

# Exclusive Care Limited

## Nimrod Drive

### Inspection report

4 Nimrod Drive  
Hatfield  
Hertfordshire  
AL10 9LS

Tel: 01707265639

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28 November 2018  
29 November 2018

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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 ●

# Summary of findings

## Overall summary

4 Nimrod Drive is registered to provide accommodation and personal care for up to six adults with learning disabilities and autism. At the time of our inspection there were six people using the service.

The home is built over three floors and is in a residential area.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

People using the service felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and they felt confident in how to report these types of concerns. People had risk assessments in place to enable them to be as independent as they could be in a safe manner. Staff knew how to manage risks to promote people's safety, and balanced these against people's rights to take risks and remain independent.

There were sufficient staff with the correct skill mix on duty to support people with their required needs. Effective recruitment processes were in place and followed by the service. Staff were not offered employment until satisfactory checks had been completed.

Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service. Effective infection control measures were in place to protect people.

People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were knowledgeable of this guidance and correct processes were in place to protect people. Staff gained consent before supporting people. 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.

Staff received an induction and on-going training. They had attended a variety of training to ensure that they were able to provide care based on current practice when supporting people. They were also supported with supervisions and observed practice.

People were able to make choices about the food and drink they had, and staff gave support if and when required to enable people to access a balanced diet.

People were supported to access a variety of health professionals when required, including opticians and doctors to make sure that people received additional healthcare to meet their needs.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well. People and relatives, where appropriate, were involved in the planning of their care and support.

People's privacy and dignity was maintained at all times. Care plans were written in a person-centred way and were responsive to people's needs. People were supported to follow their interests and join in activities.

People knew how to complain. There was a complaints procedure in place and accessible to all. Complaints had been responded to appropriately.

Quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement.

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.

|   |               |
|---|---------------|
| <b>Is the service safe?</b><br>The service remains Good       | <b>Good</b> ● |
| <b>Is the service effective?</b><br>The service remains Good  | <b>Good</b> ● |
| <b>Is the service caring?</b><br>The service remains Good     | <b>Good</b> ● |
| <b>Is the service responsive?</b><br>The service remains Good | <b>Good</b> ● |
| <b>Is the service well-led?</b><br>The service remains Good   | <b>Good</b> ● |

# Nimrod Drive

## **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 unannounced comprehensive inspection was carried out 28 and 29 November 2018. It was carried out by one inspector. We simultaneously inspected a sister service located at 10 Nimrod Drive, a service which has the same registered manager.

Before the inspection the provider completed a Provider Information Return (PIR). 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 checked the information we held about this service and the service provider. No concerns had been raised.

During our inspection we observed how staff interacted with people who used the service.

Some of the people who used the service were not able to verbalise with the inspector, however, they responded by smiling and using positive body language.

We spoke with two people who used the service and two relatives. We also spoke with the registered manager, deputy manager and two support workers.

We reviewed two people's care records, two medication records, two staff files and records relating to the management of the service, such as quality audits and complaints.

# Is the service safe?

## Our findings

People told us they felt safe. One person said, "Yes, I am safe." A relative told us their loved one was safe. Staff had received training which had given them the information they needed to keep people safe. Staff knew what to report and how to do so. One staff member said, "If they needed treatment I would get that immediately then report it to line manager or senior."

People had individual risk assessments in place for each area of their support plan. For example; Finance, eating and drinking and personal care. These were reviewed monthly and kept up to date.

Staff were aware of the providers whistleblowing procedure and told us they would not hesitate to use it. Accidents and incidents were investigated and actioned when required.

There were sufficient numbers of suitably trained staff on duty to provide the support people required. The registered manager told us that staffing numbers were devised around people's allocated hours and rotas were developed around people's activities and planned support needs.

Safe recruitment practices had been followed. Staff told us they had not started to work until all their checks had been completed. One staff member said, "I had to provide references and proof of ID and other things."

People received their medication following provider's guidance. People had their medicines stored securely in their own rooms which enabled staff to administer medication privately. A medicines count was carried out by staff at each medication round to check it had all been administered as prescribed and the Medication Administration Record (MAR) had been completed. This meant that if there had been an error it would be picked up early and rectified.

Nimrod Drive was visibly clean and concerns were not identified in relation to infection control. People were encouraged to keep their rooms clean and tidy, with staff help if needed. Within people's weekly schedules was a home day to enable them to do their cleaning and laundry with staff support if required. The service had received a five-star rating for infection control from the local environmental health department.

The registered manager told us that they used any safety incidents, accidents or errors as a learning opportunity. Staff were aware of their responsibility to report any errors, incidents or near misses. When practices changed due to learning this was discussed at team meetings to ensure all staff were aware.

# Is the service effective?

## Our findings

People's needs had been assessed prior to admission in line with legislation and up to date guidance. This information had been used to start their care plans. Care plans we viewed showed this had taken place. They had been completed with the person or where appropriate with their family or representatives. Care records were personalised and contained good information for staff to allow them to support people as assessed.

Staff told us they received training appropriate to their roles. One staff member said, "We have a lot of good training, face to face." They went on to tell us about some they had received. A relative told us they thought the staff were well trained. We saw the training matrix which showed when any training was due for renewal. We also saw a list on the notice board of who needed to plan some specific training as it was due to expire.

