

# Hertfordshire County Council

## Hixberry Lane

### Inspection report

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### Ratings

Overall rating for this service	Good 
Is the service safe?	Good 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Good 

# Summary of findings

## Overall summary

This inspection of Hixberry Lane Short Break Service took place on 9 and 10 October 2018 and was unannounced. At their last inspection on 2 and 3 March 2016, they were found to be meeting the standards we inspected and were rated as overall Good. At this inspection on 9 and 10 October 2018 the overall rating remains Good.

Hixberry Lane Short Break Service 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. Hixberry Lane provides short term support without nursing care for up to four people who have a learning disability and who may also have a physical disability, mental health needs or other complex health needs. The service is owned by Hertfordshire County Council and the property is managed by Aldwyck Housing Association. Hixberry Lane is a four-bedroom ground floor unit with a communal lounge/ dining area which is situated beside a supported living service. There were four people at the service at the time of the inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen." Registering the Right Support CQC policy.

The service had a registered manager. The registered manager also managed the supported living service. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 environment was clean throughout though lack of storage space could impact on infection control. However, communal areas required decorating to refresh them and make them more homely. The kitchen had been renewed but was not made adaptable for people using wheelchairs to access.

People were safe, happy and supported by staff with the necessary skills to do this. Staff had been trained to safeguard people from avoidable harm. People had access to safeguarding information in an easy read format to help keep themselves safe.

Risks to people's health and well-being were identified, planned for and managed. There were sufficient competent and experienced staff to provide people with appropriate support when they needed it.

Personal emergency evacuation plan plans had been developed for each person and staff knew what support would be provided in the event of an emergency such as a fire.

People received care from staff who knew them well. People were involved in the planning, and reviews of

the care and support provided.

Staff treated people with kindness, dignity and respect. Relatives were positive about the care and support provided.

Medicines were managed safely and people received their medicines in a way they had been prescribed.

Staff received training and refresher updates relevant to their roles and had regular supervision meetings to discuss and review their development and performance.

The service worked within the principles of The Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People were supported to maintain good health and had access to health and social care professionals when necessary.

Relatives knew how to make a complaint and were sure they would be listened to and any concerns acted upon.

Staff had developed positive and caring relationships with the people they cared for and knew them very well. The confidentiality of information held about their medical and personal histories was securely maintained.

The registered manager, deputy, team leader and staff had created a warm welcoming atmosphere for people and their friends and families. There were close relations with social and healthcare professionals and the quality and safety of the service was reviewed regularly.

## 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 remained safe

### Is the service effective?

Requires Improvement ●

The service was not always effective.

People were cared for by staff who were trained and supported to provide effective care.

People had their capacity assessed and best interest decisions completed to promote their choices.

People's wishes and consent was obtained by staff before care and support was provided.

People were supported to eat a healthy balanced diet which met their needs.

The home had undergone kitchen refurbishment works however it was not made accessible for people in wheelchairs to work. The communal areas were in need of redecoration and new furniture.

### Is the service caring?

Good ●

The service remained caring.

### Is the service responsive?

Good ●

The service remained responsive.

### Is the service well-led?

Good ●

The service remained well led.

# Hixberry Lane

## **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 checked 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 comprehensive inspection was carried out by one inspector on 9 and 10 October 2018 and was unannounced.

The provider completed a Provider Information Return (PIR) and submitted this to us on 25 May 2017. 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 reviewed information we held about the service including statutory notifications that had been submitted. We also reviewed our records of statutory notifications which include information about important events which the provider is required to send us.

Not everyone who was staying at the service on the day of the inspection were able to share their views with us, therefore we contacted three people and four relatives by telephone to obtain their views on the service provided.

During the inspection we spoke with two support workers, the team leader, deputy manager, the registered manager and the area manager .

We reviewed four people's care records including those for medicines, two staff personnel files and records relating to the management of the service.

## Is the service safe?

### Our findings

People and their relatives told us they felt safe at Hixberry Lane. One person said, "It's good here" A relative told us, "[My relative] is more than safe there the staff know them and are really good (at keeping them safe)."

Staff received training to safeguard people from harm. Staff were knowledgeable about how to identify any signs of harm. They knew how to raise concerns and would have no hesitation in doing so. One member of staff told us, "The training was really good and we are looking at making safeguarding personal and outcomes which is really helpful."

People remained safe from the risk of avoidable harm and injury. Risks to people's health and well-being were assessed and staff had detailed guidance about how to provide appropriate care. Staff knew about risks to people's health, which included swallowing difficulties, epileptic seizures. Staff spoke of a person who had behaviours which could challenge and the guidance was clear about understanding the triggers and what action to take.

