

## Hertfordshire County Council

# Scarborough House

### 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

Scarborough house provides respite and short break accommodation for people with learning disabilities and complex needs. The service has seven beds and at the time of our inspection there were five people using the service. Our inspection took place on 9 June 2016.

The service had an acting manager. There was not a registered manager in post. The previous registered manager had left their position in December 2015. 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 had an understanding of abuse and the safeguarding procedures that should be followed to report abuse and people had risk assessments in place to enable them to be as independent as possible.

There were sufficient numbers of staff on duty to meet people's needs and safe recruitment processes had been followed to ensure that staff were suitable to work with people. Safe systems were in place for the administration, storage and recording of medicines. Staff received on-going training which helped them to deliver safe and effective care to people. They received formal supervisions which helped them to monitor their progress and development.

Staff were well supported by the management team and had regular one to one supervisions.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 were met.

People were able to choose the food and drink they wanted and staff supported people with this.

People were supported to access health appointments when necessary.

Staff supported people in a caring manner. They knew the people they were supporting well and understood their requirements for care.

People were involved in their own care planning and were able to contribute to the way in which they were supported.

People's privacy and dignity was maintained at all times.

People were encouraged to take part in a range of activities and social interests of their choice.

## 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 ●

Staff were knowledgeable about protecting people from harm and abuse.

There was enough trained staff to support people with their needs.

Staff had been recruited using a robust recruitment process.

Systems were in place for the safe management of medicines.

### Is the service effective?

Good ●

The service was effective.

Staff had attended a variety of training to keep their skills up to date and were supported with regular supervision.

People could make choices about their food and drink and were provided with support if required.

People had access to health care professionals to ensure they received effective care or treatment.

### Is the service caring?

Good ●

The service was caring.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

### Is the service responsive?

Good ●

The service was responsive.

People were able to make decisions about their daily activities.

Care and support plans were personalised and reflected people's individual requirements.

People were involved in decisions regarding their care and support needs.  
There was a complaints system in place, of which people using the service were aware of.

### Is the service well-led?

The service did not have a registered manager in place.

People knew the acting manager and were able to see her when required.

People were asked for feedback on the service they received.  
Systems were in place to respond to feedback appropriately.

Quality monitoring systems were in place.

**Requires Improvement** 

# 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 inspection took place on 9 June 2016 and was unannounced.

The inspection was carried out by one inspector.

We had received information about events that the provider was required to inform us about by law, for example, where safeguarding referrals had been made to the local authority to investigate and for incidents of serious injuries or events that stop the service.

We used a number of different methods to help us understand the experiences of people living in the service. We observed how the staff interacted with people who used the service. We spoke with people and staff about their experience of the service. We spoke with three people, two relatives, three staff members and the acting manager.

We looked at five people's care records to see if they were accurate and reflected their needs. We reviewed five staff recruitment and training records. We also looked at further records relating to the management of the service, including quality audits and health and safety checks to ensure the service had robust systems in place to monitor quality and drive improvement.

# Is the service safe?

## Our findings

People felt safe with the support they received from staff when they used the service. One person said, "Yes it's very safe here." A relative told us, "We simply wouldn't use this service if it was not safe. We are very happy that [person's name] is safe when they visit."

The staff we spoke with demonstrated knowledge and understanding of the signs of abuse, what to look for, and the actions they should take if they felt that a person was at risk of abuse. A staff member told us, "Any concerns are reported to the manager. We also record everything as accurately as possible. I would use whistleblowing procedures if required, although I have never had to." Records showed us that staff had completed safeguarding training. We saw that safeguarding alerts had been reported and recorded appropriately.

People had risk assessments in place that detailed specific risks that were present to individuals and protected their safety. A staff member told us, "I think that everything is written up well. The risk assessments make sense and help us do our job and keep people safe." The risk assessments we looked at explained potential hazards, people who may be harmed, and actions that should be taken by staff. They covered various areas such as medication, moving and handling, health and behavioural and emotional support. Some people had specific plans to address behaviours that may be challenging to them and others. These plans detailed the behaviours of concern, when they may be likely to occur, proactive and reactive responses and strategies. We saw that information within the assessments was regularly reviewed to reflect the changing needs of people using the service.

We found that incident and accident procedures had been followed and information recorded accurately. This information had been checked over by senior staff and actions created where necessary. We also saw that fire safety equipment checks were regularly carried out within the service as well as fire drills. People had personal evacuation plans that detailed what their needs would be in the event of an evacuation.

People told us there were enough staff on duty. One person said, "Yes there are always staff around to help." A relative told us, "Whenever we drop off or pick up, there are plenty of staff on site to speak with. It seems everyone has plenty of support." A senior member of staff told us that agency staff members were used on occasion, but the service also had access to staff members who worked next door in the supported living service, which was run by the same provider. Staff were encouraged to work across both units to enable cover at short notice. The provider also employed a senior member of staff who was able to cover across both services as and when required. During our inspection, we observed that the number of staff on duty was sufficient to support people safely, and attend to people as they required. We saw staffing rotas which confirmed that staffing levels were consistent and able to increase as required when the number of people using the service, or needs of the people using the service, changed.

