Enable Care & Home Support Limited

Hardwick Close

Inspection report

2-4 Hardwick Close
Holmewood
Chesterfield
Derbyshire
S42 5RL

Tel: 01246856232
Website: www.enable-group.org.uk

Date of inspection visit:
25 November 2016

Date of publication:
05 May 2017

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

Summary of findings

Overall summary

The inspection took place on the 25 November 2016. The provider was given one day's notice of the inspection, as this was a small service where people were often out during the day and we needed to make sure that someone would be available to meet us. The service was last inspected in July 2014 and was compliant in the areas inspected.

The service was registered to care for eight people with learning disabilities; there were seven people living there on the day of the inspection. Many of the people had complex health needs as well as a learning disability and had very little or no speech. This made it difficult to obtain direct quotes from them; however, we were able to gather evidence of their experience by observations and talking with the staff who cared for them.

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 were safe living at Hardwick Close. Staff were trained and understood their responsibility to keep people safe from harm or abuse. Some staff were not clear what the emergency evacuation procedures were for people who required assistance to transfer; and the registered manager said they would review this with staff. Medicines were managed well and there were processes in place to support staff with this.

Staff had the knowledge, skills and confidence to care for people with complex needs. Training was available to keep staff updated with current best practice and staff explained how they benefited from the training they had received. Staff sought consent before they cared for people. People were supported to maintain a healthy diet; and were encouraged to make their own choices. People were supported to attend health appointments in order to maintain their general health.

Staff had positive, caring relationships with people who used the service. Staff were kind and compassionate and took time to listen to people and understood their needs and wishes. Staff promoted peoples independence and demonstrated respect for individuals and their human rights. Staff cared for people with dignity and privacy was respected. People were supported to maintain relationships with friends and family, and visitors were encouraged. People were supported to attend events or activities where they could meet people.

Care plans were person centred and staff clearly knew people's individual needs, wishes and preferences. People were supported to maintain their interests and participate in activities of their choosing. There was a complaints policy in place in an easy read format; and people or their families were encouraged to share any concerns and make suggestions for improvements to people's care. The provider conducted annual surveys; and sent newsletters to inform people and staff of recent developments or improvements.

There was visible management and leadership of the service. Staff spoke positively of the support provided by the registered manager; and we could see that people were comfortable in their presence. The registered manager completed audits of processes in the service; and provided data to the provider which fed into their monitoring process. Staff meetings and supervisions took place regularly and areas for improvement were identified and discussed with the team; along with feedback from the provider of the results of their monthly monitoring. The manager responded positively to areas we highlighted during our inspection and said they would include them in their development plan.

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.

Medicines were managed safely. Staff were recruited safely and all pre-employment checks were completed before they cared for people. Staff understood their responsibilities to keep people safe from harm and there were risk assessments in place to reduce the risk of harm from known risks.

Is the service effective?

Good

The service was effective.

Staff clearly knew people's care needs and had the knowledge and skills to meet these needs. Staff ensured people consented to the care they received. People had a healthy diet and were supported to access community health services, in order to maintain their health.

Is the service caring?

Good

The service was caring.

People were cared for by staff who were kind and compassionate. People and staff developed positive relationships based on dignity and respect. People were involved in their own care planning and staff promoted people's independence.

Is the service responsive?

Good

The service was responsive.

Staff clearly understood people's preferences and choices and respected these. The provider sought feedback and used this to improve the service and the care people experienced. People were supported to maintain their hobbies and interests and to access the local community. This had a positive effect on their wellbeing.

Is the service well-led?

Good

The service was well-led.

Staff were supported by a registered manager who was available and responsive to any concerns. The registered manager had the knowledge and skills to deliver the service. There were quality assurance systems in place that supported the registered manager to plan improvements to the service and to people's care.

Hardwick Close

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.

This inspection took place on 25 November 2016. The provider was given one day's notice of the inspection, as this was a small service where people were often out during the day and we needed to make sure that someone would be available to meet us. The inspection team consisted of one inspector and one expert-by-experience. The expert-by-experience had experience of managing services for people with a learning disability and of caring for a person with a learning disability.

We reviewed any information we held about the service, including any information the provider had sent us. This included the provider information return (PIR). A PIR is a report that we ask the provider to complete which gives details of how they deliver their service, including numbers of staff and people using the service, and any plans for development. We also reviewed any notifications the provider had sent us. Notifications are reports the provider must send to us to tell us of any significant incidents or events that have occurred.

