

Watford And District Mencap Society Hillside

Inspection report

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Date of inspection visit: 29 January & 5 February
2016
Date of publication: 04/04/2016

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

Hillside is registered to provide accommodation and personal care for up to eight people who are living with learning disabilities or autistic spectrum disorders. There were seven people living at the service on the day of our inspection. There was a manager in post who was appointed in June 2015. At the time of the inspection they were not yet registered with the Care Quality Commission (CQC). Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

When we last inspected the service on 22 May 2014 we found them to be meeting the required standards. At this inspection we found that they had continued to meet the standards.

People told us that they felt safe and secure at the home. Staff were knowledgeable in recognising signs of potential abuse and understood how to report concerns both within the organisation and to outside agencies. Assessments were undertaken to assess risks to people and to the staff who supported them. There were sufficient numbers of staff available to meet people's

Summary of findings

individual support and care needs at all times. People received appropriate support from staff to enable them to take their medicines. People received care and support that was based on their individual needs and preferences. Care and support plans were amended as necessary and in consultation with their relatives or their representatives to meet their changing needs. Relatives of people who used the service felt confident to raise any concerns and were in no doubt that they would be managed appropriately. People received their care and support from a staff team that fully understood people's care needs and the skills and knowledge to meet them. People who used the service were treated with kindness and respect, and their privacy and dignity was maintained.

The majority of the people who lived at the home were able to communicate verbally but for people who were unable to speak to us we observed staff supported them with a range of communication aids, which included sign language and interpreting people's body language with

regards to meeting their needs and wishes. Staff supported people with their personal care, medicines, activities/hobbies, cooking and domestic tasks in a cheerful and kind way.

Staff were supported by the manager and received the training and supervision necessary to support them to provide safe and effective support for people. People's views about the service were generally gathered informally through daily contact and observing their body language and the choices made. This ensured that the provider and registered manager could assure themselves that the service they provided was safe and was meeting people's needs.

Information on how to make a complaint was available for people and staff knew how to respond to any identified concerns or suggestions.

Arrangements were in place to ensure that the quality of the service provided for people was monitored and action had been taken when necessary

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?

The service was safe. People's care was provided by staff who had been safely recruited.

Risk assessments ensure that people were cared for as safely as possible and that any risks were identified and minimised.

Staff had safeguarding training and knew how to recognise and report abuse.

People's medicines were managed safely.

Good



Is the service effective?

The service was effective.

People received care and support from staff who were appropriately trained and supported to perform their roles.

Staff provided care and support to people in their preferred way. People were supported to eat and drink enough to stay well.

People were supported to access health care professionals as necessary.

Good



Is the service caring?

The service was caring.

People were treated with kindness, dignity and respect.

Staff demonstrated a good understanding of people's needs and wishes and responded accordingly.

People's dignity and privacy was promoted.

Good



Is the service responsive?

The service was responsive.

People's care was planned and kept under regular review to help ensure their needs were consistently met.

People were supported to engage in a range of activities.

People's concerns were taken seriously and their relatives and representative felt listened to.

Good



Is the service well-led?

The service was well led.

People had confidence in staff and the management team.

The provider had arrangements in place to monitor, identify and improve the quality of the service

The atmosphere at the service was open, respectful and inclusive.

Good



Hillside

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 inspection took place over two days to ensure we encapsulated the views and experiences of everyone who lived and worked at Hillside. The inspection took place on 29 January & 5 February 2016. It was undertaken by one inspector.

Before our inspection we looked at all the information we held about the home. This included information from notifications. Notifications are events which the provider is required to send us. We also made contact with the local authority contract monitoring officer to obtain feedback.

During the inspection we spoke with seven people who lived in the home. We observed how staff supported people and spoke with four care staff and the manager. We also spoke with three relatives to obtain their feedback on how people were supported to live their lives. We also received feedback from two social care professionals.

We looked at three people's care records, staff training and recruitment records, and records that related to the management of the service which included audits and policies.

Is the service safe?

Our findings

People and their relatives told us they felt safe at the home. We spoke with one [Relative] who told us “I cannot fault them. We always know that they are safe at Hillside and if there are any concerns they always contact us immediately.” One person who lived at the home told us that “I like it here, the staff are kind and don’t make me do things I don’t want to do, they are my friends.”

