

Exclusive Care Limited

Nimrod Drive

Inspection report

4 Nimrod Drive
Hatfield
Hertfordshire
AL10 9LS

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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

The inspection took place on 30 and 31 March 2016 and was unannounced. Nimrod Drive is a care home without nursing that provides accommodation for up to five younger adults who live with learning disabilities. At the time of our inspection five people were living at the home. We simultaneously inspected a sister service located at 10 Nimrod Drive, a service which has the same registered manager.

There was a manager in post who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the 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 and associated Regulations about how the service is run.

Most people who were present at the home during our inspection were unable to communicate with us verbally. People who were able to communicate told us they felt safe and secure. Staff had received training in how to safeguard people against the risks of abuse and knew how to report concerns both internally and externally.

Safe and effective recruitment practices were followed. Flexible arrangements were in place to ensure there were sufficient numbers of suitable staff available at all times to meet people's individual needs.

Plans and guidance had been put in place to help staff deal with unforeseen events and emergencies. The environment and equipment used were regularly checked and well maintained to keep people safe. People were supported to take their medicines by trained staff. Potential risks to people's health and well-being were identified, reviewed and managed effectively.

People were positive about the skills, experience and abilities of the staff who supported them. Staff received training and refresher updates relevant to their roles and had regular supervision meetings to discuss and review their development and performance.

People were supported to maintain good health and access health and social care professionals and specialist services when necessary. They were provided with appropriate levels of support to help them eat a healthy balanced diet that met their individual needs.

Staff obtained people's consent and permission before providing support which they did in a kind and compassionate way. However, this was not always accurately or consistently reflected in people's individual plans of care. People were supported to access local advocacy services if they needed independent advice or guidance.

Staff developed positive and caring relationships with the people they supported. People and their relatives were fully involved in the planning, delivery and reviews of the support provided. The confidentiality of information held about people's medical and personal histories had been securely maintained.

Support was provided in a way that promoted people's dignity and respected their privacy. They received personalised support that met their needs and took account of their preferences. Staff were knowledgeable about people's background histories, preferences, routines, goals and personal circumstances.

People were supported to pursue social interests and take part in meaningful activities relevant to their needs, both at the home and in the wider community. Relatives told us that staff listened to them and responded to any concerns they had in a positive way. Complaints were recorded properly and investigated promptly.

Relatives, staff and professional stakeholders were very complimentary about the registered and assistant manager and how the service operated. Measures were in place to monitor the quality of services provided and reduce potential risks.

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.

People felt safe and were supported by staff trained to recognise and respond effectively to potential abuse.

Safe and effective recruitment practices were followed to ensure that staff were suitable and qualified to do their jobs.

Sufficient numbers of suitable staff were available to meet people's complex needs at all times.

People were supported to take their medicines safely by trained staff.

Potential risks to people's health were identified and managed effectively.

Is the service effective?

Good ●

The service was effective.

People's consent and permission was always obtained before care and support was provided.

Staff were well trained and supported to help them meet people's needs safely and effectively.

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

People's day to day health needs were met and they had access to health and social care professionals when necessary.

Is the service caring?

Good ●

The service was caring.

People were supported in a kind and compassionate way by staff who knew them well and were familiar with their needs.

People and their relatives were fully involved in the planning,

delivery and reviews of their care and support.

Support was provided in a way that promoted people's dignity and respected their privacy.

People had access to independent advocacy services where necessary.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care and support that met their needs and took account of their individual choices and preferences.

The detailed guidance provided to staff enabled them to provide person centred care and support.

People had the opportunity to pursue their social interests and activities of their choice.

Relatives were confident to raise concerns and have them dealt with to their satisfaction.

Is the service well-led?

Good ●

The service was well led.

Effective systems were in place to quality assure the services provided, manage risks and drive continuous improvement.

Relatives, staff and health care professionals were very positive about the registered manager and how the home operated.

Staff understood their roles and responsibilities and were supported by senior colleagues and the registered manager.

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 30 and 31 March 2016 by one Inspector and was unannounced. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with one person who used the service, three relatives, five staff members, the registered manager and assistant manager. We also received feedback from health care professionals, stakeholders and reviewed the commissioner's report of their most recent inspection. We looked at care plans relating to three people who used the service and two staff files.

Is the service safe?

Our findings

Most people who were present at the home during our inspection were unable to communicate with us verbally. Relatives and healthcare professionals told us they were confident that staff kept people safe, both at the home and when they were out and about in the local community. A person who was able to communicate with us said that staff helped them to stay safe, both at the home and out and about in the local community. They commented, "I feel really happy here and yes I feel safe."

