

Royal Mencap Society

Hardy Drive

Inspection report

23 Hardy Drive
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Hardy Drive provides accommodation and personal care for up to six people who have a learning disability. At the time of our inspection there were six people receiving support.

The service was a domestic style property that was similar to the surrounding properties. There were deliberately no identifying signs, to indicate it was a care home.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People were supported to have maximum choice and control of their lives and, in most instances, staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, documentation regarding mental capacity and the Deprivation of Liberty Safeguards (DoLS) was not sufficient.

People felt safe at the service and there were enough staff to meet their support needs. Staff had a good understanding of people's needs. However, we identified instances where risk had previously not been managed safely. Whilst appropriate actions had been identified by the registered manager, these were yet to be completed.

The provider had quality assurance systems in place. However, these were yet to be fully embedded and they had not identified all issues noted in this report.

Staff told us that they felt supported in their role, however, we identified some gaps in the training they had received.

People were supported to manage their medicines safely.

People lived in a clean environment which was appropriate for their needs.

People were supported to eat and drink enough throughout the day. The service worked well with other professionals to ensure people received the right support.

The service applied the principles and values of Registering the Right Support and other best practice

guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People and professionals said they felt that staff were always kind and caring. Observations showed that staff were attentive to people's needs.

People and relatives were encouraged to provide feedback regarding the quality of care provided.

Personalised support plans were in place and these contained detailed information about people's likes and dislikes.

People were supported to communicate their wishes and make decisions. Staff were knowledgeable about the most effective methods to support people to communicate.

The registered manager was open and honest about where improvements were required. A comprehensive service improvement plan was in place.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at Last Inspection

At our last inspection, the service was rated "good" (published on 25th April 2017).

Why we Inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor the service to ensure people receive safe, compassionate, high quality care. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Hardy Drive

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector completed the inspection.

Service and service type

Hardy Drive is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report

During the inspection

We sought feedback from two people, who used the service. We also spoke to the registered manager, area manager and two members of staff.

We reviewed a range of records. This included two people's care plans and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and other quality assurance records. We spoke with one relative and two professionals.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to requires improvement. This meant that some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks relating to people's care and support were identified. However, we found cases where, until recently, risks had not been managed adequately. In one instance, where there was a known significant risk, staff had not received the necessary information to keep the person supported and others safe. They had also not received the support required, to assist the person effectively. The current registered manager explained that since being in post, they had obtained all relevant information. At the time of inspection, work was ongoing to ensure this risk was managed appropriately and all relevant professionals were involved.
- We also identified an instance where a person had experienced a re-occurring health-related issue for two years. This had resulted in varying levels of discomfort during this time. However, limited professional advice had been sought, until the appointment of the current registered manager. Further work had been planned to manage this risk, however, this was yet to be completed.
- One person was identified as being at high risk of developing pressure ulcers and required regular repositioning. Records indicated that they were not being supported to reposition at the intervals identified as required. The registered manager assured us repositioning would have taken place and this was likely to be record-keeping issue.
- One person's care plan stated that they were at high risk of dehydration and should be encouraged to drink a specific amount each day. Again, daily recordings did not reflect that this had occurred. The registered manager explained that she would be booking staff onto recording and reporting training, in response to these concerns.
- Several people were identified as not having capacity to manage their finances. However, arrangements were not in place to manage any risks associated with this. The registered manager was aware of this and was due to arrange appointee-ships for these people.
- Staff carried out regular health and safety checks to ensure the premises and equipment were safe.
- The local fire and rescue service had recently completed a fire safety audit. This had identified several actions. The registered manager had completed the majority of these. One significant risk remained outstanding and we were informed the housing association had been contacted regarding this.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to safeguard people from abuse. Staff told us they had received safeguarding training and records confirmed this.
- Staff told us they knew how to recognise abuse and protect people from the risk of abuse. One staff member told us, "I would report any abuse to [registered manager]. If necessary I could contact the police or CQC. We have phonebook with all the contact numbers we might need."

- People felt safe. One person told us, "Yes I feel safe living here, I was very happy to come here from home."
- A professional told us, "My client had complex needs but I feel they are safely cared for."

Staffing and recruitment

- There were enough staff to keep people safe. Throughout the inspection we observed people receiving support when they required it.
- Both people and staff told us that there were enough staff on duty for people to be supported in a timely manner.
- Staff were recruited safely. Each member of staff had a disclosure and barring service (DBS) check and references from previous employment on file. A full employment history had been obtained.