Safe and effective recruitment practices were followed which ensured that staff were of good character, physically and mentally fit for the role and sufficiently experienced, skilled and qualified to meet the needs of people who used the service. Staff were required to complete safeguarding training as part of their induction and undertook regular refresher training to help ensure their knowledge remained current. No safeguarding concerns had been raised by the service in the past twelve months however the registered manager confirmed that they would escalate any concerns to the local authority safeguarding of adults team when necessary. One [Relative] told us “It puts my mind at rest to know that my [Relative] is safe and well cared for. It was an anxious time for us all when my [Relative] first moved into Hillside but as a family we have every confidence in the staff to keep my [Relative] safe”.

Staff had the information that they needed to support people in a safe manner and fire evacuation plans were in place for each person in the home. Assessments were undertaken to identify any risks to people and to the staff who supported them. These included environmental risks and risks that related to the health and support needs of the person. Risk assessments included information about action to be taken to minimise the possibility of harm occurring. For example, one person had been assessed as being at high risk of self-harm and behaviour that challenged. We saw that there was a comprehensive and detailed risk assessment and behavioural guidelines in place which contained both control measures on how to prevent a situation escalating and triggers that may contribute to this person becoming more anxious.

There were sufficient numbers of staff available to meet people’s individual support and care needs at all times.

Four staff members we spoke with all said they worked as a team and always knew who would be working alongside them. One staff member told us that “There are always enough staff on duty to support people, which means we have time to do the routine tasks with people but also have enough staff to take people out to attend social events such as Gateway and also to support people to attend their appointments.” We saw from the rota that there were also additional hours provided at the weekends to support people to enjoy social activities within the local community.

We looked at the medication records for all seven people and saw that there was appropriate guidance for staff to administer medication and that staff had signed the Medication Administration Record charts (MAR) appropriately. We noted that a record of the quantity of medicines received had been checked regularly against the MAR charts which ensured the correct balance had been kept. We observed one member of staff administering medicines and saw that they did so safely and ensured each person received the correct medicines.

Medicine audits were completed on a daily basis, when staff administered medicines and in addition a more comprehensive audit had been completed on 5 January 2016. We saw that the medication procedure included an information sheet on each person with regard to any allergies, possible side effects of the prescribed medicines. There were guidelines for staff to follow for medicines prescribed as and when required for people. This meant that there was a robust system in place to help eradicate any possible medicine errors and safeguard people from harm.

We saw that plans and guidance had been put in place to help staff deal with unforeseen events and emergencies which included relevant training, for example in fire safety. Personal evacuation plans, tailored to people’s individual health needs, had been drawn up for each person who lived at the home. Regular checks were carried out to ensure that both the environment and equipment used, which included safety equipment, were well maintained and kept people safe.

Is the service effective?

Our findings

Although some people who used the service were not verbally able to tell us about the care and support they received, we were able to observe positive interactions between staff and people who used the service throughout the evening. We saw that staff met people's needs in a skilled and competent manner which demonstrated that they knew the people well. For example one person had become agitated when we arrived to carry out our visit. We saw that a staff member intervened and reassured the person in a calm and gentle manner and refocused them towards an activity that they knew they enjoyed avoided the person becoming anxious and upset.

Training records confirmed that staff received a varied training programme and that the training was updated appropriately. Specific training had been provided which ensured that staff had the skills and knowledge to support people for example with behaviour that challenges and how to support a person when they became distressed or anxious. One member of staff said, "The manager always offers us the opportunity to attend any training that helps us with our role. Some of the training is done on line through our internal systems."

All new care staff completed an induction programme at the start of their employment that followed nationally recognised standards. The induction process included shadowing more experienced staff before working with people independently. Training was provided during induction and then on an on going basis.

We saw evidence that staff received regular support and supervision from their manager. An annual appraisal system was in place and staff on duty told us that they felt they received the support and guidance they needed from their managers and the provider. One person [Staff] told us that "The manager is fantastic, they are very hands on for advice and support as well as having formal supervision every two months and regular staff meetings."

The Mental Capacity Act (2005) provides a legal framework for making particular decisions on behalf of people who may lack 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. Where 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. We checked whether the service was working in line with the principles of the MCA and found that. The home had made Deprivation of Liberty safeguards [DoLS] applications to the local authority which related to keeping people safe within the home.