Safe and effective recruitment practices were followed to make sure that all staff were of good character and suitable for the roles they performed. Staff confirmed this one staff said, "Yes, I had worked as agency for some time so the managers knew me but I understood I still needed to go through an interview and all the checks which is good."

There were enough staff available to meet people's individual needs. The registered manager completed the staff rota in advance so staff knew in advance what their shifts were. This allowed them time to make changes if needed. The registered manager had started flexible working to benefit people living at the service. One staff said, "There are always the right number of staff on which is important so we can support people properly."

There were suitable arrangements for the safe storage, management and disposal of medicines. People were supported to take their medicines by trained and competent staff. Each person had a locked medicine cupboard in their room and undertook an assessment of their ability to self-medicate. People were given appropriate support to safely have their medicines as prescribed. One person's medicines were kept in the kitchen as they could not manage to have these kept in their room. This shows the service considered how people were supported with their medicines.

Whilst the environment was clean throughout the lack of storage space meant that mops and buckets were stored in the communal bathroom /shower as well as three shower chairs and individual hoist slings. There was also an open top bin. These could have been sources of infection. However, staff were clear on infection control practices and did carry out regular checks. Before the end of the inspection day the staff had found alternative storage for the slings and the mops and a closed bin was being sought.

There were processes in place to monitor incidents and accidents. Staff were familiar with the reporting and

recording procedures. Any incident was reviewed and lessons learnt shared with all the staff. The deputy manager spoke of where lessons had been learned because of incidents that occurred in the home. For example, one person would become very agitated when it was time for their medication which was held in a medicine cupboard in the kitchen where people tended to gather. Staff placed medicine cabinets in people's room so this person was more relaxed and at ease receiving their medicines in their room.

Systems were in place to support people in the event of an emergency. Staff spoken with were clear on how to evacuate people in the case of a fire. People had individual emergency evacuation plans in place. Regular fire drills were undertaken both during the day and night to ensure staff were confident to act in the case of an emergency and keep people safe. Staff had training including attending training at the local fire station. Checks were made of fire equipment with external companies carrying out necessary maintenance and safety checks when required.

## Is the service effective?

### Our findings

People and their relatives were positive about the staff that provided care and support. People told us they felt happy with the service they received. One relative said, "The staff are really good very friendly and approachable and they know my relative and how best to support them they are very professional."

However, we saw the bathroom/ shower was drab, in need of upgrading and decorating and lacked any personalised items to make it welcoming and homely. This is the main facility for the unit as only one room has an en-suite bathroom. The specialised bath was showing signs of age and leaked. One relative spoke of how their relative would not shower in the service.

The communal lounge - dining room was tired and worn in need of redecorating and some of the furniture was worn. The kitchen had been updated in March this year by the housing association yet none of the surfaces or appliances were height adjustable to accommodate people who use wheelchairs. Also, the paint was not kitchen specific and was already faded with the previous colour showing through. This was an area in need of improvement.

At the last inspection 3 and 4 March 2016 Hixberry Lane were rated requires improvement in as there was a lack of clarity in how peoples consent was sought. At this inspection we found clear evidence of this being actioned both by speaking with staff and in looking at people's care plans.

Staff were provided with training and support to help perform their roles effectively. Staff confirmed they received regular training one staff member said, "The training is really good." Another staff member said, "We are given time for training and it is really good and we are always encouraged to seek training."

New staff members were required to complete an induction programme during which they received training relevant to their role and achieved a nationally recognised `Care Certificate`. We saw that a new member of staff had been booked for their induction. Staff who had gone through the process said it was a great basis for understanding the service as part of a bigger picture.

Staff felt supported in their roles and received formal supervision on a regular basis. One staff member said, "We have regular individual meetings as well as staff meeting and we can approach any of the senior staff at any time. We know that any ideas we have are listened to."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff were able to explain how people who needed support to make decisions put into practise. They gave examples of how they promoted people's choice and assume capacity with the use of pictorial aids, or bringing different drinks to the table for a person to choose.

Staff helped, supported and encouraged people to eat a healthy balanced diet that met their needs. Staff said the menu was developed with people for the week and reconfirmed with the individuals on the day. Staff showed us a pictorial menu they had developed to help people to choose. People were assisted by staff to prepare and cook meals. We saw how staff supported a person who on returning to the service went immediately to the kitchen to help. Staff were patient and encouraging and the person was happy with the interaction.

People were supported to maintain good health and access relevant healthcare services where necessary. The registered manager and deputy gave examples of how they have worked together with social and healthcare professionals to promote people's health. Relatives confirmed staff would follow up on any health concerns and were good at making sure they had all the necessary information about someone's health before they began respite. All relatives said staff would contact them if they had any concerns and would contact a GP if necessary.