In order to gather information to make an assessment of the quality of the service, we spoke with people and looked at a variety of records. We spoke with the registered manager, four care staff and observed interactions with people who used the service. We reviewed three care records which included needs assessments, risk assessments and daily care logs; and management records which included three staff records, policies, development plans and evidence of training.

Good

Is the service safe?

Our findings

People who lived at Hardwick Close had complex health needs and a learning disability. All of the people present during the inspection had very limited or no speech and it was difficult to obtain direct quotes from them. However, we were able to gather evidence of their experience by observations and talking with the staff who cared for them. People nodded when we asked if they felt safe living at Hardwick Close. When we asked who they would go to if they did not feel safe, they pointed to the staff. Staff told us they had received training in how to recognise abuse and what to do if they felt a person was at risk of harm or abuse. We saw policies in place to guide staff if they suspected abuse and we saw training records which confirmed staff had attended safeguarding training. This demonstrated the provider had taken steps to reduce the risk of abuse.

We saw risk assessments in people's care records that identified any known risks to people and included risk management plans that supported people to keep safe. For example, we saw risk assessments relating to mobility and the use of mobility aids; this included guidance for the use of slings for manoeuvring the person from the bed to a chair. This person also had risk management plans in place, to reduce the risks associated with choking and from falls. Staff told us they were aware of the risks to people and were able to explain how they would minimise these. We saw the front door was locked to reduce the risk of harm to people from walking into the road. The staff were available to accompany people outside if they wished, and we saw there was a rear garden that was safe, secure and easily accessible for people. One person showed us into the garden and showed us where they sat when it was sunny, and pointed to the flowers, they said, "Flowers" and smiled and nodded when we said how lovely the flowers were. The door was unlocked and people were free to access the garden. This meant people were protected from known risks and plans were in place to support staff to keep people safe.

The registered manager showed us the personal emergency evacuation plans which contained information to support staff to evacuate people in the event of an emergency. However, some staff did not know what the emergency evacuation plans were, for people who required equipment to transfer them; or what the procedures were at night when only one person was on duty in each bungalow. We were concerned that not all staff understood the emergency evacuation procedures, which could put people at risk of harm if a fire occurred, especially at night when there was only one member of staff in each bungalow. We discussed this with the registered manager who said they would arrange for all staff to have up-to-date training on emergency evacuation procedures

The registered manager told us there were sufficient staff to meet people's needs, as they were also available to support staff and cover shifts where needed. They said there were two staff on duty each day and one at night; in each bungalow. They told us the rota was developed to ensure there were enough staff to meet people's needs, as identified in their individual care plans and associated funding assessments. One staff member said, "There is enough staff to care for people", however another said, "There is enough staff to care for people in the home, but it is difficult to support people outside of the home now that funding for one-to-one care has been cut. We don't have enough staff to care for people in the house and outside in the community at the same time, which means people will miss out". We were told everyone used a wheelchair

outside of the service and one person had their own mobility car which staff drove. When people went on trips in the mini-bus at least two staff were required to support them. The registered manager said they had access to a limited budget to cover the cost of extra staff required for one-to-one support when people participated in activities outside of the home, but this would not cover all the hours that had been cut. We observed people had their needs met during our inspection and there appeared to be enough staff on duty to care for people. This demonstrated that in spite of recent cuts to people's funding, there were sufficient numbers of staff to meet people's care needs and staffing arrangements were kept under review by the registered manager.

The provider took steps to ensure staff were suitable to care for people before they started work. A staff member said, "I didn't start work until my references and DBS had been received"; and the registered manager told us, "Staff don't start work until I am satisfied they are suitable to care for people". We saw staff records demonstrated the provider followed safe recruitment practice and ensured staff were suitable to care for people. The provider interviewed people, requested written references and a disclosure and barring service (DBS) check, before staff were employed.

When we asked people where their medicines were kept, they pointed to the office and when we asked who gave them their medicines, they pointed to staff. We saw medicines were stored safely in a locked cupboard or a locked fridge, where required. We saw medicine administration records (MAR) were completed correctly and staff told us they audited them each weekend, as it was a, "Weekend job". We saw that where any errors were identified, they were reported to the registered manager who told us they, "Go through the procedures with them [staff] and make sure they understand before observing them again". We saw records and staff told us that all staff received general medicines training. Staff who administered medicines, received additional training and were checked for competency by the provider and registered manager, before they were allowed to administer medicines unsupervised. Staff advised us they felt confident and competent to administer medicines and had no concerns regarding medicines management. This demonstrated that medicines were managed safely.

