and reviewed regularly so that people are safe and protected.

Outcome 07: People should be protected from abuse and staff should respect their

human rights

The provider is compliant with this outcome because there are systems and processes in place to respond to allegations of abuse.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

The provider is compliant with this outcome because staff are supported and provided with training for the roles they performed.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The provider is compliant with this outcome because there are systems in place to monitor the quality of service provided. However, following the questionnaire surveys carried out in March 2011, the provider did not produce a report highlighting people's views and any areas for improvement.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

The people who we spoke with said that their privacy and dignity was respected at the care home. They also said that staff explained and discussed with them about their care and support they received so that they were aware of any changes in their needs.

Other evidence

During our visit on 24 November 2011 the manager told us that a key worker system was in place so that people were able to discuss about their plan of care and choices available to them. The manager also said that people were involved in their care plan reviews and made decisions about their needs, choices and support they required.

The staff we spoke with said that they knocked on people's door and waited for a response before entering the room and that they encouraged individuals to keep their doors closed when attending to their own personal care so that people's privacy and dignity were maintained.

People were encouraged to be as independent as possible. The staff we spoke with told us that they encouraged and enabled people to wash up after their meals, make their own drinks, help with cooking, keep their rooms tidy and take responsibility for their daily personal allowances so that their independence was maintained and

promoted. People were also encouraged to make their own breakfast, chose their own clothes and decided which activities they chose to participate in. The staff we spoke with said that people chose when to get up in the morning and reminded them of their responsibilities to attend for appointments and to their day centres on time. The staff we spoke with said that people exercised their human rights by voting at elections.

The manager told us that people have access to the local advocacy services if needed but at present there is nobody who needed this service. We observed that information about the local advocacy services was displayed on the notice board and included future dates for 'drop in' sessions so that people could meet with an advocate and discuss any issues or concerns if they chose to.

Our judgement

The provider is compliant with this outcome because people are able to discuss and choose the support they need and that their privacy, dignity, independence and human rights are respected and promoted.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

The people who we spoke with said that they were happy with care and support they received and that they felt that staff were helpful and supportive in meeting their needs.

Other evidence

During our visit on 24 November 2011 the manager told us that people had an initial assessment of their needs carried out when they were first referred for placement at the care home. The manager said that information obtained from this assessment and from other reports formed part of the individual's care plans so that people's needs were identified and met.

We reviewed a sample of two care plans that demonstrated that these were 'person centred' providing information about people's identified needs and how they would like to receive support from staff so that these needs were met. For example the care plan showed a picture of a bath and the support plan written next to the picture describing how the individual would like to be supported with bathing. The manager stated that care plans were reviewed monthly with the person and their key workers to discuss any progress or changes the individual would like to make so that their needs were met. A further review was carried out every six months with individuals, their relatives and other professionals to evaluate and discuss people's changing needs and agree new objectives for the future. The staff we spoke with told us that they found the care plans to be informative and easy to understand so that they were able to meet the needs of people appropriately.

The staff we spoke with said that individuals had a generic risk assessment carried out that included risk associated with cleaning products, basic kitchen safety, health and safety and money management. Evidence seen in the most recent risk assessments demonstrated that these had been reviewed monthly and indicated that no changes were necessary.

People are provided with a range of activities. We observed that staff welcomed people when they returned from their day activities and that people were eager to tell staff what they had done during the day. For example, one person told the staff that they went to the pub and had their lunch. We also observed that people were singing and dancing to karaoke music provided by an entertainer in the evening. The staff we spoke with said that people looked forward to every Thursday evenings as they enjoyed the karaoke music.

Our judgement

The provider is compliant with this outcome because people received care and support that meets their needs. Identified risks are managed and reviewed regularly so that people are safe and protected.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

The people who we spoke with said that they felt safe and that their welfare was protected. They also told us that staff were caring and supportive and that they would not hesitate to raise any concerns that they may have.

Other evidence

The manager stated that they were aware of the procedure for reporting any allegation of abuse and that they followed the Hertfordshire Safeguarding Adults from Abuse procedure. During our visit on 24 November 2011 the manager stated that there had been one safeguarding alert made to the Hertfordshire Safeguarding Team that had been investigated and appropriate action taken when the individual who had displayed challenging behaviour had been discharged from the care home. The manager told us that this incident had made them aware of the need to ensure that the initial assessment of needs should be robust in identifying the risks associated with people's challenging behaviour and their management strategies so that the home would be aware of those risks in order to make an informed decision about a placement.

