HCS (Enfield) Limited

H C S (Enfield) Limited - 221 Holtwhites Hill

Inspection report

221 Holtwhites Hill
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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

Overall summary

This inspection took place over two days, 17 July 2015 and 22 July 2015 and was unannounced. Holtwhites Hill is registered to provide care and support for eight people with learning difficulties. The home was last inspected 20 May 2014 and was compliant in all areas inspected.

There was a registered manager in post. A registered manger is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of law; as does the provider.

Procedures relating to safeguarding people from harm were in place and staff understood what to do and who to report it to if people were at risk of harm. Staff had an understanding of the systems in place to protect people who could not make decisions and followed the legal requirements outlined in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

There were individualised care plans written from the point of view of the people they were supporting. Care plans were detailed and provided enough information for

Summary of findings

staff to carry out their job and support people properly. People were involved in decisions about their care. Where people were unable to have input, best interests meetings and decisions were recorded.

People were supported to maintain a healthy lifestyle and had healthcare appointments that met their needs. These were recorded and monitored on a regular basis. Medicines were administered safely and on time. staff had completed training in medicines and administration.

People told us that they felt safe within the home and well supported by staff. where people were unable to talk to us, we carried out a Short Observational Framework (SOFI). This is a way for us to check interactions with staff and the people they support. We saw that people were treated with dignity and respect and that they were relaxed an happy around the staff.

People were supported to ensure that they had enough to eat and drink to meet their nutritional needs. Staff were aware of specialist diets and peoples needs.

people told us that they were happy with the care provided. Staff were appropriately trained and skilled to care. Training was updated regularly and monitored by the manager. Staff had regular supervision and annual appraisals that helped identify training needs and improve quality of care.

The registered manager was accessible and spent a lot of time with people. We were told that there was an open culture within the home and this was reflected by the staff. Staff felt safe and comfortable raising things with the manager and felt that they would be listened to.

Audits were carried out across the service on a regular basis that looked at things like, medicines management, health and safety and quality of care. There was a complaints procedure as well as incident and accident reporting. Where things were identified, the manager used this as an opportunity for change to improve care for people.

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?

Good

The service was safe, staff were able to tell us how they could recognise abuse and knew how to report it appropriately.

There were sufficient staff to ensure people's needs were met.

People were supported to have their medicines safely.

Risks for people who used the service were identified and comprehensive risk assessments were in place to ensure known risks were mitigated against.

Is the service effective?

Good

The service was effective. Staff had on-going training to effectively carry out their role.

Staff were aware of the Mental Capacity Act 2005 (MCA) and the Depravation of Liberty Safeguards (DOLS).

Staff received regular supervision and appraisals. This meant people were supported by staff who reviewed their working practices.

Peoples healthcare needs were monitored and referrals made when necessary to ensure wellbeing.

People were supported to have enough to eat and drink so that their dietary needs were met

Is the service caring?

Good

The service was caring. People were supported and staff understood individuals needs.

People were treated with respect and staff maintained privacy and dignity.

People were supported to make informed decisions about the care they received. Staff gave people explanations in a way that they could understand.

Staff were patient and kind in their interactions with people.

Is the service responsive?

Good

The service was responsive. People's care was person centred and planned in response to their needs.

Staff were knowledgeable about individual support needs, their interests and preferences.

Complaints were responded to in an effective and timely manner.

People were encouraged to have full and active lives, be part of the community and maintain relationships.

Is the service well-led?

Good

The service was well led. There was an open and transparent culture where good practice was identified and encouraged.

Complaints were used as a learning opportunity to improve quality of care.

Summary of findings

Systems were in place to ensure that peoples quality of care was audited and monitored.

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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.

The inspection took place on 17 July 2015 and 22 July 2015 and was unannounced. When we last visited the home on 20 May 2014 we found the service met all the regulations we looked at.

HCS (Enfield) Limited, 221 Holtwhites Hill provides accommodation, care and support for people 8 people with a learning disability or people on the autistic spectrum. There were eight people using the service on the day of our inspection.

We spoke with people who use the service, their relatives and staff. We also viewed records held and maintained by the service covering all aspects of care delivery, health and safety and overall management.