Good

Is the service effective?

Our findings

Staff had the knowledge and skills to meet people's care needs. The registered manager told us new staff completed the Care Certificate as part of the development of their caring role; alongside training specific to the individual needs of people, as part of their induction. The Care Certificate identifies a set of care standards and introductory skills that non-regulated health and social care workers should consistently adhere to. The provider had also identified training that all staff completed in order to keep them up-to-date with current regulations and best practice. A staff member told us, "I have had enough training to help me care for people with learning disabilities". Another staff member said, "The behaviour management training was very good, it helped me identify triggers and divert people where possible". Staff told us the training from the provider was, "Very good" and "Very useful". They told us it gave them confidence to carry out their role and meet the changing needs of people. Some staff had recently attended training in 'Intense Interaction', which looked at how we communicate with people who use 'non-verbal' communication. They spoke positively about the training and said it was very useful and relevant to the work they do. They then explained how they had already used some of the methods they learnt, to improve communication and engagement with people using the service. This demonstrated the provider had identified communication and engagement with people, as an area for improvement and ensured staff had the necessary training and skills, to meet people's individual needs.

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. We checked whether the service was working within the principles of the MCA. We found mental capacity assessments in place and people were supported to make decisions where they had capacity to do so. Where people lacked the mental capacity to make decisions, 'best interest' meetings took place. For instance we saw a 'best interest' meeting had taken place to discuss whether a person should have a flu jab, when they did not have the capacity to make this decision themselves. We saw records of 'best interest' decisions regarding medical tests or health checks where the person's GP was included. We saw staff asking for consent before providing care and people nodded or smiled, which we took as their agreement to the request. This demonstrated the service was working within the principles of the MCA.

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). We checked if there were any DoLS in place and whether any conditions on authorisations to deprive a person of their liberty were being met. We found DoLS were in place for people who required some form of restrictive care to keep them safe and any conditions were being met. This showed that the provider took responsibility to ensure that they were operating under the principles of the MCA and were not placing unlawful restrictions on people.

People were supported to eat a healthy diet. We saw a weekly menu on the notice board in the kitchen along with a list of people's dietary needs and softened food requirements. Staff monitored the diet and

hydration of people who were at nutritional risk and we saw records that confirmed this took place. Food was prepared by staff who had completed food hygiene and nutrition training. One staff member told us, "I like cooking; I like to make sure they get something nice and fresh". They explained how they included people in menu planning each week, using pictures and food items. They were able to describe individual people's preferences, dietary needs and dislikes and told us, "If they don't like it on the day I will make something else". Staff told us that some people needed support or assistance when eating to reduce the risk of choking; and we saw this taking place at lunchtime. Food was prepared to the consistency required to meet people's individual needs; and following advice from dieticians and speech and language therapists.

We saw staff doing all meal preparation tasks and they told us they also did all the food shopping. They told us people were not able to participate in these tasks, due to their particular health and mobility needs. Staff told us one person liked to help set the table and wash up occasionally; and they tried to include people in online food shopping, by expressing preferences and choices. We saw information in people's care plans that demonstrated that they were included in decision making regarding menus and staff knew people's preferences, likes and dislikes. We saw refreshments offered to people throughout the day and staff knew people's preferences. We heard a staff member say, "Would you like a cup of tea, with milk and two sugars" and saw the person nodding and smiling, indicating their agreement. People had sufficient to eat and drink and were supported to maintain a balanced diet.

Staff told us they assisted people to access community healthcare services and records we saw confirmed this. We saw that one person had recently been to the dentist and we saw best interest decisions regarding this in their records. We saw referrals to specialist healthcare services including orthotics, physiotherapy, opticians and chiropodists; and we saw people were supported with visits to routine health screening, where appropriate. These meant people were supported to access on-going healthcare support and maintain good health.

Good

Is the service caring?

Our findings

We saw staff engaged people in a kind and caring manner. Staff clearly knew people and their individual characters. We saw people responded positively to contact with staff, for example, with smiles, laughter and taking their hand. We saw staff took time to understand what people wanted and engaged with them, staff observed body language and facial expressions to understand people's moods and care needs. One staff member told us, "I love working here and the people are lovely, real characters". We saw people were relaxed and happy in the presence of staff which demonstrated that there was a friendly and caring atmosphere within the home.

