HCS (Enfield) Limited

H C S (Enfield) Limited - 20-24 Southbury Road

Inspection report

20-24 Southbury Road
Enfield, Middlesex
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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?	Good

Overall summary

HCS (Enfield) Limited, 20-24 Southbury Road, provides accommodation, care and support for 12 people with a learning disability or people on the autistic spectrum. There were 11 people using the service on the day of our inspection.

This inspection took place on 21 August 2015 and was unannounced. Two inspectors carried out the inspection. The home was last inspected on 08 July 2014 and was compliant in all areas inspected.

There was no registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of law; as does the provider. The registered manager had left the home several weeks prior to inspection. A new manager had been appointed, was in post and was planning to apply for registered manager status.

Procedures relating to safeguarding people from harm were in place and staff understood what to do and who to

Summary of findings

report it to if people were at risk of harm. Staff had received training in the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS), although some staff were unable to explain how this would impact on people when we spoke to them.

There were person centred care plans written from the point of view of the people they were supporting. Care plans were detailed and provided information to allow staff to carry out their duties and support people properly. People were involved in their care and where this was not possible, there were records of best interest meetings and decisions involving families and healthcare professionals.

People told us that they felt safe within the home. Relatives said that they felt their loved ones were safe. People were well supported by staff appropriate for the role. Staff received on-going training and support from the manager. People were treated with respect and dignity and relaxed around staff.

People were supported to have healthcare appointments and staff were aware of how to refer people to healthcare professionals when necessary. There were records of appointments and reviews in people's files. People were supported to have their medicines safely and on time. There were records of medicines audits and staff had completed training on medicine administration. The home had a clear policy on administration of medicine which was accessible to all staff.

People were supported to have enough to eat and drink. Staff ensured that people had adapted cutlery and crockery that enabled people to be as independent as possible. Staff were aware of specialist diets, such as pureed food and had a good understanding of ensuring that food was appetising and were offered a choice of meals.

People using the service and relatives told us that they were happy with the care provided and felt that staff were kind and caring. Staff were trained and appropriately skilled to care. Training was regularly reviewed and updated and monitored by the manager. Staff had regular supervisions and annual appraisals that helped identify training needs and improve quality of care.

The manager was present and accessible and spent a lot of time with people. We were told, and saw, that there was an open culture at the home. Staff felt able to raise any concerns with the manager.

There was a complaints procedure as well as an accident and incident reporting. Where the need for improvements were identified, the manager used this as an opportunity for learning and to improve care practices where necessary. There was evidence of audits around medicines and health and safety which helped identify areas for improvement or good practice.

Summary of findings

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 could tell us how they could recognise abuse and knew how to report it.

People who used the service had comprehensive risk assessments to ensure known risks were minimised. These were regularly updated.

There were sufficient staff to ensure people's needs were met.

People were supported to have their medicines safely and audits were in place to check good practice.

Is the service effective?

Good

The service was effective, staff had on-going training to effectively carry out their role.

Staff had received training in the Mental capacity act (2005) and the Deprivation of Liberty safeguards (DoLS). Not all staff were able to explain what this meant for the people they worked with.

Staff received regular supervision and appraisals. This meant that people were supported by staff who reviewed their working practices and professional development.

People's healthcare needs were monitored and referrals made when necessary to ensure their wellbeing.

People were supported to have enough to eat and drink in a way that was appropriate for them and ensured that dietary needs were met.

Is the service caring?

Good

The service was caring. People were supported by staff who understood their individual needs.

Staff maintained people's privacy and treated those using the service with dignity and respect.

People were encouraged to be as independent as possible and supported to make decisions about the care they received. Where this was not possible records of best interest decisions were in place.

Staff were patient and kind in their interactions with people. We saw that there was a good rapport between staff and people.

Is the service responsive?

Good

The service was responsive. People's care plans were presented in a way that was person centred and tailored to individual care and support needs.