The staff we spoke with said that they had received training in safeguarding adults from abuse and were aware of their responsibilities for reporting any allegations of abuse so that vulnerable people were protected from abuse. They also told us that annual refresher training was provided so that they were kept up-to-date regarding safeguarding people from abuse. The manager told us that the policies and procedures for reporting and dealing with allegations of abuse were available to all staff via the organisation's intranet.

The staff we spoke with said that they were aware of the whistle blowing policy, a copy of this policy was displayed on the notice board. They also said that the whistle blowing policy was discussed in their induction programme so that they understood their responsibility to report any concerns that they may have so that people using the service were protected from abuse.

There are systems in place to protect people from the risk of financial abuse. The manager told us that each person had a separate cash box and a record of all expenditures and balances were kept and signed by two members of staff so that people's money was accounted for and they were protected from financial abuse.

The manager said that Mental Capacity Act and Deprivation of Liberty Safeguards had been discussed with staff as part of their induction programme. The staff we spoke with told us that in addition to their induction programme, training in these topics was also completed through the e-learning website. This ensured that staff were kept up to date about the implication of this Act so that people who lacked capacity and any decision made on their behalf would be in their best interest.

Our judgement

The provider is compliant with this outcome because there are systems and processes in place to respond to allegations of abuse.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

The people who we spoke with said that they were supported by a team of staff who knew their needs and that they were happy with the care and support they received.

Other evidence

During our visit on 24 November 2011 the manager said that all staff completed an induction programme when they commenced their employment and shadowed experienced staff so that they were aware of the work they would be undertaking in supporting people who use the service. The manager also said that all newly appointed staff completed a 'work based observational test on medication and competency' to ensure that staff were competent in the work they performed.

The staff we spoke with told us that they had completed all the mandatory training and had also recently attended other relevant training such as supporting people with epilepsy, the voice of people with a learning difficulty and a refresher training in safeguarding people from abuse. They felt that this training had enhanced their knowledge and understanding about people with epilepsy, their specific needs and about enabling people with a learning difficulty to be part of society and the local community. The manager told us that all training records were held electronically in the format of a matrix so that it was easy to identify when a staff had not completed a relevant training. This ensured that all staff attended the relevant training so that people received care and support from a trained and knowledgeable staff team. The manager also said that over 50% of the care staff have completed their National Vocational Qualification in care at Level 2 and currently one member of staff was undertaking this course. This ensured that staff obtained the necessary knowledge and skills in

supporting people to meet their needs appropriately.

The staff we spoke with said that they received a regular formal supervision regularly and an annual appraisal where they discussed issues relating to their work and the support they required for the role they performed.

Our judgement

The provider is compliant with this outcome because staff are supported and provided with training for the roles they performed.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

There are minor concerns with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

The people who we spoke with said that they were listened to and had no concerns about the service provided for them.

Other evidence

During our visit on 24 November 2011, the manager said that there was a continuous auditing system in place for managers to audit care plans, risk assessments, the management of medicines, management of people's monies, the system for preventing and controlling the spread of infection and health and safety issues so that people received care and support in a safe environment and that their welfare was protected. The result of these audits identified that training in infection control should be provided for new staff and that a clinical waste disposal should be provided. Both these recommendations were complied with and a new bin for the disposal of clinical waste had been obtained.

The manager also said that they carried out a self assessment audit for supporting people that included a 'whole life' review of support in relation to people's tenancy agreement, keeping healthy and feeling safe so as to ensure that their needs were reviewed and updated regularly. The most recent audit report for this assessment identified that a person used their own version of makaton sign language and the audit recommended that staff revisited the makaton training in order to support the individual. The evidence we saw indicated that this recommendation had been complied with. The staff we spoke with said that the training in makaton had helped them to communicate more effectively with the individual in meeting their identified needs.

The manager stated that a questionnaire survey was carried out for people who use the service, their families and stakeholders in March 2011 but no report had been produced except that the manager told us that the feedback the service received from their head office was that the response to this survey was positive. The manager also told us that findings from future surveys will be produced in newsletters and a copy would be sent to people, their relatives and other stakeholders.

The staff we spoke with said that a regular house meeting was facilitated by staff where people discussed any concerns they may have and ensured that their views were listened to and acted upon. For example people chose and planned their next holidays and decided what to include in their shopping lists for Christmas.

Our judgement

The provider is compliant with this outcome because there are systems in place to monitor the quality of service provided. However, following the questionnaire surveys carried out in March 2011, the provider did not produce a report highlighting people's views and any areas for improvement.

Action we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	<p>Why we have concerns:</p> <p>The provider is compliant with this outcome because there are systems in place to monitor the quality of service provided. However, following the questionnaire surveys carried out in March 2011, the provider did not produce a report highlighting people's views and any areas for improvement.</p>	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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