

Watford And District Mencap Society Hillside

Inspection report

82 Pinner Road
Oxhey
Hertfordshire
WD19 4EH

Tel: 01923245466
Website: www.watfordmencap.org.uk






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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

This inspection took place on 12 and 19 March 2018 and was unannounced. When we last inspected the service in March 2016 we found that the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and the service received an overall rating of Good. However at this inspection we found the service was not meeting all the required regulations. We found some areas of the environment were poorly maintained and failed to provide a homely and comfortable place for people to live. We also found that although individual risks assessments were in place there was inadequate information provided on how staff should support and minimise the risk to people's health and welfare.

Watford and District Mencap Society – Hillside 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 – Watford and District Mencap Society – Hillside accommodates eight people who have a learning need or who live with Autism. The service is not registered to provide nursing care. At the time of this inspection there were six people living at the home.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was 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.

People's relatives told us that they were confident that people were safe living at Hillside.

Risks to people were appropriately assessed but guidelines in place failed to ensure the person's health and welfare was protected and maintained at all times.

Staff had received training, support and development to enable them to carry out their role effectively. The service is required to update records in relation to meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice. People received appropriate support to maintain healthy nutrition and hydration.

People were treated with kindness by staff who respected their privacy and upheld their dignity. People's relatives were encouraged to be involved with people's lives where appropriate, to provide feedback on the

service and their views were acted upon.

People received personalised care that met their individual needs. People were given appropriate support and encouragement to access meaningful activities and follow their individual interests.

People's relatives told us they knew how to complain but had not had occasion to do so. They said they were confident they would be listened to if they wished to make a complaint.

Staff were aware of the risk of cross infection and used personal protective clothing to reduce the risk.

We found that although records were written in a positive and respectful way some records lacked detail and guidance.

The registered manager had created an open and inclusive atmosphere within the service. People's relatives, staff and external health professionals were invited to contribute their views in relation to further developing the service.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe

Although risks to people's health and well-being had been identified, some records lacked detailed guidance for staff which placed people at risk of potential harm.

People told us they felt safe at the home and staff knew how to 'whistle blow' and report signs of abuse.

Safe and effective recruitment practices were followed to ensure that staff employed at the home were fit, able and qualified to perform their roles.

There were sufficient numbers of staff were available at all times to meet people's individual needs.

People were supported to take their medicines safely by trained staff.

Is the service effective?

Requires Improvement ●

The service was not always effective

Areas of the home required updating and improving.

People's wishes and consent was documented or updated before care and support was provided.

People were supported by staff that received appropriate training to meet people's needs effectively.

People were provided with a healthy balanced diet which met their needs.

Staff received inductions and supervisions and had access to staff meetings.

Is the service caring?

Good ●

The service was caring.

People were cared for in a kind and compassionate way by staff that knew them well and were familiar with their needs.

People were involved in the planning, delivery and reviews of the care and support provided.

Care was provided in a way that promoted people's dignity and respected their privacy.

People's confidentiality of personal information had been maintained.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that met their needs and took account of their preferences and personal circumstances.

Detailed guidance made available to staff enabled them to provide person centred care and support.

People were supported to maintain social interests and take part in meaningful activities relevant to their needs.

Concerns raised by people and their relatives were dealt with promptly by the registered manager.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

The provider had systems available for the manager to review and assess the quality of service; however these systems had not been effective in identifying or actioning areas of the service that required improving.

People's records were held securely.

People's views and opinions about the quality of service they received had been sought with regard to the service provided.

Statutory notifications that are required to be sent to the commission had been made.

Hillside

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 checked 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 comprehensive inspection was carried out by one inspector on 12 and 19 March 2018 and was unannounced.

We asked the provider to complete a Provider Information Return (PIR) as part of this inspection process. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also checked the information we held about the service and the provider and saw that no concerns had been raised.

People who used the service were not able to share their views with us. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the course of the inspection we spoke with two people who used the service, three staff members, the registered manager and the operations manager. As part of this inspection we also spoke with one external professional and two relatives.

We reviewed two people's care records, two staff personnel files records relating to the management of the service, the administration of medicines, staff recruitment and staff training records.

