Hertfordshire County Council

Isabel Court

Inspection report

1-6 Isabel Court
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 20 October 2016 and was unannounced.

Isabel Court is a specialised service that provides short break respite care for adults with a learning disability and people with a physical disability. Hertfordshire County Council is registered to provide accommodation and care at Isabel Court for up to three people at any one time. The home is located in Hoddesdon, Hertfordshire.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We carried out an unannounced comprehensive inspection of this service on 30 April 2015. After that inspection we received concerns in relation to staffing, medicines management and overall, management. As a result we undertook a focused inspection to look into those concerns. This report only covers our findings in relation to those topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Isabel Court on our website at www.cqc.org.uk

People, their relatives and staff felt that the service provided at Isabel Court was safe. Staff understood how to keep people safe and risks to people's safety and well-being were identified and managed. However, staff did not demonstrate an awareness of how to escalate safety concerns beyond Isabel Court.

People and their relatives told us that people's needs were met in a timely manner by sufficient numbers of skilled and experienced staff. The provider operated robust recruitment processes which helped to ensure that staff employed to provide care and support for people were fit to do so. People's medicines were managed safely. There had been incidents of repeated medicine errors in recent times and actions had been taken to help promote safe practice in this area.

The provider had arrangements in place to receive feedback from people who used the service, their relatives, external stakeholders and staff members about the services provided. People's relatives were comfortable to speak with the registered manager if they had a concern and were satisfied that they would be listened to.

Staff did not always feel that they were listened to and staff morale was low. The registered manager and the provider's senior management team were actively engaged in making changes to the way staff were deployed in a bid to change the negative culture within the service.

The provider had arrangements to regularly monitor health and safety and the quality of the care and support provided for people who used the service.

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 understood how to keep people safe however, did not demonstrate an awareness of how to escalate safety concerns beyond Isabel Court.

People's medicines had not always been managed safely however, actions had been taken to help promote safe practice in this area.

Risks to people's safety and well-being were identified and managed.

People's needs were met in a timely manner by sufficient numbers of skilled and experienced staff.

The provider operated robust recruitment processes which helped to ensure that staff employed to provide care and support for people were fit to do so.

Is the service well-led?

Good

The service was well-led.

Staff did not always feel that they were listened to and staff morale was low.

The registered manager and the provider's senior management team were actively engaged in making changes to the way staff were deployed in a bid to change the negative culture within the service.

The provider had arrangements to receive feedback from people who used the service and their relatives about the services provided.

People's relatives were comfortable to speak with the registered manager if they had a concern and were satisfied that they would be listened to.

The provider had arrangements to regularly monitor health and

safety and the quality of the care and support provided for people who used the service.

Isabel Court

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. We carried out an unannounced comprehensive inspection of this service on 30 April 2015.

After that inspection we received concerns in relation to staffing, medicines management and the overall management of the service. As a result we undertook a focused inspection to look into those concerns. This report only covers our findings in relation to those topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Isabel Court on our website at www.cqc.org.uk

This inspection took place on 20 October 2016 and was unannounced. The inspection was undertaken by one inspector.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the provider information return (PIR) submitted to us on 10 August 2016. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

During the inspection we spoke with one person who used the service, two staff members and the registered manager. Subsequent to the inspection we spoke with relatives of six people who used the service and three further staff members to obtain their feedback on how people were supported at Isabel Court.

We reviewed documents central to people's health and well-being. These included staff training records, medication records and quality audits.

Good

Is the service safe?

Our findings

People told us that they felt safe when they used the short break service at Isabel Court. One person told us, "I like coming here, I feel safe here." A relative of a person who used the service told us, "There are definitely enough staff to support people, they look after [Relative's] medicines well. It's a little bit like a holiday just for [Person]." Another relative said, "They do everything I ask them to do, they do a brilliant job. [Relative] comes home happy and relaxed, they enjoy their time there."

Staff had received training about how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse. Information and guidance about how to report concerns, together with relevant contact numbers was displayed in the home and was accessible to staff and visitors alike. Staff were able to confidently describe how they would report any concerns within the service, for example, one staff member said, "I would make sure people were safe, I would call the on-call manager." However, some staff members told us that they felt they were not always listened to by the management team so they had little confidence that they would act on concerns raised with them.