Staff told us they received support and supervision from the registered manager.

People were supported to have healthy meals. Staff told us on a Sunday people and staff meet together and the menus were discussed and decided. There were two choices for the main meal and it was on the notice board in the kitchen and was pictorial to assist people with their choices. One person, when asked about the food said, "It is nice."

Staff worked across a number of organisations to support people. They shared knowledge on a need to know basis with the persons consent.

People were supported to access additional healthcare when required. Within care records we saw that people had been referred for additional support in a timely manner and staff had accompanied them to a variety of appointments including; dentists and GP visits if the person required this. Each person had a health action plan which was a separate file containing everything regarding their healthcare which they took to each appointment.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS). People had Mental Capacity Assessments (MCA's) for each area they required support, which were followed up with best interest meetings and if required, DoLS applications. Staff had a good understanding of consent and capacity.

## Is the service caring?

### Our findings

We observed that positive relationships had been developed between staff and people who used the service. For example, there was friendly appropriate banter between them. Staff were patient with people who struggled to make themselves understood and used appropriate body language to keep them at ease. A relative told us that their loved one appeared happy and was always happy to return after they had been away.

It was obvious that staff knew people well, they chatted with them about things of interest. They were able to give us a full overview of each individual person including their background and how they had developed with achievable goals. One staff member said, "We must always remember, we work with not for people." Explaining that they were there to support people to achieve what they wanted to achieve.

People were involved in any decision making and staff encouraged them to express their views as much as they were able. The deputy manager told us that most families were involved in their loved one's care and support. For those who were not able, an advocacy service was available.

Rotas were devised to allow for staff to support people without being rushed. The registered manager explained how they allocated staff on a daily basis for people to be supported. They also told us that they would move staff around if required to match an activity a person wanted to access.

We observed people being treated with privacy, dignity and respect. Staff knocked on people's doors and waited to be invited in, they spoke with them in a respectful manner and everyone was introduced to the inspector.

Staff promoted people's independence. We observed staff interacting with people and encouraging them to do what they could for themselves, with assistance if required.

## Is the service responsive?

### Our findings

Within people's care records we saw that they had been involved as much as they had been able to be. Care records fully reflected people's needs and included guidance on the support a person needed at each stage of the day. Staff told us and records showed, people had regular meetings with their key worker. Where people had communication needs, pictorial documentation had been used. Care and support was individualised and person centred.

People were encouraged to follow their interests. There was a board in the dining area which showed what each person was doing that day and the staff member who was supporting them. One staff member explained what each activity was. People went to help on a farm, one person had a job in a local supermarket and one person went to the sea side for the day. The person who worked at the local supermarket told us that they really enjoyed their job and they were saving their wages to go on holiday in the summer.

A staff member told us that after one person had finished their college course they had helped them to find alternative activities and had attended a number of taster days to help them decide what they wanted to do.

The provider had a complaints policy in place and people were aware of how to complain. The policy was on the notice board in an easy read and pictorial form to help with people's understanding. There had been a small number of complaints since the last inspection. These had been dealt with following the providers procedures and to the satisfaction of the complainants. Copies of all correspondence had been kept. A relative said, "If we have any small things, they are dealt with." They then did not get to be a complaint.

Within people's care records was information regarding the person's wishes for their end of life care and funeral wishes if they had wanted to discuss this. This had been carried out over time with the person or their representative using pictorial information where needed, to help people understand.

## Is the service well-led?

### Our findings

There was a registered manager in post who was aware of their regulatory requirements. 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.

The provider and management had a clear vision of where and how they wanted to progress the service. The registered manager told us the provider had recently made a number of management changes, which they said had been for the better.

We observed that staff and people spoke with the registered manager and deputy manager throughout the day. There was an open-door policy where people and staff could speak with any of the management team at any time. We observed this to happen on the day of the inspection. Staff and management were aware of their responsibilities. There were processes in place for staff to account for the decisions they made on a daily basis.

One person told us they had house meetings. They told us they were the residents representative. That meant they would speak on behalf of other people who used the service if they were not able or did not want to. We saw minutes from house meetings where each person had been able to contribute.

The registered manager told us they had relatives' meetings and minutes of these were also seen. One relative told us that they could contact the registered manager at any time if they wanted to speak with them. They said, "He (registered manager) is always around and approachable."

People were encouraged to voice their opinions or at least make them known. We observed staff asking people's opinions throughout the day. The registered manager had carried out an annual survey for staff, people who used the service and their relatives. We looked at some responses which had been received and they were all positive and some lovely comments had been made.

The registered manager and provider carried out a number of quality audits, if there had been any issues found, an action plan had been devised and signed off when completed. The registered manager and deputy manager had developed a Service Improvement Plan (SIP) and had given themselves until the end of the year to complete any actions. Most had already been completed.

The registered manager told us that lessons had been learnt from past incidents and some practices had changed. Examples were given, however they were confidential so not included in this report.

The registered manager and provider worked in partnership with other organisations, where appropriate, to provide the best support for people. These included local authority and multi-disciplinary teams.