People's consent was asked for before care and treatment was provided and the management and care staff demonstrated an understanding of the Mental Capacity Act (MCA) 2005. For example consent had been obtained for the person for their photograph taken and consent to administer their medication.

We observed staff supported and encouraged people to make their own choices with regard to the food and drinks they preferred and with the assistance of a pictorial menu guide. Staff encouraged healthy eating and supported people to choose and eat a healthy and varied diet. People's food preferences were recorded in their care plan and staff demonstrated a good knowledge of people's likes and dislikes. People's weights were monitored and action was taken promptly if someone gained or lost a significant amount of weight. We saw evidence that each person was reviewed by the community dietician with regard to the management of their dietary needs, when necessary.

People were supported with their healthcare needs and staff worked in partnership with other healthcare professionals to meet people's need promptly. They were supported to attend dentist and optician appointments regularly with the support of the staff. Information about people's health conditions and any medicines they took was in their care plans for staff to access.

Is the service caring?

Our findings

People we spoke with appeared happy with the way staff provided care and support. Staff demonstrated that they knew people very well and we saw that they anticipated what might cause people concern so that they could put strategies in place to help keep them calm. One person told us that “I really like it here and the staff like me, they care about me and help me when I get into problems.” Another person said that “I would like to move onto living on my own and the staff are helping me do that with the things I do here at Hillside.”

Although not everyone who lived at the home was able to verbally communicate their views about the staff with us, we observed relationships and interactions between people and staff were positive. We saw staff were kind and empathetic towards people and understood how to relate to each individual. For example we saw that staff joined people for their evening meal which we saw was a lively and social occasion where people talked about their day and planned the evening’s activities.

One person offered to show us around the home and were very proud to show off the many photos of social events and holidays that they had enjoyed, which were displayed throughout the home. The atmosphere throughout this visit was friendly, relaxed and very caring towards the people who lived at Hillside.

People and their relatives had been invited to take part and contributed to regular reviews of their care. There was good use of photographs and also a profile of people that stated what people liked, what was important to them and how they wished to be supported. We saw that each person had document in place called ‘All about me and how I like to be supported’. We saw that this document had been produced in a pictorial format and with the involvement of the person and their family. Where possible this document had been signed by the person themselves. This meant that people received care that met their needs and took into account their individual choices and preferences.

One relative told us, “We are always kept well informed and we have seen my [Relatives] care plan at the reviews but I can also ask any time when I visit if I want to read it but usually I don’t need to as I am always informed by the staff if anything changes.”

We saw that people chose where they wanted to spend their time and were able to fully access both the communal areas within the home or their own bedrooms, whenever they wished. We observed that one person, in particular was very excited to tell us about a forthcoming trip to get their nails manicured. We saw that the staff member was both patient and calm in the way they explained the details of this trip, which helped the person relax and less anxious. Throughout our visit we saw that staff positively engaged with people and enquired whether they had everything they needed and how they wanted to spend their day.

We saw a range of documents that had been produced in a format that could be easily understood by the people who lived at Hillside. For example pictorial menus, a pictorial complaints procedure and a photographic rota, which was one person’s responsibility to complete each day. This showed us that people had information about the service in appropriate formats to their understanding.

We found that all three care plans seen reflected the involvement of families and social care professionals who had been involved in developing the plan of support provided. Confidentiality was well maintained at the service which meant that information held about people’s health support needs and medical histories was kept secure.

When people were unable to express their wishes and did not have family to support them to make decisions about their care, the manager told us that local advocacy services were available to support people if they required assistance.

Is the service responsive?

Our findings

People, and their family members, said that staff met people's care needs. One relative told us, "The staff are always letting me know how things are going, as we had a tricky start when they first moved into the home but through the hard work of the staff team they are much more settled and content." Overall, we saw that people were happy with lots of smiles and laughter and were enjoying what they had chosen to do on both days that we visited.

The manager met people before they moved in the home and they carried out a 'pre-admission' assessment. This helped in identifying people's support needs and care plans were developed stating how these needs were to be met. People were involved with their care plans as much as was reasonably practical. Where people lacked capacity to participate, people's families, other professionals, and people's historical information were used to assist with care planning.