Good

Is the service safe?

Our findings

People using the service told us that they felt safe and that the staff were "helpful and kind". Staff were able to explain how they would keep people safe and understood how to report it if they felt people were at risk of harm. Staff were aware of the homes safeguarding policy which was accessible to all staff. Training records showed that staff had completed training in safeguarding, the Mental Capacity Act (MCA) and Deprivation of Liberty (DOLS). Records showed when this training is due to be updated for all staff. Staff understood what whistleblowing was and knew how to report concerns if necessary.

Staff were able to explain each individuals needs in various aspects of their care. Care plans were detailed and written from the service users point of view, describing what helps them to calm down if they become distressed. We reviewed people's risk assessments and found these minimised risk in the least restrictive way. One risk assessment showed the service had corroborated with other health care professionals and relatives when devising the most appropriate risk assessments, for example, we saw evidence of one person who required a specialised chair to prevent falling or injury. We also saw risk assessments that showed how to respond to someone if they were anxious. These were different for each individual and showed a good understanding of person centred care and people's individual needs.

We saw records of accidents and incidents and staff knew what to do if someone had an accident or injury. We saw that following an accident, the manager had put different care practices in place to prevent it happening again.

There were sufficient staff to allow person centred care. We saw that there were four staff in the mornings and afternoons, with two waking staff at night. The service followed safe recruitment practices. We looked at five staff files which showed pre-employment checks such as two satisfactory references from their previous employer, photographic identification, their application form, a recent criminal records check and eligibility to work in the UK. This minimised the risk of people being cared for by staff who were inappropriate for the role.

People's current medicines were recorded on Medicines Administration Records (MAR) and used the blister pack system provided by the local pharmacy. Staff had received training on medication administration. We saw that people's medicines were given on time and there were no omissions in recording of administration. We were shown specific medicines that had to be administered in a different way, for example, crushed or mixed with fluid, and how this was recorded. There was guidance for staff on the correct protocol on how to administer medicine in these forms. There were records for 'as needed' (PRN) medicines which showed the time and date given but did not note the reason why. There were also up to date records of medication disposal and staff were able to tell us about the correct procedure.

The home was clean when we visited and staff told us that cleaning the house is part of their daily routine. Where possible people are supported by staff to keep their room tidy. We also saw that people who needed a hoist to help them bath and change had their own labelled slings. This prevented cross infection. Staff told us that slings were washed regularly.

Good

Is the service effective?

Our findings

People were supported by staff able to meet their needs. Staff told us and records confirmed they were supported through regular supervisions and yearly appraisals to look at people's on-going care needs and identify training and development needs. We looked at four staff appraisal records and six supervision records. Staff had input into their supervisions and appraisals and told us that they have regular supervision that helps them be clear on the best way to support people.

We saw that staff had a comprehensive induction when they started to work to ensure that they understood peoples needs prior to working alone. We saw that both the manager and staff were able to identify training needs during supervisions and that staff training was updated regularly on a training matrix.

Staff had received training in the Deprivation of Liberty Safeguards (DoLS) and The Mental Capacity Act 2005 (MCA). One staff member told us that DoLS meant "Stopping people from doing something in particular without restricting their freedom of choice". Another staff member told us that mental capacity meant "Understanding that a service user cannot always make choices but giving choice where possible". All staff we spoke with had a good understanding of the principles surrounding MCA and DoLS and told us under what circumstances a DoLS could be applied lawfully. Staff were also able to give examples of how this impacted on the people they supported, for example, stopping a person going out unless supported by a member of staff as they were unable to identify risks such as crossing roads. We saw records of MCA assessments and DoLS authorisations which noted regular review dates. This meant that the service was aware that people's needs can change and need to be regularly reviewed. Where people were unable to have input into their care plans, we saw records of best interests meetings and decisions. A best interests meeting is when people have been deemed unable to be involved in aspects of their care and staff, healthcare professionals and relatives, make decisions on their behalf and in their best interests.