Staff were trained in how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse. Information and guidance about how to report concerns, together with relevant contact numbers, was displayed and made available to staff and people who used the service. Safeguarding procedures were discussed and reviewed with staff during refresher training and team meetings. Guidance for visitors about how to help keep people safe at the home and avoid triggering behaviour that challenged them or others was displayed in the home.

We saw that staff responded quickly and effectively when people displayed behaviour that was potentially unsafe or challenged others. They were calm, patient and reassuring in their approach and used their knowledge, communication skills and distraction techniques to good effect. This, in turn, reduced the risks of potential harm and helped to keep people safe. A health care professional commented, "Staff wanted support with managing resident's behaviour. They are proactive in putting my recommendations in place."

Information gathered from incidents at the home was used to inform risk management plans, identify potential triggers to difficult behaviours and develop effective distraction and de-escalation techniques. For example, it was recognised that one person became very anxious and displayed behaviour that challenged others when they returned to the home following visits to family members.

It was identified that this was probably as a result of changes to the person's routines which in turn led to increased levels of anxiety. Staff worked with behaviour specialists, relatives and social care professionals to develop measures that reduced the adverse impact and potential risks associated with the changes in the person's routine. Visual communication techniques were introduced to help them understand that they would return to the home following visits to family members. This approach improved the person's understanding of the different environments, lessened their anxiety and reduced the risks of behaviour that potentially placed them or others at risk.

We saw that post incident de-briefs were used as a way to share information about risks and learning outcomes with the staff team. Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. This included in areas such as mobility, physical and mental health, nutrition, behaviour and activities. For example, one person frequently grabbed and smashed objects if they were easily accessible in the kitchen. These were relocated to make this more difficult and reduce the risks of behaviour that challenged staff and other residents.

A healthcare professional told us how potential risks had been reduced in respect of another person, "I gave

recommendations about changes required to meet the needs of a service user with epilepsy and these were actioned promptly. This included changing doors to two way opening and completing more detailed risk assessments."

The registered manager encouraged staff to adopt a positive approach to risk management so that care and support was not only provided safely but also, wherever possible, in a way that has promoted people's independence, lifestyle choices and aspirations. For example, one person told us how staff had worked with them to become more independent , "They [staff] have helped me learn how to self-medicate, do shopping and with meal preparation." A healthcare professional commented, "Staff wanted support with managing residents behaviour. They are proactive in putting recommendations in place."

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. This included in areas such as behaviour, eating and drinking, medicines, use of the kitchen, activities, physical health and mental wellbeing. Staff adopted a positive approach to risk management to ensure that people's independence was supported and promoted in a safe way that reflected their individual needs and personal circumstances. The registered manager told us, "We feel passionately that allowing individuals to take risks is an essential part of experiencing life."

Plans and guidance were available to help staff deal with unforeseen events and emergencies which included relevant training, for example in first aid and fire safety. Regular checks were carried out to ensure that both the environment and the equipment used were well maintained to keep people safe, for example fire alarms. Everybody who lived at the home had personalised guidance in place to help staff evacuate them quickly and safely in the event of an emergency situation.

Medicines were stored, managed and disposed of safely. People were helped and supported to take their medicines by trained staff who had their competencies checked and assessed in the workplace. People's individual plans of care contained detailed information about the medicines they used, what they were for and guidance about potential side effects. We saw that when medicine errors had occurred they were thoroughly investigated and effective steps taken to reduce the risks and likelihood of reoccurrence.

Safe and effective recruitment practices were followed to make sure that all staff were of good character and sufficiently experienced, skilled and qualified to meet the complex needs of people who used the service. Some people took part in the interviews of candidates and their views and feedback were taken into account as part of the selection process. One person who had taken part in the recruitment process told us, "I have done interviews with new staff. It's great fun to help decide, I can tell who will be any good."

Flexible and effective arrangements were in place to ensure there were enough suitably experienced, skilled and qualified staff available at all times to meet people's individual needs. A relative told us, "There is always a number of staff on duty." Throughout our inspection we saw that there were enough staff to provide care and support in a calm, patient and effective way; even when people displayed behaviour that meant they needed one to one support for significant periods of time.

Is the service effective?

Our findings

Most people who lived at the home had complex and significant communication needs. Throughout our inspection we saw that staff used a variety of appropriate and effective techniques, both verbal and non-verbal, to communicate with people they clearly knew very well. We saw that staff explained what was happening, reassured people and made every effort to obtain consent and ascertain their wishes before helping them with personal care and support. One person said, "I decide what I do here."

