Kent County Council

1 & 2 Hedgerows

Inspection report

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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?	Requires Improvement

Summary of findings

Overall summary

We inspected Hedgerows on 1 November 2016. This was an announced inspection. We gave the provider 48 hours' notice to ensure that the service was being used and that those using the service were made aware of our inspection to limit any potential anxieties. Hedgerows is a residential service that provides respite care (short stays) to adults with a learning disability for up to five people. Hedgerows also provides emergency short stays for people when required. There were two people staying at the time of our inspection.

This service was previously inspected on 3 October 2013 where we found it to be compliant with all areas inspected.

The service had a registered manager in post. 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.

Staff demonstrated good knowledge of safeguarding adults and could identify what action they needed to take if they suspected abuse. The provider had ensured that appropriate employment checks had taken place so that staff were safe to work with people at the home. There were sufficient numbers of staff to keep people safe. The provider gave staff appropriate training to meet the needs of people.

Medicines were being safely administered and stored securely by staff that had received appropriate training and were assessed as being competent to do so. Two staff were checking medicine stocks on a daily basis. Information provided on people's medicines was up to date and gave clear guidance.

The principles of the Mental Capacity Act 2005 (MCA) were applied. People were being assessed appropriately and best interests meetings took place to identify the least restrictive methods. Staff had received training on MCA and had good knowledge. The CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Appropriate applications to restrict people's freedom had been submitted and the least restrictive options were considered as per the Mental Capacity Act 2005.

People's needs had been assessed and detailed care plans had been developed. Care plans contained risk assessments for daily living needs that were personalised for the people staff supported. People were given options on what they would like to eat.

Relatives spoke positively about staff. Staff communicated with people in ways that were understood when providing support. People's private information was stored securely and discussions about people's personal needs took place in a private area where it could not be overheard. People were free to choose how they lived their lives. People could choose what activities they took part in and would decorate their bedrooms according to their own tastes.

The provider had ensured that there were effective processes in place to fully investigate any complaints. Records showed that outcomes of the investigations were communicated to relevant people. People and their relatives were encouraged to give feedback through resident meetings and yearly surveys.

Relatives and staff spoke positively about the management team. The registered manager had an open door policy and all people we spoke with told us that if the registered manager was not at the service she was very easy to get hold of. Staff were able to discuss concerns with the registered manager at any time and had confidence appropriate action would be taken. The registered manager was open, transparent and responded positively to any concerns or suggestions made about the service. The registered manager had informed the CQC of all notifiable events detailed in the regulations.

The registered persons had not carried out full and robust auditing. A quality assurance audit took place in January 2016, but, at a time when there were no people staying at the service. Policies and procedures updated by the provider were not always being communicated to staff. Monthly checks were not always being completed due to a lack of auditing. We have made a recommendation about this in our report.

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.

The provider had ensured that there were sufficient numbers of staff to provide care and keep people safe.

People were protected against abuse by staff that had the knowledge through training and confidence to identify safeguarding concerns.

Risk assessments were carried out to inform staff of identified risks and how they should act. Risk assessments were personalised to individual need.

Medicines were being stored securely and administered by staff who had received appropriate training.

Is the service effective?

Good

The service was effective.

The principles of the Mental Capacity Act 2005 were applied in practice. The provider had ensured that appropriate applications were made regarding Deprivation of Liberty Safeguards.

Staff received appropriate training to give them the skills and knowledge required to support people living at the service.

People were being supported with their diets. There were systems in place to ensure that staff were ordering appropriate food prior to people staying at the service.

People were supported to see health care professionals if required. People's regular services, such as seeing a district nurse, were arranged and continued prior to people staying at the service.

Is the service caring?

Good

The service was caring.

Relatives spoke positively about staff and told us they were happy with the service that they were receiving

Staff demonstrated good knowledge of the people they supported. Staff treated people with dignity and respect at all times.

Relatives told us they were involved with the planning and reviews of their care plans. Staff would contact families before a placement to find out if there had been any changes that they needed to be aware of.

People were encouraged to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

The registered manager ensured that complaints were appropriately responded to and included full investigation and outcomes.

Activities were personalised to people's needs. People were free to choose what activities they participated in. Staff would respect people's decisions.

People's likes and dislikes were documented in people's care plans. Staff demonstrated good knowledge of what people liked and did not like.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There was not robust auditing in place at the service. This led to new policies and procedures not being communicated to staff and monthly checks not being completed.

The provider had ensured that policies and procedures were being updated when required.

The registered manager communicated to the care quality commission all notifiable events.

Relatives and staff spoke positively about the registered manager. Staff told us they felt supported and could approach

the registered manager with any concerns.

