

# Hertfordshire County Council

## Isabel Court

### Inspection report

1-6 Isabel Court  
Walton Road  
Hoddesdon  
Hertfordshire  
EN11 0LQ

Tel: 01992468652  
Website: [www.hertsdirect.org](http://www.hertsdirect.org)

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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

### About the service

Isabel Court is a specialised short break service that provides short term respite care for adults with a learning disability and people with a physical disability. Hertfordshire County Council is registered to provide accommodation and care at Isabel Court for up to three people at any one time. Three people were using the service at the time of the inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

People felt safe when they used the service. They told us, they knew staff well and they were listened to by them.

Relatives were happy with how the service supported people. They told us staff communicated any changes to people's needs and took appropriate action in referring people to specialist health care support when needed.

People's medicines were administered safely by staff who were trained and had their competencies checked.

When things went wrong the registered manager reported to safeguarding authorities and lessons were learned and actions taken to prevent reoccurrence.

Various audits were carried out by the management of the service to monitor the quality of the care provided, and actions were taken to improve where necessary.

People were supported to attend their planned activities and people had opportunities to socialise with

others when they were using the service.

Care plans were in place with risk assessments and guidance for staff to enable them to meet people's needs safely and effectively.

Staff had training and felt supported by management to carry out their roles effectively.

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 good (published 20 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Isabel Court

## 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.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Isabel Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 one person who used the service and three relatives about their experience of the care provided. We spoke with four members of staff including the team leader and the registered manager.

We reviewed a range of records. This included two people's care records and 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 meeting minutes and quality assurance records.

# 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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People told us they felt safe and trusted staff. One person told us, "I am safe here. I know staff well." A relative told us, "Yes, [person] receives safe care. We are confident that staff are able to deal with any issues that might arise during [person's] stay. We are happy to leave [person] there and know that they are safe and well cared for when we are away."
- Staff received training in safeguarding procedures and were confident in describing signs and symptoms they would monitor to establish if people were at risk of harm. They knew how to report their concerns internally and externally to local safeguarding authorities.
- When things went wrong lessons were learnt and improvements were made to the service delivery. For example, when staff made a medicine error, the medicine administration system had been reviewed and individual medicine cabinets were put in people's bedrooms to minimise the risk of reoccurrence.

Assessing risk, safety monitoring and management; Using medicines safely

- Staff were knowledgeable about risks to people's health and well-being. They knew how to support people to encourage independence and promote their safety.
- Risk assessments were developed for each identified risk to people. For example, there were moving and handling risk assessments, choking and being out in the community. In addition, there were environmental safety checks which addressed areas like fire safety.
- Well developed procedures were in place to ensure staff were able to safely evacuate people in case of an emergency.
- Medicines were managed safely by staff who were appropriately trained and had their competencies checked before they could administer medicines to people.
- Regular checks were in place to ensure people received their medicines as intended by the prescriber.

Staffing and recruitment

- There were enough staff to meet people's needs safely. Staffing numbers were adjusted by the registered manager depending on how many people were using the service and based on people's needs.
- Staff told us there were enough staff and the registered manager and team leader were available to step in and cover shifts when it was needed.
- Recruitment processes were robust and ensured that staff employed were suitable to work in this type of service.

Preventing and controlling infection

- Staff told us they had personal protective clothing including gloves and aprons which they wore when

providing personal care to people.

- Relatives told us the environment was always clean and welcoming. One relative said, "[Person] enjoys their stay there very much and the accommodation (own room with en-suite "walk in" shower") is always clean and comfortable."



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started to use the service. Assessments detailed people's overall support needs and individual preferences. These assessments formed the basis of people's care plans and risk assessments and were further developed as and when needed.
- Relatives told us they were asked to complete a form to list all changes in people's needs before each admission and once a year staff reviewed people's care plans to ensure they were relevant and up to date.

Staff support: induction, training, skills and experience

- Newly employed staff completed an induction prior to starting work. This included learning of policies and procedures, on-line training and face to face training. Staff shadowed more experienced staff until they were competent and confident to work alone.
- In addition to the induction training staff received annual refresher training in safeguarding, manual handling, infection control and others.
- Staff told us they were well supported through one to one meeting with their line manager and staff meetings. One staff member said, "I have regular supervisions and staff meetings where I can share any concerns. I feel supported."
- Relatives felt that staff were well trained. One relative said, "We know they have regular training courses and updates to training."

Supporting people to eat and drink enough to maintain a balanced diet

- People told us staff were providing tasty meals and they could choose what they wanted to eat. One person said, "I like the food. It's nice. [name of staff members] cook here."
- Relatives told us staff were knowledgeable about people's dietary needs and offered healthy meals.
- People's dietary needs and requirements were identified in their care plans and staff had a good understanding how to support people with these.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Relatives told us that staff supported people's health needs well whilst they were using the short break respite service.
- Staff communicated effectively with health and social care practitioners involved in people's care to ensure people's health care needs were met.