Is the service safe?

Our findings

We were unable to seek the views of everyone who lived at Hillside due to their complex needs. However one person we spoke told us "I like it here, the staff are all nice, feel safe."

When we asked another person if they felt safe living at Hillside they looked over at the registered manager and smiled. We observed the remaining people who lived at Hillside who were unable to verbally communicate their views and they appeared relaxed, comfortable and happy.

We found that a door wedge had been used to prop open one of the bedroom doors on the first floor of the home. This was immediately addressed with the registered manager as an unsafe practice that placed people at risk of harm from fire. This door wedge was removed and a discussion was held with the operations manager with regard to the need for an automatic door closure to be fitted to still enable the person to keep their door open, but the mechanism would close the door upon the sound of the fire alarm.

We saw that individual risks assessments had been completed to safeguard people's safety and wellbeing across aspects of their lives and control measures were in place to reduce these risks. For example there were assessments regarding, road safety and risk of choking. We saw that these risk assessments had all been updated within the past six months. However we saw one person's support plan stated that they had been provided with a bariatric shower chair following an occupational therapist assessment. However we saw from the records that this person refused to use this chair preferring to stand but we found that there was no associated risk assessment in place to safeguard and protect this person from the risk of falling or injury. This is an area that requires improvement.

This meant this was a breach of Regulation 12 (2) (H) Safe care and treatment of the Health and Social Care Act (regulated Activities) Regulations 2014.

We spoke with one relative who told us that they felt their family member was safe. They said, "I feel very confident and happy with the staff who look after [name]. They are safe and happy living at Hillside."

People were clearly comfortable in the presence of staff and showed no anxiety or distress. Staff demonstrated to us that they understood how to keep people in their care safe. This included how to recognise and report abuse.

The provider operated safe recruitment practices. Records showed that appropriate checks had been undertaken before staff began to work at Hillside which included satisfactory references and criminal records 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. We checked a random sample of boxed medicines and found that the amount of medicines in stock agreed with records held. Staff confirmed to us that their competency to safely administer people's medicines was regularly assessed.

There were systems in place to help promote infection control. These included cleaning regimes and schedules and training for staff. We saw that staff used gloves and aprons and the home. However we noted that there was a strong malodour throughout the ground floor .This was addressed with the registered manager at the time of the inspection for their attention.

The registered manager understood their responsibilities to raise concerns and to record and report safety incidents. The registered manager was clear about the arrangements for reviewing and investigating safety and safeguarding incidents and how any learning from these were shared throughout the staff team to help reduce the chance of recurrence.

Is the service effective?

Our findings

Although people who used the service were not verbally able to tell us about the care and support they received, we were able to observe some positive interactions between the registered manager and people who used the service throughout our inspection. We saw that staff met people's needs in a competent manner which demonstrated that they knew the people well. For example one person had become slightly anxious when we arrived at the home. We observed a staff member offered to take the person's hand and gently walk them around the home until the person was able to point out what they wanted. This calm response helped the person become less anxious and stressed.

People were supported by staff who received supervision and guidance, one staff member told us that their one to one sessions covered aspects of their performance and any issues they may have with their day to day work with people. They told us "The manager is one of us and fair. They are always on hand for advice and support when we need it." Another staff member said "We are a small and friendly team and work well together."

One staff member confirmed that they were provided with the opportunity to undertake the appropriate training to carry out their role effectively. They told us, "We attend all sorts of training, which helps us do our job better." Recent training included, food hygiene, safeguarding, infection control, first aid and the management of medicines as well as specific training modules such as epilepsy.

When we were shown around the home by the registered manager we found that several areas required attention. These included badly worn carpets in the main hallway and lounge, paintwork chipped and scuffed throughout the ground floor, holes in doors, kitchen cupboards that were damaged and handles missing. The downstairs bathroom which been damaged by a flood and the repairs left incomplete. The laundry room also had areas of damp that required attention. Some of the furniture within the communal areas of the home also needed to be replaced. These issues gave the appearance of a home that was unkempt and poorly maintained for people to live in. These issues were addressed with the registered manager and the operations manager at the time of the inspection for their immediate attention.