We observed staff asking people's permission before delivering any care. For example, moving and handling, and waiting for the person to consent. Staff were observed effectively communicating with people as they were conducting care, making sure that the person understood and was comfortable. We saw staff knocking on people's bedroom doors and waiting for permission before entering. Staff training records showed that staff had been trained in the principles of dignity.

Staff treated people calmly and with respect when they became anxious or showed behaviour that challenges. Staff told us that that they had received training in working with behaviour that challenges and that restraints were never used within the home; "we know our clients really well. If someone becomes upset we calm the situation by talking to them and reassuring them". People's care plans gave detailed, individual information on what could trigger challenging behaviour and how to work with it.

People were supported to have enough to eat and drink. people told us "the food is good here". The menu plans showed a range of meals that catered to different cultural needs of the people in the home. Care plans were detailed and said what people's food and fluid preferences were and staff were able to tell us what individuals liked. Where people needed a specialist diet, such as thickened fluids or soft food, this was clearly noted and staff were aware. People had individual food and fluid charts that were filled in daily and monitored for any changes. We saw assessments form Speech and Language Therapists (SALT's) for people and advice had been included in the care plans. Staff told us that if they felt someone was at risk with their eating and drinking or someone's needs changed they would immediately contact the SALT for reassessment. We conducted a Short Observational Framework (SOFI) during lunch time. A SOFI is a way of observing people and their interactions when they may not be able to tell us themselves. We saw that people who needed support when eating were fed at a speed that was appropriate and that staff explained what they were doing and what the food was. People were not rushed and asked if they had had enough to eat and drink. This meant that people enjoyed meal times and felt comfortable.

People's personal files had details of healthcare visits, appointments and reviews. Guidance given by professionals was included in peoples care plans. People were able to access healthcare with support from staff. Staff said that they knew about people's individual healthcare

Good

Is the service effective?

needs and how to refer if they needed to. There were 'health care passports' for each client noting their medical history and how they liked to be treated when at appointments or if they are admitted to hospital.

We looked at people's bedrooms and the communal areas. All people were able to say how they wanted their room decorated and we saw that bedrooms were personalised and painted in colours chosen by the person. This meant that people were actively encouraged to feel comfortable and make their rooms homely. Wheelchair users had large en-suite rooms on the ground floor and there was an assisted bathroom for supporting people. There was a large garden that people had access to and was appropriate for wheelchair users.

Good

Is the service caring?

Our findings

People were treated with respect and their views about their care were understood and acted on by staff. People told us that staff were "lovely" and that they felt that they were "treated well". We observed staff treating people with dignity and respect when they became distressed. One relative told us that the people were "always treated with respect" at the home. We saw that staff communicated well with people, asking how they were and using pictorial formats if necessary. Staff took time to sit and talk with people without rushing around and knew what each person enjoyed. There were detailed person centred care plans written from the point of view of that individual telling staff 'what you need to know about me' and 'how to be successful in supporting me'. These included, mobility, healthcare needs, manual handling instructions, activities and likes and dislikes.

Each person had a key worker. A key worker is someone who is responsible for an individual and makes sure that their care needs are met and reviewed. We saw that staff knew people's likes and dislikes and how they liked to be treated as individuals. People's files had words and phrases that relatives and friends had said about their personalities such as 'happy go-lucky', 'always smiling' and 'energetic'. These gave new staff an idea of peoples personalities and individual needs.

Care plans included information about cultural and religious needs. We saw staff taking people to the mosque to celebrate Eid and we were told that peoples religious needs were met for individuals. People told us 'they take me to mosque when I want to go'. This means that people's religious and cultural needs were supported.

We asked staff how they would work with lesbian, gay or bisexual people. Staff showed an understanding of this but had not considered it in relation to the people they worked with. Staff and the registered manager said that this is an area they will be more aware of.

We saw staff encouraging people to be independent and asking if they wanted help. People were able to ask or indicate that they needed help and this was quickly responded to by staff; for example, we saw staff asking people "Do you need some help to go to the bathroom?" Interactions between staff and people were friendly and positive throughout the inspection.

People had regular, documented key-working sessions and said that they were able to talk to their key workers to help decide about their care. The manager told us that when people are not able to communicate, staff use the care plans and knowledge of the person to help formulate their care. This is reviewed monthly and updated. Where necessary people had best interests assessors. These are independent professionals that can advocate for people around their care. No one had an external advocate.