Staff were recruited safely into the service. The staff we spoke with told us they had to have a Disclosure and Barring Service (DBS) check and two references before starting work within the service. The acting manager confirmed that all staff went through this process before starting work. We looked at staff files and found

these checks had taken place.

People were supported to take their medication safely. One person said, "I am happy with the support I get with medication." The staff we spoke with told us that they had received medication training and were confident in supporting people with a wide range of medications. We saw that medication was signed in and out of the service for each person's stay. We looked at Medication Administration Record (MAR) charts and noted that they had been filled in correctly. We saw that systems were in place to monitor the temperature control, stock and dispose of medicines. We found that medication audits had taken place to monitor the safety of the medication systems within the service. We saw that people had guidelines within care plans around the administration of medication. Training records showed us that staff had undertaken medication training.

# Is the service effective?

## Our findings

People received care from staff that were trained to support their needs. One relative we spoke with said, "I think the staff are very good. [Person's name] needs are complex, and the staff look after them well. Our observations confirmed that the staff on shift had the knowledge to deliver appropriate care, for example, during our inspection there were people using the service with a range of different abilities in regards to mobility and communication. We saw that staff were confidently supporting and communicating with everybody.

All staff members went through an induction process before starting work within the service. The acting manager told us that all staff complete a five day induction which covers all the mandatory training courses. They then have two days on site learning the specifics of this service, reading care plans and risk assessments. Then staff would have around two weeks shadowing more experienced staff. Staff probationary period is 26 weeks, during which time they receive supervisions for feedback on their progress. All staff are also expected to complete the care certificate qualification in this time. All the staff we spoke with confirmed that they had gone through this induction process and felt that it helped them to effectively support people within the service. All the staff training was monitored within records that we saw. Mandatory training had been completed by staff which including safeguarding, first aid, fire safety, food hygiene, manual handling and health and safety. We saw that training certificates were kept within files.

Staff told us they received regular supervision. One staff member said, "Supervisions are useful because we can go through any concerns and talk about what's going on." We saw records of staff supervision which showed they took place regularly and covered topics such as personal development and training as well as specifics about the support of individuals within the service.

People told us that staff always gained their consent before providing care. One person told us, "The staff ask me first about everything." A staff member said, "We always talk to people and offer choices." During our inspection, we saw that people were communicated with in a way that they could understand, and choices were offered. Staff used verbal communication effectively as well as body language and gesture. Staff regularly checked that people were ok and offered drinks or a change of activity or environment.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When a person lacks mental capacity to take particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible. The registered manager told us that they and staff had received training on the requirements of the MCA.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that there were DoLS in place for some of the people using the service. These had been applied for in line with the current regulations and in people's best



interest. The service had policies and procedures in relation to the MCA and DoLS. Staff demonstrated a good understanding of how they worked in practice in line with the MCA and their responsibilities.

People had enough to eat and drink when they were at the service. One person told us, "I really like the food here, it's very good." A staff member said, "We all do a bit of cooking, it's all good food." Another staff member told us, "Sometimes people come in with special requirements, so we make sure we support them with whatever diet that they need." We saw food choices were displayed on a board for people to see, and that they had several meals and snacks to choose from. We saw that one person approached staff and asked for beans with their dinner. Staff were able to accommodate the request and cook the person what they wanted.

People were supported with maintaining good health and access to professionals when required. A senior member of staff told us, "We don't often get involved with appointments, but if someone needs to see a doctor whilst they are staying with us, then we can arrange it." We saw that people had detailed information within their files relating to their health needs and people were monitored as required. The service had contacts with various healthcare professionals that were able to support if required.

## Is the service caring?

### Our findings

People were supported in a warm, caring and friendly manner. One person said, "I like the staff a lot, they are nice to me." A relative told us, "The staff are very caring, whenever we see them interact with people, it's clear that they care." All the staff we spoke with told us that providing good care was important to them, and they took pride in providing a caring environment for people during their short stays. During our inspection, we saw that staff members clearly knew the people they were supporting well, they were able to sit and chat with people, make jokes and engage people in conversation. We saw that one person became upset about a subject that was not clear. The staff member involved was able to communicate effectively with the person to find out what the problem was, and then support them to calm down.

People had care plans that contained information about their personal history, likes dislikes and preferences. We saw a 'Things you should know about me' section which enabled staff to understand important things about the people they were supporting. The staff we spoke with all felt that the care plans reflected people's personality and was a good record of how they wished to be supported.