The provider had a whistleblowing policy and procedure in place to support staff members to be able to take appropriate actions in the event that they felt they had concerns relating to people's safety and well-being. We discussed the use of whistleblowing procedures with the staff team however; some staff said they had no confidence to use this method of raising concerns. We noted that issues raised by the staff team had been acted on and discussed during staff meetings.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed each time people were re-admitted to Isabel Court for a period of respite care to take account of their changing needs and circumstances. Five of the six relatives of people who used the service we spoke with told us that it was a matter of routine for staff to confirm that people's needs remained the same. For example one relative told us, "They check with us every time [Person] visits to make sure that nothing has changed." Another relative said, "Each time [Person] goes in for a period of respite I fill in a form so that staff are aware of any changes in [Person's] care needs. The form enables people to report any changes, we have never had any concerns they are an absolute godsend so accommodating and helpful." However, one relative told us that this had not been the case for one person and they were going to raise this with the staff team when the person next used the service.

The relatives we spoke with told us that there were enough staff available to meet people's needs. One relative said, "It is absolutely safe and there are plenty of staff." The staff team were less positive about the numbers of staff available to meet people's needs. They told us that there had been a considerable staff turnover at the service in the past year which meant they were short staffed. One staff member told us, "I do feel people are safe but things could be made safer with extra staff. If I felt there were serious safety issues I would raise concerns." Another staff member told us that there were no examples of people experiencing harm as a result of the staffing levels but that they felt there could be a potential for risk. We received varied reports of 10 to 14 staff having left the service in the past year; this was not confirmed by talking with management and reviewing records. We found that three staff had left the short break respite service in the

past year.

Staffing of the short break service was arranged around people's level of needs. For example, if three people with complex care and support needs were staying at the service there would be a minimum of three staff members on duty. On the day of this inspection there were three people who were staying at the service who did not have high needs and there were two staff members on duty. There had been changes made to the rota in order to meet appropriate gender care so there was one female and one male support worker on duty.

The management team told us that the service had experienced a considerable amount of staff sickness much of which was last-minute which had caused short staffing issues that could potentially affect people's care and support. The management team had implemented a new policy to support staff returning from sick leave. This was a move to restrict staff members from working extra hours for two weeks following a period of sickness in order to help ensure they were fully recovered. The registered manager was able to report that this had been effective in reducing the amount of last minute sick leave.

When short staffed due to last-minute sickness, vacancies were covered by regular agency staff, staff doing additional hours or the management team working hands-on shifts. If additional support was needed the provider's supported living unit in the same building could provide additional assistance in the case of an emergency. The registered manager reported that staff in the supported living unit occasionally assisted by undertaking routine medicine checks.

Safe and effective recruitment practices were followed to make sure that all staff were of good character and suitable for the roles they performed at the service. We checked the recruitment records for a recently employed member of staff and found that all the required documentation was in place including two written references and criminal record checks.

There were suitable arrangements for the safe storage, management and disposal of medicines and people were supported to take their medicines by trained staff. Five of the six relatives we spoke with told us that people received their medicines regularly and that they were satisfied that their medicines were managed safely. One relative told us, "We have no issues with medicines, [Person] has daily tablets and I send in what they need to last for their stay. I know they manage them carefully. They are meticulous. I am very confident in them administering [Person's] medicines."

However, one relative was less positive about this aspect of support provided at Isabel Court because their family member had experienced repeated errors where staff had not administered a person's medicine in accordance with the prescriber's instructions. The staff and management team told us that when medicine errors had been identified advice was immediately sought from health professionals and people's relatives were informed. The errors that had been made with this person's medicine administration had not resulted in a negative impact on their health and well-being.

The staff member responsible for the medicine errors was immediately removed from medicine administration duties and completed a reflective account about how the error had occurred and what actions could be taken to help ensure that it didn't happen again. The management team advised us that it was normal practice for annual refresher training to be undertaken and the service had a medicines champion. As a result of the medicine errors additional face to face training had been secured from an external trainer for support staff in the short break service.

A relatively new member of staff described their medication introduction process and said that people

continuously asked them if they felt comfortable to administer medicines. They told us, "There was no pressure to administer people's medicines until I felt that I was ready."

A concern had been raised with us about the storage of medicines at Isabel Court short break service. As part of the management team's attempts to address the repeated medicine errors lockable cabinets had been secured to the wall in the individual bedrooms to store people's medicines for the period of their stay. This had been done as a result of a suggestion from the community learning disability team however; the staff team voiced their concerns about these cabinets. One staff member said, "I don't think they are the sturdiest of cabinets, they appear quite flimsy." The registered manager told us that the community learning disability team had reviewed the medicine storage facilities and agreed that they were suitable for purpose and that they had requested a specialist advisor to attend the service to confirm this.