1 & 2 Hedgerows

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.

We inspected Hedgerows on 1 November 2016. This was an announced inspection. One inspector carried out the inspection. This service was previously inspection on 2 October 2013 where we found it to be compliant in all areas inspected.

Prior to the inspection, we gathered and reviewed information we held about the service. This included notifications from the service and information shared with us by the local authority. 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 any improvements they plan to make.

During our inspection, we spoke to five relatives, two people staying at the service, three care staff, the deputy manager and registered manager. We observed care delivery throughout our inspection. We looked in detail at care plans and examined records that related to the running of the service. We looked at three care plans and three staff files, staff training records and quality assurance documentation to support our findings.

Good

Is the service safe?

Our findings

Family members we spoke with told us they felt their relatives were safe at the service. One relative told us, "My relative is 100% safe." Another relative told us, "I have no reason to question the safety of the people staying there." A third relative told us, "The staff know the people well enough to keep them safe."

People were protected against abuse by staff that had received safeguarding training and could identify the types of abuse and how to appropriately react. One member of staff told us, "Safeguarding is about keeping people safe against all forms of abuse, if we have a concern we report it." Another member of staff told us, "I would report any concerns to the management I would also make sure that I completed all the necessary forms." The registered manager investigated any concerns reported by staff and would inform the local authority if required to do so. A safeguarding folder recorded all previous safeguarding referrals and their outcomes. The provider had an up to date safeguarding policy that was available through the provider's intranet.

Risks to people's personal safety had been assessed and plans were in place to minimise risk. People had risk assessments that were personalised to their needs and these were reviewed on a regular basis and adjusted if a person's needs had changed. People who use the service had risk assessments on moving and handling, bathing and how they may react to an emergency such as a fire. These would give staff guidance on the potential risks and how staff should support a person. For example, one person's emergency evacuation risk assessment highlighted that they may become anxious when hearing the fire alarm and would require support from staff. People had risk assessments that were specific to their needs. For example, we saw risk assessments for swimming, physical aggression, the use of the services vehicle and diabetes. Staff could identify the risks associated with people that used the service and knew what was needed to reduce the risk.

Environmental risk assessments were carried out along with annual servicing to ensure that people staying at the service were safe. Environmental risk assessments included accessing Hedgerows, general cleaning, driving the service's vehicle, kitchen risk assessment and the use of steps and ladders. The risk assessments were updated yearly and identified any actions from the reviews. For example, the recent review on accessing hedgerows identified that there was a risk of staff being locked out. Because of this, a key safe was installed. The provider had ensured that all servicing of gas and electrical equipment was up to date. Gas safety checks and portable appliance testing were completed annually and electrical installations were checked every five years. Staff completed weekly water temperature checks, there were monthly checks completed by a contractor along with an annual inspection of water storage, and full assessment was competed every two years. The provider had ensured that the premises were clean and safe for people to use. The service was clean and tidy and the communal areas and corridors were clear of any obstructions. There were cleaning schedules in place that were kept to by staff.

People's medicines were being managed and administered safely. Medicines were stored in a locked cabinet in a locked room. Two members of staff would sign in and check out medicines when people used the service. A member of staff told us, "We check the stock for the medicines every day and these are signed

by two members of staff." We confirmed that two members of staff were checking medicine stocks on a daily basis. We checked people's medication administration records (MAR) and staff were accurately signing who administered them. Only staff that have completed medicine training and had been checked by management were allowed to administer medicines. We checked a sample of medicines that had been supplied in blister packs against the MARs. The amounts remaining in the blister packs matched what was recorded as having been administered. Care plans contained information on people's allergies and an up to date list of their medicines. A member of staff told us, "We contact the families before people use the service to find out if there have been any changes." All relatives we spoke to confirmed that a member of staff would contact them prior to people using the service to identify if there had been any changes.

There were sufficient number of staff to support people's needs and the staffing rota showed that staff were organised in an appropriate way. The registered manager told us, "We use a dependency tool to ensure there are sufficient staffing levels." All the care plans we looked at had a completed dependency tool. The dependency tool covered areas that included mobility, personal care, use of the toilet, meals, health needs and behaviour. At the time of inspection, there was two care staff available during the day and one overnight. There was also the registered manager, deputy manager and housekeeping on site during the day.

People were protected from unsuitable staff because the provider had an effective recruitment and selection process in place. Staff files included completed applications forms, two references and photo identification. Staff records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure staff were suitable to work with adults at risk.

Good

Is the service effective?

