

# Royal Mencap Society

# Hardy Drive

## Inspection report

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### Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service well-led?	Good ●
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# Summary of findings

## Overall summary

### About the service

Hardy Drive is a residential care home providing personal care for up to six people. At the time of our inspection the service was supporting five people with a learning disability.

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

Staff provided care that was safe, and risks were managed appropriately. This was because staff were well trained, and systems were in place to report concerns. There was a consistent staff team, who had been safely recruited.

Medicines were well managed, and staff received training to help ensure they were sufficiently skilled. Systems were in place to report and respond to accidents and incidents. Where discrepancies occurred, these were addressed and action taken.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, Right care, Right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting most of the underpinning principles of Right support, Right care, Right culture. People was able to have choice and control of their day to day decisions. This included shaping a staff team and a support network around them that they felt safe in. Staff spoke in a respectful and kind way. The management team were dedicated to ensuring staff demonstrated values in line with Right support, Right care and Right culture, and were developing additional resources for staff to challenge what is best practice to ensure people felt empowered to live their lives how they wanted.

The provider was constantly looking at ways to develop their knowledge which meant people was being supported in the best way possible. This was through reviewing the persons care, enhancing staff knowledge and training and listening to people and their families.

The provider and registered manager had a governance system in place, which included various audits and Monitoring to ensure people received good care.

Staff felt supported and the management team were always available. The registered manager had a good understanding of their responsibilities towards people they supported and were passionate about

delivering person-centred care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires improvement (published 08 October 2019).

#### Why we inspected

We undertook this inspection to provide assurance that the service is applying the principles of Right support Right care, Right culture. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We received concerns in relation to supporting people's health and well-being. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

#### Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was conducted by one inspector.

#### Service and service type

Hardy Drive is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

### During the inspection

We spoke with three people who used the service and one relative about their experience of the care provided. We spoke with seven members of staff including the area manager, registered manager and support workers. 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.

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

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to ensure people were supported safely. The registered manager made sure there was a consistent approach to safeguarding matters, which included completing a detailed investigation and sharing the learning with staff, following any incident.
- People were safe from abuse and staff understood how to protect people. The service and its staff team worked well with other agencies to do so. One staff member said, "We have had safeguarding meetings with social worker teams, and the staff to come up with solutions that were the least restrictive."
- People felt safe and that staff were kind and they were able to talk openly to them. One person said, "The staff are kind, they listen to me."

Assessing risk, safety monitoring and management

- The registered manager looked for ways to ensure they kept people safe, however did not always look for the least restrictive measure. During the inspection the registered manager reflected on this practice and adapted their way of working which enabled people to be supported in the least restrictive way for the shortest time possible. This supported people to take risks in a safe way.
- People's care records were accessible to staff, and it was easy for them to maintain high quality clinical and care records – whether paper-based or electronic.

Staffing and recruitment

- There were enough staff to support people with their immediate support needs. Where people's support needs changed the registered manager was proactive in reviewing this and liaising with professionals to increase staffing levels.
- Staff felt they had the skills and knowledge to support people. Where support needs changed the registered manager sourced specific training to enable staff to support people effectively.
- The registered manager empowered staff to develop their skills and look at career progression. One staff member said, "I am currently in the process of working with my manager around deciding whether to move on and do a management level qualification in care through Mencap or to complete an Open University degree while continuing to work at Mencap. This is something that we are working hard together to discuss and to work towards as part of my shape your futures and appraisal process."
- The registered manager operated robust recruitment procedures; appropriate checks were undertaken to help ensure staff were suitable to work at the service. Criminal record checks and satisfactory references had been obtained for all staff before they worked with people.

Using medicines safely

- Care plans were detailed and identified support needs in relation to the ordering, storage and administration of medicines. This also included regular reviews of medicines.
- The service worked alongside health professionals to reduce medicines no longer required and to implement non-drug therapies and practical ways of supporting people instead.
- Staff received training to administer peoples medicines safely. The registered manager undertook competency assessments, once staff had completed their training, to ensure safe practice was implemented and maintained.
- The registered manager checked medicines were documented clearly and accurately on medication administration record (MAR) sheets. Where discrepancies occurred, these were investigated and appropriate changes made.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- Staff said they were open about all safety concerns and comfortable with reporting incidents and near misses, in order to learn from these.
- The provider and registered manager ensured that where things went wrong these were shared and as an organisation learnt from this and shared experiences to enable better support for people.



# 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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider and registered manager had developed a plan to deliver training coproduced by people using the service which talked about how to educate staff in ensuring people were empowered to be independent. This training was starting at the time of the inspection, this meant this was not entirely embedded into the ways of working. However, the registered manager had recognised where the culture of the service needed to be and had put step to improve this.
- Staff supported people and cared about what people wanted. This was to help make sure people were happy. One person said, "The staff help out. I like living here...I do things around the house, I like cleaning."
- Staff felt respected, supported and valued. The provider promoted equality and diversity in its work. They felt able to raise concerns without fear of retribution.
- Staff reported a positive ethos in the service and knew they could go to the management team for advice and support. One staff member told us, "My manager supports me in any way that I need whether it is rearranging shifts to cover appointments or helping me with any training I may need. I have regular shape your future meetings were I discuss with [registered manger] what I have done well, what I need to improve and what I would like to do next."

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

- The registered manager had quality assurance systems in place, which captured action to introduce improvements. Where improvements were identified as part of the inspection the registered manager was proactive in implementing changes.
- The provider gave support to the registered manager by introducing a quality assurance team following the previous inspection to drive improvements and support the manager and the staff team.
- The management team and staff understood their roles and respected the impact their roles had for people they supported. The registered manager worked alongside the staff team routinely and assessed the delivery of care as part of their daily work.
- The service apologised to people, and those important to them, when things went wrong. Staff gave honest information and suitable support, and applied duty of candour where appropriate.

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

#### characteristics

- People, and those important to them, worked with managers and staff to develop and improve the service. The provider sought feedback from people and those important to them and used the feedback to develop the service. Staff engaged in local and national quality improvement activities.
- Staff gave feedback through individual face to face meetings with the management team and surveys. Where improvements were highlighted, staff felt they were listened to. One staff member said, "I feel that [registered manager] has listened to things that I say or ask and is able to offer support or advice where it is needed."

#### Working in partnership with others

- The registered manager gave examples of how they had regular input from other organisations and health professionals.
- At times the registered manager had found delays to peoples care and reflected on the best ways to achieve good outcomes for people and ensuring they got the support they received from partner agencies.