Although some plans of care were clear about who had provided consent for various aspects of the care and support people received, for example in relation to medicines and health needs, others were less clear and therefore lacked consistency. This issue will be addressed further in the well led section of the report.

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.

At the time of our inspection we found that the provider was working within the principles of the MCA where necessary and appropriate to the needs of the people they supported. Where it had been established that people lacked capacity to make decisions for themselves in certain areas, best interest decisions were made in accordance with the MCA.

A number of applications had been made to the relevant supervisory body to limit or restrict some people's liberty in order to keep them safe, both at the home and when out and about in the local community. This had been done in accordance with the MCA and deprivation of liberty safeguards (DoLS). Staff received training about the MCA and DoLS and were knowledgeable about how these principals should be applied in practice.

Relatives and health care professionals were positive about the skills, experience and abilities of the staff who provided care and support. New staff were required to complete a structured induction programme, during which they received training relevant to their roles, and had their competencies observed and assessed in the work place. A staff member told us, "Induction was really good and made me well prepared for work, I really enjoyed it."

All staff members received training and refresher updates in areas such as infection control, nutrition, medicines and moving and handling. They also received training designed to meet the specific needs of people who lived at the home, for example autism, epilepsy awareness and managing challenging behaviour. A health care professional said, "I have delivered some training around behaviour recording and positive behaviour support plans. Some staff started their shift earlier than they should have; which showed they are committed and motivated."

Staff were also encouraged and supported to obtain nationally recognised vocational qualifications in adult social care to help them develop relevant skills and do their jobs more effectively. The registered and assistant manager worked with both the local authority and a reputable care providers association to make sure that staffs training requirements were met. A staff member commented, "All training is up to date, it's OK." Some staff members had been selected to act as 'champions' to take a lead role in areas such as infection control and nutrition.

Staff told us they felt well supported by the management team and were encouraged to have their say about how the service operated at regular team meetings. One staff member commented, "The [registered] manager is 'hands on', brilliant and very supportive. I look forward going to work. [Assistant manager] is a very good leader and we have a happy, well led staff team." Another staff member told us they were given additional personalised support to help them learn and develop the skills required to write and update care plans in a clear and accurate way.

Although most staff were up to date with their formal supervisions and appraisals, the registered manager acknowledged they had fallen behind with some others. We saw that plans had been put in place to ensure that this was addressed as a matter of high priority. However, staff felt well supported in connection with their training and development and often worked closely with managers which enabled them to discuss matters that were important to them.

Staff were very knowledgeable about people's nutritional needs and preferences. Individual plans of care contained detailed guidance about how to meet identified needs safely, took account of people's preferences and promoted a healthy balanced diet. Some people's dietary needs, coupled with the levels of support required to help them eat and drink, were both significant and complex.

The registered manager arranged additional specialist training to raise awareness of the issues amongst staff and people who lived at the home wherever possible. A healthcare professional told us, "A service user had a restricted diet and [registered manager] sought out support for the staff around this. Once the dietary needs were clarified they requested a staff nutrition training session to help them think about portion control and healthy diet. Service users were also present at awareness training."

People received care and support that met both their physical and mental health needs, some of which were very complex, in a safe and effective way from trained staff who knew them well. They were supported to access appropriate health and social care services in a timely way and to receive the ongoing care needed to meet their individual needs. A healthcare professional with experience of the service and the people who lived there commented, "All staff are knowledgeable about all of the residents. The home does not expect professionals to speak only with the manager [about people's needs]. This is always a good sign and indicates that staff are both valued and competent."

People's identified needs were documented and reviewed to ensure that the care and support provided helped them maintain good physical, mental and emotional health and well-being. We sat in and observed a staff handover meeting where people's physical and mental health, appointments, moods and behaviours, planned activities, medicines, changes to personal circumstances and menu planning was discussed in detail. This demonstrated that people were supported by staff who were very knowledgeable about their individual needs and knew how to meet them in a safe and effective way.

We saw that people were supported to access appropriate healthcare services in a timely way which meant they received the any ongoing healthcare support they needed. This included helping people to make and attend appointments with GP's, dentists, opticians and other health and social care specialists relevant to

their individual needs.

One person commented, "They [staff] look after me really well. They help me make appointments and see a doctor if I need to." A healthcare professional told us, "A service user required support with urgent dental treatment. This was supported by [registered manager] in coordinating meetings with the dentist and the service user's keyworker who gave up their time off to be available to support them; not only for the dental treatment but also for subsequent blood tests."