Using medicines safely

- People's medicines were managed safely and were stored and administered in line with good practice standards. People received their medicines as prescribed.
- Staff understood their responsibility and role in relation to medicines and had undertaken training and competency assessments.
- A thorough medication audit had been completed by the registered manager in July 2019. This had identified several issues in relation to medicines management. A detailed action plan had been put in place. We saw that these issues had been rectified appropriately.
- Some people were prescribed "as required" medicines. Detailed protocols were in place outlining in what instances staff could administer these medicines.

Preventing and controlling infection

- Systems were in place to prevent the spread of infection and maintain a safe and clean environment. We observed the environment to be visibly clean and presentable.
- Staff had received the relevant training for infection control and food hygiene.
- Staff had access to all protective equipment, for example gloves and aprons.

Learning lessons when things go wrong

- Accident and incident records were completed and reviewed by the registered manager for any follow-up action.
- The registered manager gave examples of where the service had responded to incidents and made changes to improve the service provided.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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 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.

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. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager informed us that DoLS applications had been made. However, there was no evidence held on file to support this. The registered manager contacted the DoLS team on the day of inspection to obtain these details.
- Where restrictions were in place, it was not always clear if the service has considered the "least restrictive" option, when making these decisions. For example, one person had a door sensor in place due to another person coming into their bedroom at night. The registered manager explained she had identified that this was not the most suitable solution. Appropriate steps had been identified to address the situation but were yet to be taken.
- MCA assessments and best interest decisions were not always recorded and reviewed, where necessary. This had been identified by the registered manager and was listed on the service improvement plan.
- The registered manager and staff were aware of the need to operate within the principles of the Mental Capacity Act.

Adapting service, design, decoration to meet people's needs

- The service was designed and decorated to meet people's needs. People were encouraged to personalise their rooms to their taste.
- The registered manager had identified where some work was required to the décor of the home. They were working with the housing association to make the necessary improvements.
- Staff were in the process of turning the conservatory into a sensory room for one of the people supported.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were fully assessed before moving into the service.
- People's support plans and risk assessments identified their immediate needs. Specialist assessments were utilised, where required, for example, in relation to nutrition and pressure sores.

Staff support: induction, training, skills and experience

- Staff were positive about the induction they received. One staff member told us, "I had a really positive and in-depth induction to the service and company."
- Staff told us they received appropriate training to carry out their role effectively. However, upon reviewing the training matrix we identified some gaps. Less than half of the staff team had completed epilepsy and 'eating and drinking safely' training and only one member of staff had completed DoLS training. The registered manager was aware of this and confirmed this was due to be arranged.
- All staff had received manual handling, medication and finance observations.
- Staff received regular supervision in line with the provider's policy.
- Staff felt comfortable to approach the registered manager if they required additional support. A staff member told us, "We do feel supported by the registered manager, morale has improved as time goes on."

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to eat and drink enough. Staff gave visual prompts to help people make choices. People's intake of food and drink was monitored, where required.
- Staff explained there were always alternatives if people did not want what was on the menu.
- People's independence was encouraged, we observed people being supported to prepare an evening meal.
- Some people had expressed a desire to eat healthier food. Healthy eating cookbooks had been purchased and people were supported to identify recipes they would like to try.
- One person required a pureed diet so had a separate menu which had been developed in line with their likes and dislikes. Daily recordings did not always explicitly reflect that food has been prepared in line with SALT guidelines, however, we identified nothing to suggest that these were not being followed.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- People were supported to attend appointments with a range of health care professionals to maintain good health. This included the GPs, community nurses, chiropodists, opticians, dentists, speech and language therapists and other specialists.
- In most instances, staff monitored people's health appropriately and made necessary referrals. Each person had a health action plan in place which explored how they could be supported to stay healthy.
- One health professional told us, "I have found staff very approachable and communication very efficient, whether by email, phone or in person"

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed people received support which was kind and caring. Staff had developed positive relationships with people and knew how to support them effectively. They spoke warmly about the people living at the home.
- People were assisted in line with their individual needs and wishes. The service had received several compliments from family members, who referred to the kind and caring nature of staff.
- One person told us, "Staff are nice." Another person told us they were "happy" living at Hardy Drive.
- A professional told us, "With the client I have visited most, staff show genuine care and willingness to adapt to their changing needs."

Supporting people to express their views and be involved in making decisions about their care

- The service gave the people living at the home and their relatives an opportunity to express their views of the care they received. A local care provider association undertook an annual independent quality assurance survey on behalf of the provider. The feedback they received was positive.
- We observed staff offer people choice in a way appropriate to their needs. Staff explained that where verbal communication was limited they used different approaches to support people to make decisions. For example, one person was able to choose what food they would like when two options were physically presented to them. One staff member told us, "I place two or three options for breakfast on the side so that they can point to the one that they want, even though it is normally always the same choice each day."
- One person told us staff ensured they could make decisions about what activities they would like to take part in. They told us, "Staff always ask, 'what do you want to do tomorrow?'"
- People had allocated key-workers and notes from these sessions were documented. The registered manager explained how each month key-workers focused on a different area of people's support, in line with their current needs.

