

North Hertfordshire Homes Limited

North Hertfordshire Homes

Inspection report

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Date of inspection visit:
20 September 2016
22 September 2016

Date of publication:
23 November 2016

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 20 and 22 September 2016. On 20 September 2016 we visited the office of North Hertfordshire Homes Limited and then on 22 September 2016 we visited two of the five flexicare housing schemes operated by the provider to talk with people about the care and support they received. The provider of North Hertfordshire Homes is North Hertfordshire Homes Limited. The service offers care and support to 160 people who had tenancies in five flexicare housing schemes. However, at the time of the inspection only 80 people received the regulated activity of personal care.

Flexicare housing is a version of extra care scheme where people rent their own flat, but have access to care and support as and when they need it over 24 hours a day. Because it meets a wide range of needs, flexicare is a positive choice for people with a range of needs, from those starting to need a little help with physical or memory problems, to those who were seeking an alternative to residential care. People lived in their rented flat with the privacy of their own front door, but had care available if they needed it.

There was a registered manager in post who was responsible for all the five schemes operated by the provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. In addition, all the schemes had an allocated Care Team Manager who was responsible for the day to day management of the schemes.

Staff received training in how to protect people from harm and they were aware of how to report any concerns internally and externally. People and their relatives told us that the care and support people received from staff was safe and had a positive impact on people's life.

People told us staff were respectful and offered care and support in a caring way which promoted their independence. The care and support offered to people met their needs and made people feel safe. People were involved in developing their own care plan based on their needs and wishes.

Staff had comprehensive induction training when they started working for the provider and they attended regular refresher training sessions. The registered manager identified and offered specialist training for staff to develop and progress in their career.

The provider successfully supported people to overcome the risk of social isolation. They organised regular events to encourage social interaction. People were given opportunities to pursue their hobbies and interests.

People and their relatives told us they had good communication with staff and the managers who were running the service. They felt their voice was listened to and any suggestions they had, the staff were able to action and resolve issues to their satisfaction. People confirmed that staff sought consent before assisting

them and the service worked in accordance with the principles of the Mental Capacity Act 2005.

People and their relatives told us they felt the service was well managed and well led. People we spoke with told us how they enjoyed living and being supported by staff at the service. Regular audits were carried out by the registered manager and areas identified as in need of improvement were actioned and the quality of the service provided was improved.

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

Staff knew what constituted abuse and how to report concerns internally and externally to safeguarding authorities.

People were supported to understand risks associated with activities of daily living and manage and mitigate these.

There were sufficient qualified and skilled staff to meet people's needs at all times.

Staff were employed through thorough recruitment procedures which ensured staff were fit and able to support people with complex needs.

People were supported to take their medicines by staff trained in safe handling of medicines.

Is the service effective?

Good ●

The service was effective.

People received support from staff who were well trained and had their competency to carry out their duties regularly checked.

Staff felt supported by managers, they had regular supervisions and yearly appraisals.

People's consent to care was sought by staff and the principles of the Mental Capacity Act were followed.

People were encouraged to have a healthy balanced diet.

People had support from staff to keep in good physical health.

Is the service caring?

Outstanding ☆

The service was very caring.

People developed long standing relationships with staff who they trusted and were involved in decisions about every aspect of

the support they received.

People were supported to be as independent as possible and the provider made adaptations to the environment to promote this and enable people to remain in their own flats.

Staff promoted people`s dignity and privacy in a respectful manner.

People`s personal information was kept confidential.

Is the service responsive?

Good ●

The service was responsive.

People`s care and support plans were regularly reviewed and contained up to date person centred information about the support needs people had but also their abilities.

People were encouraged to pursue their hobbies and interests.

People`s views were actively sought in regular meetings.

Is the service well-led?

Good ●

The service was well led.

People who used the service and staff were involved in developing the service.

Staff understood their roles and were well supported by the management team.

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

North Hertfordshire Homes

Detailed findings

Background to this inspection

The location was inspected by one inspector, however visits to the two schemes and phone calls to relatives of people who used the service were carried out by a team of an additional three inspectors. We told the provider 48 hours before our visit that we would be coming to ensure we could access the information we needed.