Is the service caring?

Our findings

Some people, their relatives and health care professionals told us, and our inspection confirmed, that staff supported them in a kind and compassionate way. One person said, "Its good living here, all the staff are very friendly and help me when I need support; they are all very nice." A relative of one person commented, "Staff are always polite and caring and demonstrate a good understanding of [family member's] needs."

We saw that staff had clearly developed positive and caring relationships with the people they cared for and supported. They laughed, joked and interacted in a warm, friendly and playful way that created a vibrant and homely atmosphere. A staff member told us, "You need to really know and understand people, to make things fun with lots of laughing and giggling; a family environment."

We saw that staff helped and supported people in a calm and patient way and respected their privacy and dignity at all times. A healthcare professional commented, "The staff team appear to be caring individuals and look to make lives easier for the people they care for." The importance attached to promoting respect and dignity was reflected in people's individual plans of care. For example, an entry in one person's plans stated; "Please respect my dignity when you are supporting me with [continence care] and remember that it can make me feel embarrassed."

On a number of occasions we saw staff members comfort and reassure people who became upset, anxious or demonstrated behaviour that challenged others. Staff spoke with people in a kind and patient way and used effective communication and distraction techniques to calm and reassure them. A healthcare professional commented, "I have never seen the staff interact in a way that is not caring and appropriate to the situation. This has been so with the most challenging [behaviour] and during challenging situations. Staff have been involved in some very difficult situations while out with residents."

People were supported to maintain positive relationships with friends and family members who were welcome to visit them at any time. One person told us, "I go home every couple of weeks, I have my own phone and ring home." People, their relatives and key workers were fully involved in the planning and review of the care and support provided. A relative of one person commented, "[Family member] is fully involved in the planning of their care and I am informed of anything of importance." Another relative said, "We are fully involved in [family member's] care planning. We receive daily text and email updates on their activities [and] have regular reviews with the staff team." A healthcare professional told us, "Family are encouraged to be fully involved."

This involvement was also reflected in people's individual plans of care and showed they were consulted about progress and developments in terms of activities, their independence, relationships, health and future goals. For example, we saw that one person had typed up their own notes about meetings with key workers where they had discussed that were important to them, for example planning birthday celebrations and applying for jobs online. An entry in their plans of care underlined the importance they placed on independence and being involved in decisions about their care, "When communicating with me please treat me like an adult, I can understand very well!"

People were supported to access advocacy services for independent advice and guidance where necessary and appropriate. Confidentiality was well maintained throughout the home and information held about people's health needs and medical histories was kept secure.

Is the service responsive?

Our findings

People received personalised care and support tailored to their individual needs which also took full account of their background history, choices, individual circumstances, goals and personal aspirations. For example, one person told us they had found it hard to carry hot drinks due to their physical and mobility needs. Staff helped them to become more independent by providing them with a trolley that enabled them to enjoy hot drinks without placing any limitations on their mobility around the home. A staff member told us, "We work with residents to help them develop new skills."

Staff had access to detailed information and guidance about how to look after people in a person centred way, based on their preferences and individual health and social care needs. This included information about their preferred routines, medicines, health needs, relationships that were important to them, dietary requirements and personal care preferences.

For example, an entry in one person's plans of care and support about their personal care preferences noted; "I do require support to shave. I use a razor and shaving foam. I will ask staff when I am ready for this support." We saw they had typed up their own notes about meetings with key workers during which matters important to them were discussed. An entry relating to another person set out what was important to them; "Having plants in my room, a map in my room, emailing and skypeing, music, privacy and independence."

Staff also had access to detailed information and guidance about how to communicate effectively with people who lived at the home, particularly those who were non-verbal, and how to recognise potential signs and triggers for pain, discomfort and behaviour that may challenge staff and others. A staff member commented, "The key to success here is knowing and understanding people very well, particularly how they communicate their needs and feelings."

Opportunities were provided for people to engage with meaningful activities and social interests relevant to their individual needs and requirements, both at the home and in the community. One person told us, "Sometimes we go on trips. I've been to London, Margate and stuff. I volunteer at the Isobel Hospice [charity shop] and staff help me do new things." A relative told us, "Staff encourage [family member] to seek out new experiences, to enhance their quality of life. Most of all, they are back to their happy, smiling face and that means so much to me." A health care professional told us, "Residents do appear to engage in a range of activities. They do not all do the same thing and timetables are appropriate to the individual person."