We noted that room temperatures were checked when they were occupied to help ensure that people's medicines were stored in a manner that did not compromise their stability and efficacy. Records showed that the temperature in each of the rooms had not exceeded 25°C and a senior staff member advised of appropriate actions that would be taken if temperatures fell or exceeded safe parameters.

We checked all the boxed medicines at the service at the time of the inspection and found that stocks agreed with the records maintained.

Good

Is the service well-led?

Our findings

Relatives of people who used the service knew the registered manager by name and felt that they were approachable with any problems. One relative told us, "The management has been open and approachable with us and has been responsive to the concerns about medicines." Another relative told us, "It's very well run; it is a lovely place for [Person] to go. It is like a holiday for them, they are always happy to go back to Isabel Court."

The registered manager demonstrated an in-depth knowledge of the staff they employed and people who used the service. They were familiar with people's needs, personal circumstances, goals and family relationships. A relative told us, "We have met the [registered] manager on a couple of occasions. If they are concerned about anything I am really confident that they wouldn't hesitate to contact us."

Staff members gave us mixed feedback about the support provided and approach of the management team. One staff member told us, "I feel very comfortable raising concerns with the management, they are easy to talk to and approachable." However, another staff member said, "We complain to management and nothing appears to happen so we feel it is pointless." We discussed this feedback with the management team who explained this was because the complaints received had been about individual staff members' care practices and therefore were confidential in nature and managed on a personal basis with the staff members concerned.

The management team told us that their door was always open and that there were regular staff meetings held for the team to be able to discuss any issues that affected the service or were important to them. We reviewed minutes of four staff meetings held recently and noted that issues such as staffing levels, medicines storage and staff morale had been raised and discussed in these forums. For each topic there was a conclusion documented.

Subsequent to the inspection we were advised that a member of the provider's senior management team had attended a staff meeting alongside the registered manager. This meeting had been arranged to address the concerns that had been raised and to advise the staff team of forthcoming changes to the staff deployment at the service in order to promote a better working environment and address the morale of the team.

Staff had been supported to obtain additional skills where appropriate as part of their personal and professional development to be able to meet specific needs of people who used the service. For example, the staff team had recently received training to give them the skills to support people to take nutrition and hydration via means of a percutaneous endoscopic gastronomy tube (PEG) when oral intake is not possible or appropriate. This showed that the management team helped to ensure that the staff team had the appropriate training to meet the needs of the people who used the service.

The provider had a range of systems in place to assess the quality of the service provided at Isabel Court short break service. The registered manager told us that a representative of the provider undertook regular

quality monitoring visits. These involved a review of such areas as staffing levels, medicines management, safeguarding and infection control. We reviewed a record of a provider's visit undertaken in July 2016 and noted that issues that had been identified for action at the previous visit were checked to ensure that the appropriate action had been taken. This is showed that the provider's quality monitoring systems were effective in identifying and addressing improvements in the service provision.

The registered manager was supported and regularly supervised by the area manager. They also told us that they had the opportunity to network with other registered managers within the provider's organisation to share good practice suggestions and to access support from colleagues.

Regular checks were carried out by senior support workers and the staff team to help ensure that the environment, equipment used and care provided remained safe and effective at all times. These included reviews of medicine records, safety procedures and the guidance used by staff to provide care and support to people who stayed at the home. The registered manager was able to demonstrate that they personally checked that all aspects of the services provided were safe and effective. This included such areas as sickness management, medicines errors, compliments, complaints, staff training, health and safety and staff supervision. This meant that the systems used to reduce risks and monitor the quality of services provided was effective in promoting people's health safety and well-being.

The service distributed 'have your say' forms for people who used the service and their families to provide feedback subsequent to a period of respite care. We noted that positive feedback had been received by this means however; it was not clear how many questionnaires had been sent or received. Feedback from people and their families included a request that WIFI could be made available at the service and this was now up and running. This showed us that the management team were responsive to feedback from people and their families and took appropriate action.

Relatives of people who used the service told us that the management team were responsive to any concerns raised with them. For example one relative told us, "We had a recent concern that has now been addressed. Several times we had taken [Person] to the centre and found there were no staff of the same gender available to meet their personal care needs. We raised this issue with the registered manager and in recent times we have found that it has been addressed." This showed us that the management team were responsive to concerns raised with them and took appropriate actions to address them.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.