

# Hertfordshire County Council

# Scarborough House

## Inspection report

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Date of inspection visit:  
21 December 2018

Date of publication:  
22 January 2019

## 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

Scarborough House offers short break accommodation for young adults with learning and physical disabilities who require assistance with personal care.

The building has been extended and adapted to provide accommodation which is suitable for the people who use it. At the time of our inspection there were four people using the service.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People using the service felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and they felt confident in how to report these types of concerns. People had risk assessments in place to enable them to be as independent as they could be in a safe manner. Staff knew how to manage risks to promote people's safety, and balanced these against people's rights to take risks and remain independent.

There were sufficient staff with the correct skill mix on duty to support people with their required needs. Effective recruitment processes were in place and followed by the service. Staff were not offered employment until satisfactory checks had been completed.

Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service. Effective infection control measures were in place to protect people.

People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were knowledgeable of this guidance and correct processes were in place to protect people. Staff gained consent before supporting people. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff received an induction process and on-going training. They had attended a variety of training to ensure that they were able to provide care based on current practice when supporting people. They were also supported with regular supervisions.

People were able to make choices about the food and drink they had, and staff gave support if and when required to enable people to eat a balanced diet.

People were supported to access a variety of health professionals when required, to make sure that they

received additional healthcare to meet their needs.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well. People and relatives, where appropriate, were involved in the planning of their care and support.

People's privacy and dignity was maintained at all times. Support plans were written in a person-centred way and were responsive to people's needs. People were supported to follow their interests and join in activities.

People knew how to complain. There was a complaints procedure in place which was accessible to all.

Quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement.

Further information is in the detailed findings below

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good	<b>Good</b> ●

# Scarborough House

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection visit took place on 21 December 2018 and was unannounced. It was carried out by one inspector.

This service was selected to be part of our national review, looking at the quality of oral health care support for people living in care homes. The inspection was supported by a dental inspector who looked in detail at how well the service supported people with their oral health. This includes support with oral hygiene and access to dentists. We will publish our national report of our findings and recommendations in 2019.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority and checked the information we held about this service and the service provider. No concerns had been raised or were identified.

During our inspection visit we observed how staff interacted with people who used the service. Some of the people who used the service were not able to verbally communicate with the inspector, however, they responded by smiling and using positive body language.

We met two people who used the service and spoke with two relatives of people who used the service. We also spoke with the registered manager, the deputy manager, a team leader and a senior support worker.

We reviewed one person's care records, two medication records, two staff files and records relating to the management of the service, such as quality audits and complaints.

# Is the service safe?

## Our findings

There were systems in place to protect people from avoidable harm. A relative we spoke with said, "Yes, he is safe when he is there." Staff had received training in safeguarding people which supported them to recognise symptoms and signs of abuse. Notices were displayed giving information on how to report suspected safeguarding concerns.

Within people's support plans were up to date risk assessments. These had been developed to allow people to be as independent as they could be whilst keeping them safe. The team leader told us risk assessments were reviewed and updated each time people accessed the service.

There were enough staff on duty with the correct skills to support people with their assessed needs. The team leader explained that staffing numbers were decided around the number of people using the service and their individual assessed needs. Staff confirmed, "There is always enough of us."

The provider had effective recruitment processes to ensure, as far as possible, new staff were safe to work with people who used the service. Staff were not offered employment until satisfactory checks had been completed.

Medicines were stored and administered correctly following legislation and guidance. When each person arrived for their stay, their medicines were recorded onto a Medication Administration Record (MAR) and checked by two members of staff. Records we saw showed this had happened.

Scarborough House was visibly clean and free from infection. The provider employed housekeeping staff who had plentiful supplies of equipment and cleaning products. There were supplies of Personal Protective Equipment (PPE) for staff use to prevent the risk of infections spreading.

Accidents and incidents were recorded, investigated and analysed for any trends. If any trends were identified, the registered manager worked with staff and people to find a solution to keep people safe.

## Is the service effective?

### Our findings

People's needs had been assessed prior to them accessing the service. Support plans we viewed showed this had taken place. Assessments had been completed with the person, or where appropriate, with their family or representatives and other healthcare professionals. Care records were personalised and contained good information for staff to allow them to support people as assessed. Appropriate plans were seen that covered topics such as; communication, managing seizures, personal care, nutrition and moving and handling.

Staff told us the training they received was good. A relative said, "The staff are trained well enough to support [name of person]." The team leader told us the provider's learning and development department organised most of the training, but they had also devised a 'best practice' training for the team. The team leader explained that to give staff practical experience, they all assisted each other to eat, be pushed in a wheelchair, have their teeth brushed and to be moved in a hoist. They also wore ear defenders and sight disturbing glasses to enable them to know what it was like to be supported with these tasks.

Staff were also encouraged to gain nationally recognised qualifications which would benefit their job role. New staff undertook an induction period and all staff were supported with regular supervisions.

Staff told us menus were devised around the preferences of people who were using the service at that time. They knew people's likes and dislikes and cooked meals accordingly, whilst encouraging people to eat a healthy diet. A relative said, "They, (staff) find out food wise what she wants and get it for her." The team leader also told us that some people were fed through a Percutaneous Endoscopic Gastrostomy (PEG). A PEG is a tube through which people receive their nutritional needs directly into their stomach.