People were encouraged and supported to be involved in planning their own activities, trips and holidays during key worker sessions and at resident meetings. One person told us, "I go out on my own, use buses and meet friends." An entry in one person's individual plans of care noted; "I may need prompting to join in with activities as I have a short attention span. I may need encouragement to join in otherwise I may become bored and become challenging." A relative commented, "Prior to moving into Nimrod Drive my [family member] was de-skilled which had an impact on their physical and mental well-being. The change in them since living there has been significant."

People who were able to talk with us and relatives told us they were consulted and updated about the services provided and were encouraged to provide feedback about how the home operated. They felt listened to and told us that the managers responded to any complaints or concerns raised in a prompt and positive way. People's relatives knew how to complain and told us that any issues they raised were dealt with in a prompt and positive way. People who lived at the home were also encouraged to raise any issues of concern during key worker and resident meetings.

Is the service well-led?

Our findings

People's relatives, staff and health care professionals were very positive about the provider, how the home operated and the management arrangements that were in place. They were very complimentary about the registered manager in particular who they felt demonstrated strong leadership and had made significant improvements over time, both in terms of how the home was run and the overall quality of the care. One person's relative told us, "The service is very well managed and we are extremely happy with the care provided."

We found that some people's individual plans of care did not always accurately or consistently reflect who had been involved in or consented to the support provided. The registered manager acknowledged that some improvements were needed in this regard and has taken immediate action to address the matter, for example by reviewing and updating care plans to ensure they adequately reflected people's consent and involvement. However, this issue had a minor impact on people at the home because staff knew them very well, obtained their consent before care was provided and involved them in all aspects of their support in practice.

Staff felt well supported by the provider and management team and were very clear about their roles and responsibilities. One staff member commented, "It's much better under the new manager, the service just gets better and better. We've got new staff in and got rid of some [out dated] practices. The [registered] manager is brilliant, I have learnt so much from them, they are very supportive toward staff. " Another staff member told us, "[Registered manager] is a fantastic person to work with; very down to earth, very committed to what we do."

The registered manager was very knowledgeable about the individual needs of people who lived at the home and their personal circumstances. They made sure that the staff team had the training and resources necessary to help them meet people's complex needs in a safe and effective way. A healthcare professional told us, "Overall I felt that the service [was] trying hard to meet the needs of the service users and were actively seeking support from all professionals available."

The registered manager was very clear about their vision regarding the purpose of the home, how it operated and the level of care provided, "We believe that the people we support should be able to live in an environment that allows them to experience a full and satisfying life. This can only be achieved by ensuring that support is as individualised as possible and tailored to suit each person's physical, emotional and aspirational needs." The provider has introduced a behaviours framework to guide staff on how to work in a way that reflects the homes vision, goals and values and deliver excellent care. The assistant manager told us, "Our mission is to provide people with a good quality of life with them taking as much control as they can, develop independence, to experience life and take risks."

Information gathered in relation to accidents and incidents that had occurred was personally reviewed by the registered and assistant managers. They ensured that learning outcomes were identified and shared with staff. For example, we saw that where medication errors had occurred these had been thoroughly

investigated and used to change and improve practices and reduce the risks of reoccurrence. A healthcare professional commented, "The service appears to be well led...I know that debriefing is carried out with staff after any incidents. The [registered manager] is able to participate in assessments as well as the staff who actually work with the residents. Overall Nimrod Drive staff are good to work with. Staff are motivated and want to improve their practice. Residents care appears to be of a high standard."

The registered and assistant managers kept in close contact with people's family members and health professionals as part of a collaborative approach to care planning, reviews and obtaining feedback about the quality of services provided. Survey questionnaires were also sent out by an organisation independent of the home that collated responses and provided a detailed report about people's views. We looked at the last survey report and saw that overall the feedback provided had been very positive in all of the areas covered.

A relative told us, "We also meet the other parents and [provider and registered manager] a few times a year for feedback and updates regarding the company." Another person's relative said, "Initially when [family member] moved in I had a few issues which I escalated to [the provider]. These were dealt with swiftly and appropriately. Since the present home manager has been in post, I haven't had any further concerns. I feel the service is currently well led and operates at a good standard."

The registered manager ensured that regular checks and audits were carried out in a number of key areas in order to monitor and reduce identified and potential risks. This included in areas such as medicines, health and safety, nutrition, food hygiene, infection control, fire safety and care planning. They completed a monthly report for the provider, who they met regularly to discuss performance, and developed action plans where areas for improvement were identified.