This meant there was a breach of Regulation 15 - Premises and Equipment of the Health and Social Care Act (regulated Activities) Regulations 2014.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager told us about people who lacked capacity to take certain decisions and had restrictions applied to their freedom in order to keep them safe. We found that for people who had DoLS authorisation in place these ensured that the

least restrictive methods were used when people were deprived of their liberty.

We saw evidence that staff had received training in the Mental Capacity Act and Deprivation of Liberty Safeguards. One staff member we spoke with was able to describe what steps were required to protect people's best interests. In addition, one staff member told us how they ensured that any restrictions placed on a person's liberty were lawful. This meant that staff possessed the knowledge or skills to ensure that people were appropriately supported.

People had their consent sought before support was given. We checked the care plans of two people and records confirmed that people, where able, had signed to give their consent to the support provided. This included consent for their photograph being taken and consent for support with taking their medicines. However we saw from one person's records they had been assessed as lacking capacity to understand the consequences of refusing their medicines. Although significant risks to this person from refusing to take their medicines had been identified, the support plan did not address how staff supported this person to minimise the risks to their health and well-being. We found this person had also been assessed as lacking capacity to understand the risks of not maintaining their hygiene. Again although there was some guidance for staff on how they should support this person, it was not sufficient to guide staff on how to reduce the risks to the person and to others or to ensure that staff were acting in the person's best interests. This is an area that requires improvement.

We observed staff supported and encouraged people to make their own choices of the food and drinks they preferred with the assistance of a pictorial menu guide. The service encouraged healthy eating and supported people to choose and eat a healthy and varied diet. People's food preferences were recorded in their care plan and staff demonstrated a good knowledge of people's likes and dislikes. People's weights were monitored and action was taken promptly if someone gained or lost a significant amount of weight.

There was regular access to health and social care professionals and this was recorded in each person's file with regard to the most recent GP visit, optician and dental appointments. People were also supported by the local community learning disability team.

Is the service caring?

Our findings

Our observations showed the staff were kind and respectful to the people they cared for. Staff called people by their preferred name and spoke in a calm and reassuring way. One relative told us "Hillside is a small and friendly place which [name] likes as there is not too many people all living together and staff are always kind and supportive in the care they provide."

We saw several examples of staff showing kindness and compassion to the people who lived at Hillside. This included supporting one person who had become anxious due to having lost something in their bedroom. We saw that the staff member gently reassured the person in a kind and gentle voice and followed the person to their room to help them find their magazine. We saw that the person returned some minutes later smiling and with the magazine in their hand. This showed us that staff were considerate of people's needs. However concerns identified during this inspection in relation to the poorly maintained environment and the standard of the soft furnishings within the communal areas of the home did not always demonstrate that the provider had considered that this may have had a negative impact on people who lived at Hillside in relation to people not always feeling valued or cared for.

One professional we spoke with told us "When I have visited Hillside I have always found the staff kind, professional and caring." Our observations throughout the inspection showed us that people's privacy and dignity was respected at all times. We saw the registered manager knocked on people's doors and waited for a response before they entered. They also let people know who they were as they entered. This meant that staff respected and promoted people's privacy.

People were supported to have regular contact with their family, where possible. Family and friends were welcome to visit at any time and during our discussions with staff in the home it was evident that they knew people's families well.

When we spoke with a staff member we found they knew people's likes, dislikes and preferred routines and these had been recorded within the person's care plans. We saw care plans for people who lived at Hillside had been signed by either the person themselves or their relative in order to confirm they had agreed with the plan of care.

Staff were able to tell us how they maintained confidentiality by not discussing people who used the service outside of the home or with people who were not directly involved in the person's care. We saw confidential information was held securely within the provider's office.

The registered manager told us local advocacy services were available for people to access, when required. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Is the service responsive?

Our findings

Both the registered manager and staff members we spoke with clearly knew people well and understood their individual needs and preferences. People's care records started with information about what they could do for themselves and how to maximise people's independence. However we found that care plans were not always written in the 'first' person. This is an area that requires improvement.