Adapting service, design, decoration to meet people's needs

- People lived in a clean environment which was adapted for the use of wheelchairs, hoists and other special equipment people needed.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People told us staff listened to them and asked for their consent before any help was provided to them. One person said, "They ask me about everything. I can say no or yes."
- Care plans evidenced if people had capacity to decide about their care or treatment and what was done in case people lacked capacity to make certain decisions. Where people were found to lack capacity a care plan was in place and the registered manager applied for DoLS.
- Decisions for people who lacked capacity were taken following a best interest process. This involved relatives, health and social care professionals to ensure the care people received was in their best interest.
- The Registering the Right support national best practice guidance for supporting people with a learning disability and autism was fully adhered to by the provider and staff.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they felt respected by staff working at the service. One person said, "They [staff] are very good to me. I like them." Relatives felt staff were kind and caring. One relative said, "Staff are always kind and caring. They are also very approachable and accommodating to us as parents."
- Staff we spoke with told us about the people they supported. They spoke with compassion and in a caring way. They demonstrated that they knew people's needs and preferences well.

Supporting people to express their views and be involved in making decisions about their care

- Staff helped people to make as many decisions and choices about their care as possible. One person said, "I choose what I want."
  - Staff observed people's likes and dislikes and their behaviour to establish what people wanted.
  - Relatives told us they were involved in people's care. One relative said, "Our views are listened to."
- Relatives said staff always kept them up to date with any changes in people's needs.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect when helping them with daily living tasks. They knocked on people's doors before they entered.
- People's bedrooms gave them privacy and space to spend time on their own if they wished.
- Records were stored securely, and staff understood the importance of respecting confidential information. They only disclosed it to people such as health and social care professionals on a need to know basis.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us the care they received met their individual needs. One person said, "I come here because I like it. I know staff here and they are nice. They help me." One relative told us, "Staff know about [person's] needs and they support effectively."
- Care staff were able to tell us about the personalised care and support they provided for people.
- People's care plans included personalised information to support the staff team to deliver consistent person-centred care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plan detailed their communication needs they had.
- Staff told us how, in addition to verbal communication, people used their own sign language and staff learnt this over time so they could effectively communicate with people. Staff also used pictorial menu forms and other pictures to aid communication with people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and relatives told us that staff supported people with their planned activities. One relative said, "We are able to arrange [person's] off-site activities whilst they are staying at Isabel Court. Arrangements are made by the Senior Support Worker to ensure there is staff cover."
- People told us in addition to their planned activities, they liked socialising with other people living on site in a service managed by the same provider.

Improving care quality in response to complaints or concerns

- The provider had a complaints and compliments policy, people and their relatives told us they knew how to complain if it was needed.
- One relative said, "Staff are always very approachable, and we wouldn't hesitate to raise any concerns with them, should they arise. They are very accommodating and have been proactive in resolving minor issues in the past (e.g. misplaced items of clothing)."

End of life care and support

- The service was not supporting people with end of life care. Staff knew what process they had to follow in case people's health needs changed.

# 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 good. At this inspection this key question has remained the same. 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

- Everyone we spoke with told us that the service was well managed, and they were disappointed due to plans the funding authority had to close the service in approximately a year.
- The time people spent at the service varied from two nights to a few weeks. People's care plans were developed when they first used the service and updated each time before they returned.
- Relatives told us the admission and discharge process was well managed and good communication was maintained between them, people and staff.

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

- The registered manager was knowledgeable about the service and the needs of the people using it.
- Written records demonstrated the registered manager had acted in an honest and transparent way when something had gone wrong and constantly communicated with people, relatives and professionals.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff told us they worked in a supportive team, which enabled them to share learning and develop in their roles.
  - Staff knew what was expected of them to ensure good standards of care were always maintained.
  - Staff said the managers were approachable, supportive and always provided good practice guidance.
- Managers were clear about their responsibilities to ensure the service consistently met regulatory requirements.

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

- People had opportunities to regularly give feedback about their care and support. Yearly surveys were sent to people and relatives. Responses were analysed, and actions taken to act on feedback. For example, people raised an issue about staff not wearing name badges and as a response the registered manager created a staff board where staff's pictures and names were displayed so people could recognise them.
- Relatives told us their opinion mattered and staff listened to them.
- People, relatives and staff had their say and contributed to the running of the home through regular meetings and yearly surveys.

#### Continuous learning and improving care

- Processes to assess and check the quality and safety of the service were completed. The registered manager and team leader carried out audits and assessed medicines, infection control and other aspects of the service. These showed that where areas of the service required improvement, improvements were made in a timely way.

#### Working in partnership with others

- The service worked well with health and social care professionals who were involved in people's care.