Staff knew the people well and were knowledgeable about each person's support needs, their likes and dislikes.

Complaints were responded to in a timely and effective way.

People were encouraged to be part of the community, maintain relationships and lead full and active lives according to their preferences.

Summary of findings

Is the service well-led?

Good

The service was well led. There is no registered manager however, the deputy manager has been promoted to manager and will be applying to the Care Quality Commission for Registered Manager status.

There was an open and transparent culture and good practice was identified and encouraged.

Complaints, incidents and accidents were used as an opportunity to learn and change care practices where appropriate.

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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.

The inspection took place on 21 August 2015 and was unannounced. Two inspectors carried out the inspection for one day. When we last inspected the home in 08 July 2014 we found the service met all the regulations we looked at.

We spoke with people who used the service, their relatives and staff. We also viewed records held and maintained by the service covering all aspects of care delivery, health and safety and overall management. We used Short Observational Framework (SOFI) to observe people who were not able to make their views known.

Good

Is the service safe?

Our findings

People told us that they liked living in the home. One person told us that "staff keep me safe". We spoke with seven staff who were able to tell us how they would keep people safe and understood how to report if they felt people were at risk of harm. Staff were aware of the home's safeguarding policy which was accessible to all staff. Training records showed that staff had completed training in safeguarding, the Mental Capacity Act (MCA) and Deprivation of Liberty (DoLS). Records showed when this training was due to be updated.

Staff were able to explain each individuals needs in various aspects of their care. Care plans were detailed and written from the service users point of view, describing what helps them to calm down if they become distressed and what makes them happy. We reviewed seven people's risk assessments and found these minimised risk in the least restrictive way. Risk assessments showed that the home had corroborated with healthcare professionals to create a detailed and person centred assessment.

We saw that staff knew how to respond and care for people when their physical health required attention. People with pressure ulcers were being seen regularly by the district nurse's. Actions and monitoring were in place and staff were aware of how to care for people appropriately. There were records of people being turned every two hours and an appropriate pressure mattress's set to the people's weight.

We saw records of accidents and incidents and staff knew what to do if someone had an accident or sustained an injury. We saw that the manager used information from accident and injury reporting to change care practices where appropriate, to prevent it happening again.

We saw detailed plans and risk assessments for each individual in case of emergencies within the home. Each person had a personalised fire evacuation plan which the staff were aware of, including manual handling and how many staff would be needed to safely evacuate that person. The home had up to date records of gas, electric, water and fire checks and noted when they next needed to be reviewed.

There were sufficient staff to allow person centred care. We saw that there were four staff in the mornings and afternoons with two waking staff at night. The home had completed a needs assessment for each person. This is how the home is able to check what each individual's care needs are and plan accordingly.

We looked at five staff files which showed pre-employment checks such as two satisfactory references from their previous employer, photographic identification, their application form, a recent criminal records check and eligibility to work in the UK. This minimised the risk of people being cared for by staff who were inappropriate for the role.

The home had a clear medicine administration policy which staff had access to. People's medicines were recorded on medicines administration record (MAR) sheets and used the blister pack system provided by the local pharmacy. A blister pack provides people's medication in a pre-packed plastic pod for each time medicine is required. It is usually provided as a one month supply. Staff had received training on medication administration that was up to date. We saw that people's medicines were given on time and there were no omissions in recording of administration. The manager showed us specific medicines that were not appropriate to be in the blister pack and these were clearly labelled with the person's name and kept in a separate box. We were told that if a person has swallowing difficulties and has had an assessment from the Speech and Language therapist (SALT), staff liaise with the GP to change the form of the medicine, ensuring that the person receives it in a safe way. We saw that medicines given 'as and when necessary' were recorded with the date, time, dosage and reason for administration on the persons MAR chart. We saw the controlled drug cabinet had appropriate safeguards and locks. Controlled drugs are governed by the Misuse of Drugs Safe Custody regulations (2007) and subject to specific storage regulations. There were up to date records of medicine disposal and staff were able to tell us about the correct procedure.