## Is the service caring?

### Our findings

Relatives said how kind and caring the staff were to their family members and to them. One relative said, "The staff are great I will praise them to the hilt they are never too busy and always put themselves out to help. I couldn't manage without them." Another relative told us, "The staff are super they are so good with [family member] they like to sit and chat with staff and they work around [family member] and support them with the activities they enjoy."

People were treated with kindness, care and dignity and had a relaxed and easy relationship with the staff members who knew them well. We observed staff being patient and not rushing people.

People were supported to express their views and be actively involved in making decisions about their care. Where they were unable to participate in the planning of their care, their relatives and health and social care professionals were involved in making best interest decisions appropriately on their behalf.

People's preferences for their leisure and support needs was clearly recorded and staff spoke about how they enabled people to take the lead in their care and support.

Relatives spoke about how the service tried to match people for the short breaks so they can share similar interests. One relative said, "They are really good at trying to match who goes into the service together. They try and put [my relative] with their friends which is a real boost for them."

Peoples care plans contained good guidance for staff about the support people required. We saw people's personal records were held securely to promote people's dignity and confidentiality. Relatives told us they could visit people at any time and said they were always made very welcome by the staff team. Staff confirmed that people had access to advocates when needed.

## Is the service responsive?

### Our findings

Relatives spoke of their confidence in the staff's ability to relate and respond to their family member's health and social care needs. They were appreciative of the continuity of the staff team who could understand and related well to their relative. One relative said, "[Staff] are a close knit team with little turn over so they really get to know people and the way they support my relative is so good they know all their special ways." A social care professional said how the staff were all very good at communicating and taking part in reviews of people's care.

People's care plans included details about each person's personal history, their likes and preferences as well as their identified health and social needs. Care plans had been created with people who used the service. These plans gave staff good guidance to support people in the areas needed and in the way people wished. We saw care plans included useful pictures and photographs to make them relevant to the person. The deputy manager explained about their training they had attended about 'talking mats'. They had subsequently used this to good effect. Talking mats are a way of structuring communication for people with communication difficulties.

People's care plans were reviewed regularly to help ensure they continued to accurately reflect people's needs. One relative said, "They know my relative and we go to regular reviews they always keep us up to date with anything important."

People were encouraged to interact and engage in activities that were enjoyable and could help improve their skills. For example, the staff together with people put on a 'Hixberry Lane's got talent' evening which was an enjoyable. On other occasions people would go for a meal or the pub or enjoy board games. One person said, "I take my paperwork with me and my computer and I can do it there its good."

People's relatives told us they felt able to feedback their views on the service and were encouraged to do so. One relative said they were "in frequent contact" and continued to tell us how the managers send out newsletters and information. The relative said, "[Management] are so good at being in touch and caring about our relatives and us."

Relatives told us they knew how to make a complaint though they had not an occasion to do so but they were confident any concern or complaint would be dealt with. One relative said, "I would have no problem approaching any of the [staff] if I was not happy with anything.[Staff] are all very approachable and always asking can they do anything."

## Is the service well-led?

### Our findings

Relatives of people who used the service and social care professionals all spoke of the service as well run with an open welcoming atmosphere. One relative said, "I cannot praise it enough they work as a team to provide such good care for my relative and all the families. I don't know how we would manage without them."

A social care professional told us how the person they supported was very happy with their stay at Hixberry Lane. They continued to say how approachable the staff were and happy to accommodate and help with any wishes and requests.

There were regular staff meetings and staff felt they had a voice in the service and were valued. There were clear lines of responsibilities and staff showed they understood their responsibilities in respect of maintaining the quality and safety of the service. Staff spoke of and a real sense of team work amongst them and with the people who used the service. One staff member said, "We work as a team and support the people who use the service and each other. We have excellent managers who support us all the way and encourage us to stretch ourselves and to focus on the people who use the service."

There were effective quality assurance systems in place that monitored people's care. We saw that audits and checks were in place which monitored safety and the quality of care people received. These included health and safety, medicines, food hygiene, infection control and care plans.

People were able to provide feedback on how the service was run and if they wanted to suggest any improvements. The registered manager sought feedback from people who used the service and their relatives and acted on any suggestions received.

The registered manager was aware of their responsibilities of displaying their previous inspection rating, supporting the staff team and had informed the Care Quality Commission of events that by law they are required to tell us about. We found that appropriate action had been taken for these notifiable events.

The registered manager and deputy manager promoted a positive open and inclusive culture within the service. Relatives and staff spoke warmly about the support and good atmosphere with the registered manager and the deputy manager within the home. Relatives told us how flexible and responsive the staff were to their family member's changing needs. One relative said "They are a really good service they care they are flexible and are really good with my relative."