People felt involved and supported in planning and making decisions about their care. One person told us, "I get to do what I like really. I get to have a say in things." A staff member told us, "We put the people that use the service first." We saw staff speaking with people, asking questions and offering choices during our inspection. Staff knew each person well, taking into account their specific communication needs and adjusting their communication style between different people.

Positive relationships were formed with relatives of people that were using the service. One relative told us, "We are very happy with the service that [person's name] receives. It's a break for us and a break for them. The staff are good at keeping us in the loop and communicating with us. We feel very reassured that it is a good place for [person's name] to stay." The staff we spoke with all told us of the value of a positive relationship with family members. One staff member said "The service would not be utilised and people would not receive the support they need if the trust wasn't there." During our inspection, we saw staff members communicate over the phone in a positive and respectful way to relatives of people using the service.

People told us that their privacy and dignity was respected. One person said, "Yes I have my privacy. I can go into my room whenever I want and staff won't disturb me." A staff member told us, "I think we are all good at respecting people's privacy and dignity. We are always mindful of how a person must be feeling when receiving personal care." During our inspection, we saw a member of staff support and prompt a person to clean themselves after eating something. This was done in a respectful and dignified manner.

## Is the service responsive?

### Our findings

People told us they received care that was personalised to meet their needs. One person said, "The staff know me well. They know how to look after me." The relatives that we spoke with also told us that they felt the staff knew the people they were supporting well and understood their specific care requirements. One relative said, "We are involved in planning the support, the staff are very good with that." During our inspection we observed that people received care and support from staff that took account of their wishes and preferences.

People had their individual needs regularly assessed. The staff told us that speaking with people and assessing and changing people's support was an ongoing and fluid task. We saw that people's care plans and risk assessments were regularly reviewed and updated, and that staff members recorded activities and progress on people's daily notes, which was used to communicate and monitor any changes required.

People were encouraged to take part in meaningful and social activities. One person told us, "Yes I take part in activities, there are various things going on that I can join in on. We saw that there were different areas for people to use so that people could take part in quieter activities if they wished to, as well as outdoor space. We saw that photographs of people taking part in activities were displayed on the walls within the service, and people had information about what they enjoyed doing within their files. We saw that many of the people using the service accessed external daytime activity within day centres. The staff were aware of what everyone's activity schedule was and were able to engage people in conversation about their day once they had returned to the service.

People had one to one time with staff. People we spoke with told us that they could speak with staff on a one to one basis if they wanted to. During our inspection we saw that people were able to communicate with staff who gave them the time to chat and respond as required.

We saw that people using the service were encouraged to have meetings to discuss things such as the food, activities and facilities. We looked at the minutes and saw that one person had requested for a wireless internet connection to be available during their stay. Staff had been able to act upon this request and have the internet connection installed for them to use. Relatives of people using the service were also able to join meetings which enabled them an opportunity to be involved and give feedback to staff.

The people we spoke with were aware of the formal complaints procedure. One person said, "I haven't had to make any complaints, but I would speak to the manager if I did." We saw that the service had recorded all complaints and formulated an action checklist to deal with them which was checked over by the acting manager.

## Is the service well-led?

### Our findings

There was no registered manager in post within the service. The previous registered manager left on 5 December 2015. 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. An acting manager had been employed after the previous registered manager at the service had retired, but they had not registered with the Care Quality Commission within the timeframe required. The acting manager informed us that she was awaiting for approval from the provider to begin the registration process.

People we spoke with were positive about the staff and the acting manager. One relative told us, "I think the service is managed very well, the acting manager is very approachable and easy to talk to." Staff members we spoke with were all positive about their management team and the acting manager within the service. One staff member told us, "The acting manager is very supportive. The door is always open and we all work as a team." During our inspection, we saw that the acting manager was able to interact with staff and people using the service in a friendly and approachable manner. The acting manager was knowledgeable of the staff team and people and their needs.

The service was well organised which enabled staff to respond to people's needs in a proactive and planned way. Staff told us that they felt confident within their role because of the positive leadership in place within the service. None of the staff we spoke with had any issues about the service or how it was being run, and were positive about the continuing development of the service.

Open communication was promoted and encouraged within the service. We saw that the staff team met regularly to discuss the needs of the service and other matters. We saw minutes from meeting to confirm that they took place regularly.

We saw that incidents were recorded, monitored and investigated appropriately and action was taken to reduce the risk of further incidents. The staff we spoke with all had good knowledge of how to respond to different emergencies and record important information.

Information held by CQC showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way. The acting manager understood what needed to be notified, and copies of these records had been kept.

There were systems in place to monitor the quality of the care provided. A relative we spoke with confirmed that they were regularly asked for feedback both informally and formally. We saw that both relatives and people that use the service had been asked to complete questionnaires to give feedback. This allowed for actions to be created and dealt with by the acting manager.