There were two people who required hoists for personal care and transferring. We saw that the hoists were clean and there were records of maintenance checks. Both people had two personal hoist slings, designed for their weight and needs. One person took their sling to the day centre with them to ensure their comfort and dignity.

Good

Is the service safe?

The home was clean and bright on the day of the inspection. People told us that the home "is always clean" and "staff always make sure it is nice". One relative told us, "it is quite a nice house, always clean and tidy".

Good

Is the service effective?

Our findings

People were supported by staff able to meet their needs. Staff told us, and records confirmed, they were supported through regular supervisions and yearly appraisals. This allowed staff to look at people's on-going care needs and identify training and development needs. We looked at four staff appraisal records and five staff supervision records. Staff were involved in their supervisions and appraisals and told us that they have regular supervision that helps them be clear on the best way to support people.

We saw that staff have a comprehensive induction when they started work to ensure they understood people's needs prior to working with them. We saw that both the manager and staff were able to identify training needs during supervisions and that staff training was updated regularly, which we found recorded on a training matrix.

Staff had received training in the Deprivation of Liberty safeguards (DoLS) and the Mental Capacity Act 2005 (MCA). One staff member told us that DoLS was "to deprive them [people] of their liberty. If someone wants to go out and we say no because they are not safe, they need a DoLS". Other staff, who had completed training, had basic knowledge but were unable to give examples or explain what they had learnt. We spoke with the manager about ensuring that training was understood and carried through into best practice. One staff member told us that Mental Capacity Act assessments looked at "the ability of a service user to make a decision and if they can't, decisions are made for them". We saw records of MCA assessments and DoLS authorisations for eight people which noted review dates. This meant that the service was aware that people's needs can change and need to be regularly reviewed. Where people were unable to have input into their care plans, we saw records of best interests meetings and decisions. A best interests meeting is when people have been deemed unable to be involved in aspects of their care and staff, healthcare professionals and relatives, make decisions on their behalf and in their best interests.

We observed staff asking permission before delivering any care, this included asking a person if they wanted their hair brushed and another if they wanted help moving from one room to another. Staff waited for people to consent before continuing. Staff were observed effectively communicating with people as they were providing care, making sure the person understood and was comfortable. Staff training records showed that staff were trained in the principles of dignity. Staff showed a good understanding about individual's needs and had good rapport with the people they were working with.

Staff treated people calmly and with respect if they became distressed or showed behaviour that challenges. We saw the manager calmly responding to a person who became very distressed. She deescalated the situation through talking and distracting the person. Staff told us, and records showed, that they had received training in working with people when they showed distressed behaviour. Staff told us that they never use restraint within the home; "we talk to them and try to reassure them", "we speak to them calmly, build a relationship with them and try our best to understand". People's care plans gave guidance for staff on how to work with people and what the individual triggers could be which may cause them to become distressed, which showed a good understanding of person centred care.

People were supported to have enough to eat and drink. One person told us "I always get what I want to eat.". The home had a cook and we saw one month of menu plans that showed a good variety of meals. Staff told us that "we take into account people who need to have soft food so we ensure that it is appetising if it is mashed". The manager told us that they provide healthy choices to maintain balanced diets. Care plans were detailed and said what people's food and fluid preferences were and staff were able to tell us what each person liked. One person told us "they ask what we like, they know I don't eat fish so they always do me something different. I like salad and I get lots of it here.". We saw assessments from Speech and Language Therapists (SALT's) for people and advice had been included in the care plans. The manager told us that if someone's needs changed they would immediately contact the SALT for reassessment. Staff were aware of people who were diabetic and it was noted that that one person 'needed regular snacks and meals in order to keep their blood sugar levels stable'. We conducted a Short Observational Framework (SOFI) during lunch time. A SOFI is a way of observing people and their interactions when they may not be able to tell us themselves. We saw that people who needed support when eating were assisted at a speed that was appropriate and staff explained what they were doing and what and what the food was. Several people had adapted cutlery and crockery that allowed them to feed themselves and be as independent as