People's care plans contained specific documents, to be maintained by staff, to detail care tasks such as personal care having been undertaken. Where people were deemed to be at risk of harm we saw that records were in place to monitor and respond to these risks. For example we saw that an up to date risk assessment in place for a person whose behaviour challenged at times. We saw that this provided detailed information on areas of potential risk as well as guidelines for staff on how to manage these incidents and on how to reduce these incidents from re-occurring. Daily records contained detailed information about the care that staff provided to meet their needs. This meant that there were personalised care and support records in place for people to ensure that the staff were clear about the support that was required.

All four staff we spoke with were knowledgeable about the people they supported. We saw from the information provided during our visit that all staff had undertaken training which ensured that people were given the support they needed in a way that was sensitive to their age, disability, gender, race, religion, belief or sexual orientation.

Staff demonstrated that they were aware of people's preferences and interests, as well as their health and support needs, and they provided care in a way people

preferred. One member of staff said, "This is the best place I have worked and we all pull together as a team, through all the good days and also days where the work can be quite challenging."

One person we spoke with was able to communicate through their body language and through signing that they were happy by pointing to a staff member and saying "Nice" and gesturing to this person with a smile. Another person was able to show a member of staff what they wanted help with by taking their hand and leading them to the television.

We saw that staff supported people to play an active part in their community and to follow their own interests and hobbies. Records showed that people attended a variety of social events as well as accessing local services such as shops, using public transport, visiting local pubs and cafes. We saw that each person had an individual pictorial activity plan in place which helped people make informed and personal choices about how they spent their leisure time. We saw that people had enjoyed a range of holidays; this included a Mediterranean cruise and a trip to Butlin's.

Each person had their own bedrooms and had been encouraged to bring in items to personalise them, these included pictures, photos, televisions and music centres. We saw that outside each person's room there was a wall mounted canvas of them, which several people proudly showed us. We saw one person had a magnificent display of medals and trophies that they had won from competing in a variety of swimming competitions.

Although the home was generally in a good state of repair, however there were two bedrooms we found with damp areas on the walls and ceilings. This was observed in the lounge area on the first floor as well. We also saw that the main carpet in the hallway was badly worn and stained and could benefit from being replaced. These issues were brought to the attention of the manager at the end of the inspection in order for these issues to be passed onto the provider for the planned repairs and replacement schedule for 2016.

The service had a complaints policy in place. This had been produced in both a written and pictorial format which ensured people who were unable to fully understand the written word could gain a full understanding of how to make a complaint. There were no formal complaints made to the service in the last year.

Is the service well-led?

Our findings

One member of staff told us “If I have a problem I can always discuss my concerns with the manager and they are always available to speak to. They are very ‘hands on’ type of manager.” All four staff we spoke with told us that they were able to make suggestions informally as well as in supervision and in staff meetings, which were held regularly.

We saw minutes from staff meetings which were held regularly with topics such as the new inspection process had been discussed as well as discussions that related to safeguarding, whistle blowing, and best working practice.

The culture of the home was based on a set of values which related to promoting people’s independence, celebrating their individuality and providing the care and support they needed in a way that maintained their dignity.

There was a clear management structure in place. The manager had the day to day responsibility of running the home with their line manager visiting the service to provide support and guidance to both the manager and staff. The manager said there was good communication with themselves and their manager and felt well supported by them. Although the service had not needed to submit any ‘significant’ notifications since the last inspection took place, the manager was able to provide a good understanding of their responsibilities and when statutory notifications were required to be submitted to us for any incidents or changes that affected the service.

We saw evidence that the last satisfaction survey was carried out in March 2015 with a variety of positive comments from families and outside professionals. This included a comment from a relative who stated that “I always leave feeling that my [Relative] is well looked after.”

There were systems in place to monitor the quality of the service. For example medication audits, financial audits, health and safety audits, infection control audits and cleaning audits. There was an overview of training undertaken and the manager identifies which staff needed to have their training refreshed within the required timescales. We saw that all staff training was up to date. Records seen for the people who lived in the home and staff were well organised, clear and kept confidentially within the main office.

We saw that people who lived at Hillside were asked for their views and opinions on the service both formally through an annual satisfaction survey and informally, through house meetings and the manager operating an ‘open door’ policy where people could call into see staff if they had any problems or concerns. We saw several examples of this on the day of our visit. In particular one person was assisting the manager with organising some paperwork in the office and at the same calmly asking this person how they were and how they wanted to spend their evening. We saw that this informal approach helped calm the situation and prevented the person from becoming over anxious.