People's care records contained personalised information about them, such as their preferences and life history. This information enabled staff to support people to engage in a variety of meaningful activities they enjoyed to help avoid the risk of under stimulation. We saw people had individual activity planners within their main care plan and also within the daily activity log. This included trips provided to a local nightclub once a month, theatre and cinema trips, shopping trips to Watford shopping centre and pub trips. People had also enjoyed day trips to the coast and Woburn safari park during the summer. We saw that one person had a volunteer who comes to support them with weekly cooking sessions.

We saw evidence that relatives were contacted to provide their feedback and their views on the service and were encouraged to do so.

One relative told us they knew how to make a complaint and that they would feel comfortable doing so but had not had occasion to do so. The provider had policies and procedures in place which ensured people's concerns would be managed appropriately. One family member said, "I have never had to make a complaint but I would phone [registered manager's name] and know that it would be immediately dealt with." This showed that the registered manager responded to people's concerns appropriately.

People had care plans in place to indicate their preferences in relation to their end of life care. This included details of their last wishes and how and where they wished to be cared for.

Staff had access to information and guidance about how to look after people, based on their individual health and social care needs. This included information about their preferred routines, medicines, health needs, relationships that were important to them, dietary requirements and personal care preferences. We looked at two care plans and saw that these had both been updated in February 2018.

Staff also had access to detailed information and guidance about how to communicate with people who lived at the home, which included people who unable to verbally communicate, and how to recognise potential signs and triggers for pain, discomfort and behaviour that may challenge staff and others.

The registered manager confirmed that people who lived at Hillside had the opportunity of regularly meeting together each month. We saw these meeting notes and found that people's views and choices were documented. They discussed menus, activities and holidays. There had also been a relative's survey which was mainly positive with a couple of suggestions which were noted as actions to follow up on. We saw that these actions had been completed.

We saw that the home had produced information in a pictorial format for people who were unable to fully comprehend the written word.

Is the service well-led?

Our findings

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.

The registered manager was supported by the operations manager on a regular basis. They told us they used this time to review and reflect on the service provided and improve on any areas that required attention. However the issues identified as part of this inspection, had not been previously identified or resolved at these meetings. This included a poorly maintained environment, the practice of using door wedges to keep people's bedroom doors open and a lack of clear guidance for staff in relation to the risks associated with a person who refused to take their medicines and support with their personal care.

This meant this was a breach of Regulation 17 Good governance of the Health and Social Care Act (regulated Activities) Regulations 2014.

The registered manager and provider sought feedback from people who used the service, their relatives, staff and external health professionals. One staff member told us, "The manager is very supportive; I have learned a lot since I came to work here." We spoke with one professional who had provided support to one person who had lived at Hillside up until recently; they considered the registered manager was effective and professional in their approach to providing support to people with complex needs.

One staff member we spoke with told us that they considered they worked well with the registered manager and other staff member. "We work well together and this is the best place I have worked at, we all support each other equally, including the manager, [name] is great."

We saw that staff meetings were held every month which gave staff the opportunity to discuss or raise any issues they had and to also discuss the running of the home with the registered manager. The registered manager provided us with evidence that confirmed staff were offered individual supervision every two months which gave staff another forum to communicate as well as be supported and receive feedback about their work.

There was an overview of training undertaken which the registered manager used to identify which staff required their training refreshed within the required timescales. We saw all staff training was up to date and they received regular one to one supervisions.

The registered manager was aware of the 'Registering the Right Support' policy and the staff team worked in a way that enabled people to live the lives they wanted. We saw the registered manager and staff team worked in conjunction with other agencies and professionals to ensure the service was run with a people first approach. They also worked on ways to provide additional opportunities for people to live a full life. People who lived at the service enjoyed going out and going on holidays and there were plans to develop

these further.

There was an open culture at the service. This was demonstrated by the openness and responsiveness of the registered manager with regard to the shortfalls and areas of concern discussed at the end of the inspection.

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 always informed the CQC of significant events in a timely way so that we could check that appropriate action had been taken.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were at risk from unsafe practices in relation to fire prevention and inadequate measures in protecting people from the risk of harm.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment People were placed at risk of harm from an environment that was poorly maintained.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The lack of effective governance and deficiencies in the monitoring and auditing of the service placed people at risk of not receiving proper care and treatment