Good

Is the service effective?

possible. We saw that the staff actively encouraged this. People were not rushed and asked if they had had enough to eat and drink. We saw good interactions between people and staff who communicated effectively and there was a lot of laughing and chatting. People told us that they could have tea and drinks whenever they wanted. This means that staff made sure that people had enough to drink throughout the day. Staff told us that people had choice when people wanted to eat their meals "if someone has a late breakfast we ask when they want their lunch".

People's personal care files had details of healthcare visits, appointments and reviews. Guidance given by professionals was included in people's care plans. People were able to access healthcare with support from staff. Staff were knowledgeable about people's healthcare needs and knew how to refer people for further healthcare assessment. There were 'healthcare passports' for each person noting their medical history and how they like to be treated in case they are admitted to hospital.

We looked at 12 people's bedrooms. All of the rooms were personalised to the person's preferred taste and staff told us that people choose how they like their room decorated. There were family photos and items that meant that people felt it was homely. One person told us "I have all my things here with me".

Good

Is the service caring?

Our findings

People were treated with respect and their views about their care were understood and acted on by staff. people told us that "the staff are helpful and know what I like" and "they are so nice". One relative commented "she's blossomed since she's been there" another told us, "they [staff] all speak to her and the staff are genuine, they really care". We saw that staff communicated well and took time to sit and talk with people and had good rapport with them. There were detailed person centred care plans written from the point of view of the individual telling staff 'what you need to know about me' and 'how to be successful in supporting me'. These included mobility, healthcare needs, manual handing, dietary likes and dislikes, activities and personal aspirations of the individual. Care plans were aimed at ensuring as much independence as possible and noted what people were able to do by themselves and what they needed help with. We saw staff checking with people if they needed help. People were able to indicate that they needed help and this was responded to quickly by staff. This means that the service was proactive in maintaining and reviewing people's independence whilst ensuring that help was available at all times.

Staff and people using the service told us that they had recently celebrated a person's birthday and had a party, inviting relatives and friends. People told us that the staff had done "a wonderful job" and made it an enjoyable celebration.

Each person had a key worker. A key worker is someone who is responsible for an individual and makes sure that their care needs are met and reviewed. We saw throughout the inspection, that staff knew what people's likes and dislikes were and how they liked to be treated. People's files had short sentences on what the person liked such as; 'my appearance is important to me and I like shopping', 'I like to talk to people' and 'I like colouring and drawing'. This gave staff an idea of what people liked as individuals and enabled them to work more effectively together.

People had regular, documented key working sessions and said that they were able to talk to their key worker about their care. People told us that they knew who their key workers were and that "we get on well, she knows me". The manager told us that when people are not able to communicate, staff use the care plans and knowledge of the person to help formulate their care. We saw evidence that this was reviewed and updated regularly on the care plans.

The manager told us that there were no resident's meetings. this was because of the difference in complex care needs of the people. We were told that, where possible, staff meet with people individually to find out what their views are. This means that people were given an opportunity to express their views and contribute to how the service is run.

We saw people being treated with dignity and respect. When we arrived people were in the process of getting ready for their day. We saw staff knocking on people's bedroom doors and waiting for a response before entering. Staff asked people how they were and if they were ready to get up. Staff waited for the person to consent before caring out any personal care.

Care plans noted religious needs although we were told that no one currently observed any regular religious practices. Staff told us that if someone did want to attend a place of worship that they would be helped to do so. We saw records of what people's wishes were if they were to pass away. This included religious needs. Where people were unable to tell staff what they wanted, relatives had been consulted.

Staff told us that relatives could visit whenever they wanted and relatives we spoke with said; "I can visit at any time", "I always phone ahead because she [relative] is always busy and might be out but it's never a problem when I want to see her" and " I can visit 24 hours a day, I've always been made welcome".