Staff worked with families and other organisations involved in people's care to ensure people received the support and assistance they needed to maintain their health and wellbeing when at Scarborough House. If additional healthcare was required during their stay, the team leader told us they would access this or take people for planned appointments.

The premises had been extended and adapted to meet the needs of people who used the service. There were single rooms with adaptations and track hoists and adapted bathing facilities to accommodate everyone's abilities and equipment.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Within people's records we saw capacity assessments had been carried out. Where it had been assessed that a person did not have capacity to consent to any restrictions within their care plan, DoLS applications had been submitted. Staff had a good understanding of MCA and DoLS. We observed consent being obtained throughout the inspection.

## Is the service caring?

### Our findings

We observed people being treated with kindness and compassion. It was obvious that staff knew people well. They were able to explain about each person and what support they required. A relative said, "[Name of person] loves going there, they look after him very well." Another relative said, "We are extremely lucky to have them, I couldn't praise Scarborough House highly enough."

Staff told us they would help families to get additional support if required, but most people had all the support they required within their own home.

People and their relatives were supported to express their views and had been actively involved in their support and care. This was evidenced in people's support plans and confirmed by conversations we had with people's relatives.

Rotas had been developed to give staff enough time to support people with their assessed needs. On the day of our inspection some people returned to their own home after a period of respite and staff were available to feedback to families and support people as they left. Other staff were preparing for people to arrive, making sure their rooms were ready and their support plans were available so they could be updated to ensure they reflected people's current needs.

One parent called in with some items for their family member so staff could get them unpacked and ready for the person before they arrived.

People were treated with privacy and dignity. Personal care and support was carried out in people's bedrooms or bathrooms. We observed staff speaking with people in an appropriate way. One person liked to follow staff and they supported them to do this, chatting with them and telling them where they were going and why. This kept the person happy and calm.

Staff had attended training in data protection and were aware of their responsibilities regarding this. Records were kept secure when not in use and information was only passed on when required and on a need to know basis.



## Is the service responsive?

### Our findings

Within people's care records we saw people had been involved in their development as much as they were able to be. However, most care plans had been produced with a large input from families and other health professionals. Care records fully reflected people's needs and included guidance on the support a person needed at each stage of the day. They also included as much personal history as possible which enabled staff to understand the person and engage them in conversation.

Relatives we spoke with told us they worked in partnership with staff to ensure their family member received the support they needed. For example, within one support plan we saw a relative had written information regarding a new behaviour that the person had started to display. This ensured staff knew about the behaviour and the way the parents managed it so they could continue with the same support. A relative said, "We can't praise them enough, we work with them to support [name of person], if there are any problems they will call us."

People had a variety of communication needs. Staff knew people well and understood what they were conveying. A relative said, "They (staff) know what he needs from his facial expressions, they are really good."

The team leader told us that if people usually went to a day centre, they continued to do so during their stay. Staff also carried out different activities with people within the home. One lounge had a soft area, sensory lights and a quiet space for people to use. We were told that DVD and music nights were a regular activity. A relative told us their family member loved the lights and sensory equipment.

People were also supported to maintain their links with the local community. The team leader told us a local café had been very helpful and were good at meeting people's special dietary requirements and had blended food if people needed a pureed diet.

The provider had a complaints policy and procedure which was also in an easy read pictorial format. There had been no complaints. Relatives we spoke with told us they knew how to complain but had never had the need to. One relative said, "If I have any concerns I just call and it is sorted." Another said, "I have never needed to complain." A lot of compliments cards and letters had been received from family members and professionals which demonstrated satisfaction with the service provided..

## Is the service well-led?

### Our findings

There was a registered manager in post who was aware of their regulatory requirements. A registered manager is a person who has registered with the Care Quality Commission 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.

The provider and management had a clear vision of where and how they wanted to progress the service. A representative for the provider visited regularly and was supportive of the registered manager and staff.

We observed that staff and people spoke with the registered manager throughout the day. There was an open-door policy where people, their relatives and staff could speak with any of the management team at any time. We observed this to happen on the day of the inspection. Staff and management were aware of their responsibilities and there were processes in place for staff to account for the decisions they made on a daily basis. Data was kept confidential. Staff had individual log in accounts for the computers and paper files were kept locked in the office.

People were encouraged to voice their opinions or at least make them known. We observed staff asking people's opinions throughout the day. The registered manager had carried out an annual survey for staff, people who used the service and their relatives. We looked at some responses which had been received and they were all positive and some lovely comments had been made. For example; 'Excellent staff', 'They are fully aware of needs and how to respond' and, 'How brilliant [staff name] has been in supporting myself with a difficult time. She has shown compassion and understanding, thank you'.

The team leader told us the people who used the service were supported to provide feedback through a version of the survey called, 'have your say.' This was in an easy to read format and staff worked one to one with people to complete it using their preferred communication method.

The registered manager and provider carried out a number of quality audits. If any issues had been identified, an action plan had been devised and was signed off when completed. There were weekly and monthly checks carried out by senior staff and management and quarterly audits carried out at provider level. These included checks of support plans, medication, health and safety and fire records.

The registered manager and provider worked in partnership with other organisations, where appropriate, to provide the best support for people. These included the local authority and multi-disciplinary teams.