Our findings

People's relatives told us that staff knew people well and provided them with the care they needed. One relative told us, "The staff have good knowledge of the people living there." Another relative told us, "The staff are excellent, they know what is going on and get everything organised before people arrive." A third relative told us, "I cannot fault the staff; they seem well trained and know everything they need to know."

Staff received a full training schedule that gave them the skills and knowledge required to support people and this was recorded on the training schedule. The registered manager used the training schedule to identify when staff were due a renewal of specific courses so that these could be booked within the provider's policy guidelines. One member of staff told us, "We keep up to date with our training and use a mixture of e-learning and classroom based courses." Training included courses on autism, adult protection, epilepsy, medicine management and moving and handling. There was also additional training available to staff that included mental health and social inclusion, care awareness and communication and teamwork. There were systems in place to support staff to develop their skills and improve the way they cared for people. Staff told us they had supervisions every two months and a yearly appraisal. All staff we spoke with told us they had regular supervisions and yearly appraisals and records showed that these were happening.

The provider took into account the principles of the Mental Capacity Act 2005 (MCA) when assessing people's capacity to make specific decisions. The 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. The registered manager completed a mental capacity assessment for each person at the service for personal care and for any other decision specific activities that may require an assessment. The registered manager or senior staff would carry out mental capacity assessments when required to do so. The training schedule showed that all staff had received MCA training. We questioned staff on the principles of MCA and they demonstrated good knowledge. One member of staff told us, "We always assume someone has capacity." Another member of staff told us, "Just because someone cannot make choices verbally does not mean that they don't have capacity. We have to work with the person to find ways of making choices, such as using pictures."

The registered manager made appropriate applications for Deprivation of Liberty Safeguards (DoLS) for people living at the service. People can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards. People's records showed that when required staff would request an urgent authorisation to cover the duration of a stay and this was completed prior to a person arriving and following a review of their care with the person and their families.

People had access to a nutritious diet when staying at the service that took into consideration their likes, dislikes and needs. Staff we spoke with demonstrated good knowledge of the diets of people that would use the service. One member of staff told us, "For one person we have to make sure that we order soft crisps that

will melt in the person's mouth and cottage cheese. This is due to swallowing difficulty." Records of the person confirmed this. Another member of staff told us, "One person is diabetic, so before he comes to the service we make sure we have sugar free options available but also the things he needs if his blood sugar levels are low." When staff ordered food, they would have a list of people who would be using the service that included their likes, dislikes and any dietary needs. For example, staff would order food that was suitable for diabetics that was low in sugar if someone was going to be using the service that had diabetes. Food ordering records showed in a separate area specific foods ordered for certain people so that staff were aware when the order arrived, such as sugar free options, soft foods and vegetarian options. Regular ordering included fruit that people could have as and when they wanted and vegetables to accompany dinner.

People were supported with their routine health needs when required. Records showed that one staff would arrange a district nurse for a person who was diabetic and required insulin prior to the person arriving. People's records showed when a district nurse attended and any guidance given. All staff we spoke with were aware of people's specific needs and in the case for those with diabetes could tell us what would be a normal blood sugar level for that person and what they needed to do if it was too high or low. This information was clearly reflected in people's care plans. As the service only supplies respite, short stays and emergency placements people are unlikely to be referred to health services during their stay. The registered manager told us, "We are registered with the local GP and if someone is unwell during the stay we can contact the GP."

Good

Is the service caring?

Our findings

People's relatives spoke very positively about the caring nature of the staff. One relative told us, "I do not see them as staff I consider them friends." Another relative told us, "I completely trust the staff." A third relative told us, "The staff are always willing to go that extra mile. If we need anything at any time we can always contact them for advice and support."

Staff were seen to be kind and caring towards the people they supported. When a person needed to have their blood sugar levels taken staff communicated in a way that was understood by the person and gave positive, supportive encouragement to the person. Staff told the person that the reading was low and the person asked for support to get what was needed. Staff did so promptly in a kind and caring way. Staff had time to spend with people using the service. For example, one person asked during dinner if it was okay for someone to support her on the computer to look up tickets to a concert. Following the meal, this was done with staff. Despite there being no tickets available at the time, staff were keen to reassure the person and told her that there is bound to a concert soon and they would keep looking. In another person's, care plan it stated that the person liked to call home on a regular basis. Staff would support the person to make the call and ask people using the area if it was okay to leave so that the person could have a private phone call. The call was unsuccessful and the person became distressed but staff reassured the person that everything was all right and they will try again later.