Good

Is the service responsive?

Our findings

We looked at seven people's care plans and saw that staff responded to people's needs as identified. Where a person was unable to have input into their care we saw that there were other people identified that actively contributed to planning their care, whether they be relatives or other health and social care professionals. Care plans were reviewed regularly and updated as changes occurred. This meant that people were supported by staff who had up to date information about their care needs. People had a 'needs assessment' recorded which showed what level of care they required. The needs assessments noted that they were used to 'identify the daily needs of the client in order to effectively plan with them, their carers' and other people including professionals, areas for skills development and support in all areas of their lives'. Staff were able to explain each individuals needs in relation to various aspects of their care. Care plans were written from the service user's point of view, describing what helps them to calm down if they become distressed and what makes them happy.

People were encouraged to maintain relationships within the community. Care plans noted what was important to people; 'keeping in contact with my friends and recognising that relationships from previous homes are important to me' and 'family time, seeing my relatives'. One relative told us "they encourage her to do things for herself, she's always going out.". Another relative said "she loves going to the day centre.". On the day of our visit we saw three people going to the day centre. Staff told us that people attend up to three days a week and really enjoyed going. We saw kind and genuine interactions when people returned from the day centre where staff asked about their day.

People's care files noted activities that people enjoyed. One person was taken to the hairdressers at their request and another out for lunch on the day of our inspection. People had access to massage and Indian head massage from a therapist who visited the home each week. There was a period during the day, after afternoon handover, where there were a lot of staff on duty. The manager told us that they often use this time to take people out. Activities were reviewed on a regularly for people and they were asked what they would like to do.

We saw the complaints procedure and records of complaints made. There was an easy to understand guide on how to complain if people were not happy, written in large font for people. The manager told us that relatives were also given a copy of the complaints procedure. We saw three complaints that had been responded to in a timely manner and resolved. The manager told us that they take complaints seriously and see them as an opportunity to learn and change care practices if necessary. One relative told us "if there is a problem, they are on top of it but I know what to do if I need to complain about something.".

Good

Is the service well-led?

Our findings

The home currently does not have a registered manager. The registered manager had left several weeks before our inspection and the deputy manager had been appointed as the replacement manager. The person said that they were due to submit their application to the Care Quality Commission (CQC) to become a registered manager. The manager had been the deputy manager for five years at the home and knew the home and people living there well. Staff and relatives told us that they felt the home had an open culture and they felt comfortable raising things when necessary. One relative told us that the manager "is a very caring person, very capable and wants to do the best for the residents. They respond to her when she comes into the room". The manager was present in the home and we observed her interacting with people. Everyone knew who she was and she took time to sit with people.

There were records of regular monthly staff meetings where staff could discuss how care could be improved. Staff meeting records showed how that staff regularly had input into people's care needs and felt comfortable to raise and discuss any issues. When talking with the staff and the manager, we saw that there were shared values and objectives in how care was delivered. Staff told us that they liked working at the home and felt that they were supported by the manager and the company to "do their best".

Staff told us that the manager generally attended the handover meetings between day and afternoon staff. We observed a handover meeting which was detailed and considered each person and their care needs.

During induction, staff were trained in the values of the home. Training records showed that staff were encouraged to maintain and update care skills and knowledge. Staff that we spoke with were able to tell us how they had put their training into practice.

We reviewed accident and incident logs. There were detailed records of accidents and incidents and evidence that the manager had used the outcomes and information as an opportunity to refine and change care practices. Procedures relating to accidents and incidents were clear and available for staff to read. Staff told us that they knew how to report and record accidents and incidents.

We saw records of audits for medications, health and safety and care plan's that ensured staff were following best practice and identified areas for improvement.

Records showed joint working with healthcare professionals and the local authority. The manager told us that the home had good working relationships with external agencies to ensure that people's needs were met.