Where possible, people were included in their care planning. Each person had a communication plan, which provided information on how they communicated their wishes or agreements. For instance, some people communicated using body language; others used limited speech, sound or facial expressions. We saw these were referred to in people's care plans and daily logs when staff were evidencing people's agreement or views regarding care or activities. This demonstrated that people were supported to express their views and preferences.

Staff promoted people's independence. They told us they encouraged people to do some things for themselves. This included dressing, bathing, walking around the home and accessing the back garden, where it was safe to do so as identified in their care plan. People were also given options and encouraged to make their own decisions where possible; for example menu choices, choosing clothes and activities. Staff explained it was important for people's sense of identity and wellbeing, that they maintained as much independence as they were able to. We saw records that confirmed people's needs and abilities were recorded in the care plans and where staff should encourage more independence.

Staff explained how they ensured privacy for people by respecting their personal space when they were in their bedroom or in the bathroom. Some people preferred to spend time quietly in the communal areas and staff understood when to keep them company and when to leave them alone to enjoy some peace and quiet. We saw people given privacy and time on their own in their own rooms and the communal lounges. We also observed staff assisting a person to the toilet then standing outside the closed door to give this person privacy. This demonstrated that staff respected people's privacy.

Staff supported people to dress appropriately to ensure their safety and dignity. For example one person who was at risk of falls was encouraged to wear slippers and fitted shoes, in order to prevent them slipping or tripping. This person was wearing slippers throughout our inspection. We saw a staff member discreetly help adjust a person's clothing to keep their body covered and maintain their dignity; and staff told us how they supported people to maintain their appearance by assisting with jewellery, accessories and personal grooming. For instance one person had been for a haircut, we saw this had been discussed with the person and their agreement was recorded in the daily logs. Staff explained that personal appearance and presentation were important to this person and they took time to choose their own clothing and keep themselves clean and well presented. This person smiled and indicated that they were pleased with their haircut when they returned in the afternoon. Staff were seen to respect people's dignity.

Staff spoke warmly of a person who had recently passed away and explained the impact this had on people and the staff team. A staff member said, "We are all one big family and we miss them, it's not the same without them". We saw staff supported people to deal with this in a sensitive and dignified manner. Staff spoke openly about this person and people contributed to these discussions in their own way, by smiling or nodding. One person took us to see this person's photograph on the wall and said, "Friend"; we took this as an indication that they had been friends. We saw staff treated people with dignity and discussed people who had passed away in dignified manner.

Good

Is the service responsive?

Our findings

People contributed to their care plans and their wishes and choices were known to staff. We saw a personal profile in the care plans we viewed. These included a photograph and recorded the personal things in their lives that were important to them, plus their communication method and health needs. Staff were able to tell us what was important to people. They told us how they supported people to maintain contact with family and friends or access preferred activities. One staff member said, "I drove [name of person] to a family birthday celebration, otherwise they would not have been able to go". One person showed us their bedroom and smiled when they showed us their family photographs and soft furnishings. This person's key worker told us the room was decorated in their favourite colour and said, "We went shopping together, they chose the wallpaper and bedding in purple, it's their favourite colour". There were family photographs around the home and pictures of people taking part in activities. This demonstrated a homely feel and we saw some staff changed into slippers when they were at work; as a way of respecting people's home.

People were supported to follow their interests. We saw evidence of links with the local community and staff told us people were encouraged to participate in local events and activities, at a level to suit them. There were posters promoting local events and staff told us some people attended the monthly services for people with a learning disability at a local church. We found reference to this in people's care plans and posters promoting upcoming services and events. We saw comments in care plans that evidenced that staff supported one person to go swimming and another person to go personal shopping. We saw a person supported to take part in an art activity in the afternoon and we saw examples of people's own art and craft work displayed on the walls. We saw a person spent most of the day sat in the conservatory looking out into the garden. They were in sight of staff who were aware of this person's presence in the conservatory. This person appeared relaxed and content. In the evening the conservatory was transformed into a sensory room with coloured lights, soft furnishings, a bubble lamp and soft music, we saw one person relaxing there. Staff told us this room was kept as a quiet room and helped people relax. They said it was also a useful diversion if people became anxious or upset. Staff understood people's needs and provided activities and space to promote people's well-being and self-esteem.