During mealtime, the staff and people using the service ate together. Everyone was chatting about his or her day and what he or she would like to do later in the evening. Both people using the service told staff what they wanted for dinner the following day. This interaction was very positive and gave the service a homely feel that was relaxed and enjoyable for all people participating. Relatives also told us that staff were very compassionate and accommodating during times of family emergencies. One relative told us, "When we had a family problem the staff helped out straight away by accommodating our loved one. Every day a member of staff would call us up to ask if we were okay and if there was anything else, they could help with."

People and their relatives were involved in the planning of their care. The provider had a keyworker system in place to ensure that people's records were being updated and that people and their relatives were involved in the planning and reviews of their care. One relative told us, "We get a call before X goes to the service. They ask if there have been any changes that they need to be made aware of." All other relatives we spoke to confirmed that they were being contacted prior to their relative arriving at the service. Care plans showed that people were signing their care plans and any identified change was being documented. One member of staff told us, "As a keyworker I would review the support plan before someone arrives and contact the family to see if there have been any changes since the last visit. Any changes are noted in the care plan prior to someone arriving at the service."

Staff demonstrated that they had good knowledge of the people they supported and fully respected their privacy and dignity. One member of staff told us, "You do not need to be in the bathroom all the time if it is not necessary. We would get everything ready before and once they are in the bath or shower we can stay

within earshot and occasionally ask if they are okay." Another member of staff told us, "privacy and dignity can be small things, like ensuring people's doors are closed when they are getting ready and always knocking and asking if it is okay to enter a room." The registered manager told us, "Personal care is provided by people of the same sex." All care plans we looked at had specific guidance on people's conditions that gave staff the knowledge of how to manage a person's care. Guidance was specific to a person's need and included guidance on rare and complex conditions that staff may be initially unfamiliar with.

People were supported to be as independent as possible. We observed staff assisting people to prepare their lunch for the following day and supporting people to make choices. One member of staff told us, "We empower people to do as much as they can. We support people to make decisions so that they can be as independent as possible." Another member of staff told us, "Being independent can be the small things, such as giving choice or reminding someone to do something like brush their teeth."

People's private information was respected and kept secure at all times. People's personal information was kept in a locked room that only staff had access to. Staff were seen to never discuss people's individual needs in public areas. All staff we spoke with knew about the importance of keeping people's confidential information private. Staff had a private area in the home where they could discuss matters and not be overheard by people using the service and any visitors.

Good

Is the service responsive?

Our findings

People and staff spoke positively about the importance of choice at the service. One relative told us, "They always get a choice over what they want to do." All staff we spoke to told us of the importance of choice for people that use the service. Daily records showed that people were given choice of all aspects of their stay at the service. Daily records showed that people were given choices over what they wanted to do and what they wanted to eat. For example, one person's daily log documented that the person was asked what they wanted for dinner and chose to have burger, chips, tinned spaghetti and fruit for dessert. We observed people choosing what they wanted for dinner: one person asked for quiche and the other sausage, mash and vegetables. People could choose what they wanted for lunch from a menu that was prepared the day before the person was attending a day service. People's records also showed when people might have changed their minds over certain aspects of their stay. One member of staff told us, "One person would usually have a bath but one day he told me that he would actually prefer a shower. I documented this in the care plan for the keyworker. We now try to ensure that the person stays in a room that is close to the shower." This was documented in the person's care plan.

People's likes and dislikes were documented in their care plans so that staff were aware of their preferences when providing care. Care plans included people's interests and how they like to go about their day. For example, one care plan told us that a person likes to dress by themselves and staff to assist if clothes were not put on correctly. Another person's care plan stated that they enjoyed watching soap operas and Disney films. During our inspection, this person was asked what they wanted to do in the evening and they said they wanted to watch the soaps on the television and asked what time their favourites were on. We saw a number of Disney DVD's available for people to watch if they choose to do so. Care plans also told us the things people did not like. For example, one person's care plan told us they did not like a certain room at the service, as it was not near the bathroom. Another care plan told us that a person did not like spicy food. Staff demonstrated a good knowledge of people's likes and dislikes. Care plans were reviewed prior to people arriving at the service. This was to ensure that there had been no changes since the person last stayed and that staff had time to put in place any measures to accommodate changes. One relative told us, "Staff always contact us before hand to find out if there are any changes they need to be made aware of and to review the care plan."