The manager told us that there were no resident meetings. This was because of the difference in complex care needs of the people living there. We were told that they meet with people on an individual basis, where possible, to find out what their views are. This meant that people were given the opportunity to express their views and contribute to how the service is run.

Staff told us they made sure that people were treated with dignity and respect. We saw that staff knocked on people's doors before entering their bedrooms, and made sure that doors were closed when providing people with personal care. They explained what they were doing and addressed people by their preferred names. We observed that staff spoke to people in a respectful and dignified manner.

People and staff told us that friends and family can visit whenever they want and relatives that we spoke to said, "I go there when I want to" and "I always call before going but I know it's never a problem".

We saw records of what people's wishes were if they were to pass away. This included and religious needs. Where people were unable to tell staff what they wanted, relatives had been consulted.

Good

Is the service responsive?

Our findings

We looked at six people's care plans and saw that staff responded to people's needs as identified. Where a person was unable to have input there were people identified that actively contributed to planning their care. Care plans were reviewed regularly and updated as changes occurred. This meant that people were supported by staff who had up to date information about their care needs. People had dependency scores that were reviewed regularly. These showed how much help and support people needed. Staff knew about individual needs and had read the care plans.

Care records showed that people and their relatives had been involved in the initial assessments and on-going reviews of their needs. As part of the initial assessment process people were able to spend time at the service so staff could become familiar with their needs. This also allowed people to become familiar with the staff and the service. One person told us "I liked it when I first came here".

People had personalised weekly activity plans that were reviewed every three months. These were pictorial and clear for people to read. Staff explained that the activities were decided with each individual based on what they liked doing. We saw that one person enjoyed football, they attended local matches with staff and there were plans to attend a premiership game. People had access to a massage each week and others regularly attended day centres. We saw staff engaging people in activities during the inspection. One person was having their nails painted and chose the colour, another was supported to go shopping following a request to buy some clothes. Activities were regularly reviewed and updated based on people's likes and dislikes.

People were encouraged to maintain relationships within the community. One relative told us "she loves going to the day centre and she has a lot of friends there". We saw kind and genuine interactions with people where staff asked about their day. Religious needs were met with staff supporting people to attend the mosque and church on a regular basis.

We saw the complaints procedure and records of complaints made. There was an easy to understand guide for people on how to complain if they were not happy. This was written in large accessible language, with pictorial aids and every person was given a copy. We saw two complaints that had been responded to in a timely manner and resolved. Relatives were also aware of how to complain and had been given information by the home. One person told us that if they didn't like something they "would tell the staff". People were comfortable talking to staff if they needed anything.

Good

Is the service well-led?

Our findings

Staff and relatives told us that the home had an open culture that encouraged good practice. We were told by staff that they felt comfortable raising things with the manager and that they always felt listened to. There were regular monthly meetings where staff were able to discuss how care could be improved. Staff meeting records showed that staff regularly had input on people's care needs. The registered manager was present on the second day of our inspection. Both staff and residents said that she spent time with people and supported them. When talking to the staff and manager, we saw that there were shared values and objectives in how care was delivered. Staff told us they felt part of the team and were happy.

During induction, staff were trained in the values of the home. Training records showed that staff were encouraged to maintain and update care skills and knowledge. Staff that we spoke with were able to tell us how they had put their training into practice. Staff told us that the manager was supportive and addressed any mistakes fairly and professionally. Complaints and errors were treated as an opportunity for learning. we saw that as the result of a complaint care practices had been changed to prevent recurrence of the problem.

We reviewed accident an incident logs. It showed that the manager used accidents and incidents as an opportunity for learning and to change practice or update people's care needs. Procedures relating to accidents and incidents were clear and available for all staff to read.

The manager carried out regular audits of systems like medicines, risk assessments, health and safety and quality of care. Where necessary changes were made to improve care needs and the overall service.

Records showed joint working with the local authority and other professionals involved in people's care. The manager told us that they work closely together to make sure that people receive a good standard of care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.