Respecting and promoting people's privacy, dignity and independence

- Records were stored securely, and staff showed awareness of the need to maintain people's confidentiality.
- Staff were respectful when they discussed people's support needs and understood the importance of privacy and dignity. One staff member told us, "We never discuss another individual in front of another or neglect to talk to the person we are supporting with personal care."
- Staff supported people to be as independent as possible and do what they could for themselves. We observed people being supported to make their own drinks and snacks.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care records were personalised and there was clear information about people's likes and dislikes. The registered manager was in the process of updating these.
- People were encouraged to follow their interests and try new experiences. One person worked one day per week and staff were in the process of supporting another person to get a job.
- Staff told us that the rota was flexible which allowed people to take part in activities of their choosing. For example, an additional member of staff was available when a person was supported to attend dance sessions.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff told us where verbal communication was limited, people were supported to use alternative methods. We observed staff using Makaton to support people with limited verbal communication. Staff also told us they would use pictures and photographs to support communication, where relevant.
- Staff were aware of the specific ways in which they should support one person with their communication, behaviour and sensory needs. Detailed information was located within the person's support plan.
- The registered manager explained that they were in the process of adapting a nationally recognised tool for use in key worker sessions. They explained this would provide staff with a means of documenting the experiences of people who communicate non-verbally.

Improving care quality in response to complaints or concerns

- The registered manager verbally informed us of several complaints which had recently been received from one family member. These had not been logged in line with the providers policy. However, both the registered and area managers were involved in addressing these concerns and work was ongoing.
- People were aware of how to raise concerns. One person said the registered manager had told them, "If you have any problems, you need to tell me."

End of life care and support

- The service was not giving end of life support to people at the time of inspection. However, one person was in hospital and was due to be discharged on a palliative care plan. The registered manager was in the

process of coordinating this. Support and equipment were being sought from appropriate professionals. The registered manager was also seeking guidance in relation to the Gold Standards Framework for End of Life Care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care.

- The provider used an online system to assist management oversight and governance of the service. The registered manager explained that since being in post, they had worked to ensure this was accurately completed. Where gaps were identified, these had been added to an action plan for the service.
- A comprehensive service improvement plan was in place and the registered manager was in the process of working through the actions. Therefore, most issues we identified during the inspection were already known to the registered and area manager. However, whilst the appropriate actions required had often been identified, they had not always yet been implemented.
- Audits were completed but the service was yet to fully embed an effective system of quality assurance checks. For example, the gaps we found in daily recordings had not been identified by the service.
- The registered manager explained that they were in the process of identifying staff "champions" with specific responsibilities, for example health and safety or medication, to aid the quality assurance process.
- Staff were clear about their roles and responsibilities and knew they could go to the registered manager for advice at any time.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff told us that they felt supported by the registered manager. One staff member told us "In the few months [name] has been manager, I have felt far more supported and comfortable approaching management."
- The registered manager led by example and one professional referred to the "good ethos" promoted at the service. One staff member told us, "Everybody works as a team."
- The registered manager was very open throughout the inspection regarding improvements required at the service. They explained different tools which they planned to use to gather feedback from people about their quality of life and to identify goals and outcomes.
- People, relatives and staff were involved in planning of care and support. Review meetings were in the process of being organised, at the time of inspection.
- Professionals referred to the positive culture at the service. One told us, "The staff and management are extremely caring, and person centred. This is one thing that makes Hardy Drive a step above other units I have worked in."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff told us that team meetings had not been held until very recently. One staff member said, "These have only just started back up, we had one last month and another is due in the next week or two."
- People and relatives were provided with the opportunity to feedback via annual survey's conducted by the provider. People and their families were also sent a newsletter containing information relevant to all the provider's services within the local area.
- Resident meetings had not been held until very recently. However, now established, these provided a mechanism for people to feedback on a range of issues, including staff, food and activities.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was open and knowledgeable about the service, the needs of the people living there and where improvements were required.
- The registered manager understood their role and responsibilities to notify CQC about certain events and incidents.
- We found notifications were submitted to the CQC, as required. The previous CQC rating was prominently displayed in the home and on the provider's website.

Working in partnership with others

- The service worked in partnership with organisations including the local authority that commissioned the service and other health and social care professionals.
- Professionals we spoke with were positive about how the registered manager and staff team worked in partnership with them. One told us, "I always had an open and honest relationship with Hardy Drive. Communication was always clear and appropriate".