People could choose what activities they participated in and these were personalised to their needs. People's records identified any activities they were participating in. Many people who used the service would spend most of day at a day service. Some care plans showed us that people also chose to stay at the service and activities were provided. One member of staff told us, "It is completely up to them what they want to do when they are staying here. We can go to the coast, or go to one of the local pubs; we can stay in and play games or watch a film." The service had two areas where people could watch TV or a film. There were also board games and arts and crafts items available. During the summer months, people often used a large garden. During our inspection, both people using the service attended a day centre during the day. When the people got back, they were free to choose what they wanted to do. One person chose to put some music on and another person chose to spend time talking to staff. After dinner, people were asked if they wanted to participate in pressing apples that were picked from the service's garden. Both people agreed

and it was clear from observations that they enjoyed this activity. Staff took pictures with permission of the people taking part and these were quickly printed and put on display on the notice board. One relative told us, "They give us pictures of what has been going on. It is so nice to see what they have been up to and it is clear that they are having a good time."

People and their relatives were encouraged to give feedback on the service they received. People completed surveys when they left the service. People participated in house meetings. Due to the nature of the service, these were primarily used to discuss what people wanted to do at the weekends as a group as there were no day services running. The provider had a clear up to date complaints policy that was communicated in a way that was easy to understand and made available to all people living at the service and their visitors. Relatives we spoke to told us they would know how to complain if the need arose. Records showed that complaints were appropriately logged and the registered manager carried out a full investigation.

Requires Improvement

Is the service well-led?

Our findings

Relatives and staff spoke positively about the registered manager and the service. One relative told us, "Hedgerows is a home from home." Another relative told us, "Hedgerows is like an extension of our family." A third relative told us, "Our relative is always happy to go to the service. Every time we go there is such excitement." The registered manager told us, "The culture here is progressive, staff are entitled to change and move things. Staff will come to me if they have any worries." A member of staff told us, "The manager is very supportive and is always available when needed." Another member of staff told us, "There is a great family feel to Hedgerows and it is because of this it is a lovely place to work." The registered manager manages two services and during times when not in attendance the registered manager told us, "The day to day running is carried out by the deputy manager." Everyone we spoke to told us they were happy with the support provided by the deputy manager. Staff told us that the registered manager was always available to contact when not at the service. One member of staff told us, "I can contact the manager at any time. I can use the phone and email and she is always quick to reply." Staff told us that due to shift patterns and varying amounts of people using the service they would see the registered manager around once a month.

The registered persons had not carried out full and robust audits to ensure that all areas of the services were being checked to identify areas for improvement. Health and safety audits were being carried out every three months and an infection control audit was completed in September 2016. Action points from the infection control audit included for 'staff to only clean busy areas during quiet time and that signs should be put up when cleaning.' During the inspection, we observed these action points being adhered to. A quality assurance monitoring audit was completed in January 2016. The registered manager told us, "These are carried out yearly by registered managers of other services." However, the audit failed to demonstrate if the actions identified from the last audit had been met or if they were on going. The audit also reflected that 'no people were using the service at the time of the audit.' This meant there would have been no observations of care to monitor, review and to ensure that people's care needs were being met. The absence of a robust quality assurance framework meant the provider had failed to identify that monthly tasks had not been completed. For example, omissions in documentation were evident. Monthly checks on thermometer calibration, pull cords and food probes had not been completed. A wide range of policies and procedures were in place and had been updated by the provider. However, we found these updated policies and procedures had not been communicated to staff. For example, in April 2014 significant changes were made to adult safeguarding following the implementation of the Care Act 2014. The provider had updated their safeguarding policy to reflect these changes, however, had failed to share this policy with staff. This posed a risk that staff were unaware of their new responsibilities under the Care Act 2014. We brought these concerns to the attention of the registered manager who was responsive to our concerns. Subsequent to our inspection, we were informed that an online policy folder had been compiled alongside signature sheets for staff to sign to indicate they had read the updated policy.

We recommend that the registered persons seek guidance to ensure that there are effective systems in place to assess, monitor and improve the quality and safety of the service.

The registered manager had ensured that all notifications required as per the Health and Social Care Act

2008 legal requirements were made to the Care Quality Commission. A notification is information about important events that the provider is required to tell us about. The registered manager was open and transparent and was happy to discuss any notifications made and any improvements that came from them. They were aware of the statutory Duty of Candour, which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support. The Duty of Candour is to be open and honest when untoward events occurred.

The registered manager used surveys and meeting as methods for gathering views of people that used the service, their relatives and staff. People using the service after their stay completed surveys. These surveys were used to improve people's experience of the service. One member of staff told us, "From the survey we found that one person said they wanted to stay for short periods of time. We arranged a meeting with the family to have a discussion. From this the person will only stay for shorter periods of time." This was reflected in the person's records. Team meetings took place on a regular basis and gave staff an opportunity to discuss the service and for management to communicate any information that staff may need. Due to the nature of the service team meetings were used to discuss upcoming placements and any experiences from previous placements.