People were supported to maintain relationships with family and friends; and visitors were encouraged. The provider arranged events and activities so people could meet up and socialise. We saw evidence in care plans of people supported to access these events and staff told us how much people enjoyed them. One person smiled and nodded when we asked if they enjoyed these events and said "Friend", when we asked if they met people at these events. Staff told us how important it was for people to retain their own identity and social networks with people in the local community; and not do everything with the people they lived with. Staff maintained a photograph diary for one person, which they told us they shared with their family when they visited. We saw that any contact with families was recorded in each person's activity records. We were told that some people's families were involved in care planning and we saw reference to their comments written in the care plan. One person used an electronic communication aid to communicate with people and staff. They were able to tell us they were happy living there and they felt staff listened to them. Staff responded to people's individual needs; they encouraged and enabled people's individual choices and participation in activities of their own choosing.

There was a complaints policy in place and we saw an easy read version of the complaints policy on the notice board, with pictures to explain the process. There had been no complaints made in the previous 12 months and we saw those made the previous year had been recorded and responded to appropriately. Staff told us if families had any concerns staff would deal with it; or advise people to discuss it with the registered manager. There were separate newsletters which went out to families and staff from the provider.

The service did not hold meetings with people or conduct satisfaction surveys with people who lived there. Staff said they were 'in tune' with people and knew what they liked and didn't like; they said they recognised when a person was unhappy and responded at the time. They told us how they recognised non-verbal indications of distress or disagreement, including facial expressions, body language and sounds people made. We saw evidence of this when a staff member was assisting a person to the dining room at meal time. The person showed signs of distress and disagreement and the staff member gently explained and reassured the person that they were safe and what they doing. The person accepted this and moved into the dining room for their meal. Staff told us they discussed people's preferences and care needs at team meetings; and discussed any changes necessary if the care plan in place did not meet people's individual needs. Families were sent an annual survey by the provider to assess their opinion of the quality of care their relatives received. We saw that families were consulted about changes to care and informed of significant incidents or changes in a person's health where this had been agreed as part of the care plan. People needs and preferences were known to staff; and staff were able to identify when a person was unhappy or did not agree with a request of activity, by understanding their body language and signs of distress or discomfort. Families were consulted and people's views were considered, when planning their care.

Good

Is the service well-led?

Our findings

There was a positive and inclusive culture within the organisation. Staff told us the registered manager, "Keeps us up-to-date" and, "Encourages us to voice any concerns and discuss any ideas". Staff told us the registered manager encouraged an open and honest environment where staff learnt from mistakes and from each other. Staff were aware of the whistleblowing policy and said they would be confident to use it if necessary. One staff member said, "I know we have a whistleblowing policy but we have no need for it, we can discuss anything with the manager". Staff were passionate about the rights of people using the service and talked of the impact of recent changes to funding and how this impacted on people's ability to continue to access the activities they liked. Where appropriate, staff advocated for people and one staff member told us, "We'll have to be creative now, so we can continue to support people to access the activities they like, within budget". There was an empowering and inclusive culture in the service and staff were passionate about caring for people and ensuring their rights were promoted.

The registered manager understood their responsibilities to us and submitted all notifications, as required under the terms of their registration. Staff told us the registered manager was, "Part of the team and does all the things we do". The registered manager was present throughout the inspection and it was clear by their interaction with people, that they knew them and they were happy in their presence. The registered manager understood their responsibilities to the staff team and staff were motivated to do well. A staff member told us the registered manager was, "Lovely, supportive and explains things well"; another said, "She is a good manager, I can talk to her about anything, she's brilliant"; and a third said, "She's been my rock". The registered manager was aware of the needs of people and staff; and supported all to build their confidence, skills, and to become more independent. The registered manager was supported by managers and senior staff from the provider's other services who, they said, "Offered good support and an opportunity to discuss things with other managers". This demonstrated good management and leadership of the service.

There were quality assurance systems in place and they were used to identify areas for improvement and focus resources. The registered manager responded positively to our comments and observations and told us they would review the evacuation plans as a consequence of the varied responses from staff during the inspection. Data and information on the quality and safety of services was also sent to the provider each month for monitoring purposes and feedback from the provider was sent to the registered managers for discussion and development at team meetings. We saw audits of care plans and medicines that the registered manager had completed and there was evidence that these had identified improvements and been discussed in staff meetings and supervisions. This demonstrated that the registered manager identified quality issues and supported staff to address them and improve their practice.