Before the inspection, we asked the provider to complete 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 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 eight people who lived at the service, eight relatives, six staff members, three care team managers and the registered manager. We looked at care plans relating to six people who used the service and six staff files. We looked at documents relating to staff training, medicine management and quality assurance systems the provider had in place to monitor the effectiveness of the services provided to people.

Is the service safe?

Our findings

People who used the service told us they felt the care was safe and staff met their needs safely. One person told us, "I feel safe, never had any bother. Staff are very nice people." Another person said, "I am happy here and definitely feel safe."

People's relatives told us that the care and support people received from staff was safe and had a positive impact on people's life. One relative told us, "[Person] is safe; I don't think they would be with us still if they lived alone." Another relative said, "[Person] is definitely safe living there, they are looked after, staff are on the ball. They [staff] are really brilliant."

Staff received training in how to protect people from harm and they were aware of how to report any concerns internally and externally. We observed safeguarding posters and contact numbers for local safeguarding authorities and the CQC were displayed both on notice boards in reception and in various points throughout the building. This meant that people, visitors and staff had easy access to information relevant to them and were prompted to be vigilant and take action if it was needed.

People and their relatives told us there were enough staff to meet people's needs at all times. One person told us, "Enough staff, press my pendant and they say if they will be a few minutes but they know when I need the toilet I have to go quick and they come straight away." Another person told us, "There is always enough staff. Good carers." One relative said, "I think there are enough staff, [person] has one or two carers to provide their personal care." Another relative said, "There is always someone around, you only have to press the buzzer and someone will answer."

Staff told us they felt there was enough staff to carry out their duties in an unhurried way and meet people's needs. One staff member said, "We are definitely enough staff and if any more needed the manager will always help on the floor." Another staff member said, "It is enough staff and if we have to cover for annual leave we will or use the two agency staff we use for years. It is very good." On the day of the inspection there were enough staff to meet people's needs safely and in a timely way. We saw that staff rota's were planned in advance and ensured that all the shifts were covered.

Safe and effective recruitment practices were followed to make sure that all staff were of good character and suitable for the roles they performed. Candidates were interviewed and all necessary pre-employment and identity checks were done before staff were offered employment. These checks included references from previous employers, identity and criminal record checks.

Risks to people's health and well-being were identified and kept under regular review to make sure that risks were mitigated to keep people safe. For example, there were risk assessments in place if people were smoking, for moving and handling and health and safety for staff to observe and manage the risks appropriately. We also found that people who were living with dementia and were at risk of getting disorientated or lost, especially during the night if they left their flats, had door sensors fitted to their front door. This alerted staff in case they left their flats and they were in need of help and guidance. This practice

helped people remain independent and live in their own flats because staff were around to offer guidance and help if they needed it.

People told us staff assisted them to take their medicines safely. Staff were trained in the safe administration of medicines and had regular competency checks to help ensure they continued to work in a way that supported good practice. One person told us, "They [staff] are wonderful; they come and give me my medicines regularly so I don't forget." One relative told us, "They [staff] took over [person's] medicines for us because they got into such a pickle with them, it took a great weight off our shoulders." Medicine administration records (MAR) were accurately completed and signed by staff after they administered people`s medicines. Staff regularly audited medicines and ensured that people had their medicines at the right time and as intended by the prescriber.

Is the service effective?

Our findings

People who used the service and their relatives were very positive about the staff who provided care and support. One person told us, "They do everything very well, getting me up, hoisting me, everything in general really." One relative told us, "The staff are very good, skilled and knowledgeable. [Person] seems to be very happy, we are so grateful. I just wish there was more services around like this."

Staff had received an induction when their employment commenced and had on-going training in a range of topics relevant to their role. Following induction newly employed staff worked alongside a more experienced staff member until they were confident in working alone. At the end of their induction staff obtained the 'Care Certificate' qualification. One staff member told us, "The training we get is very good." Another staff member said, "I really enjoyed my induction training. It gave me confidence and knowledge to care for people. We are offered a lot of training to help us understand people's condition and needs."

Staff told us their work practices were regularly observed by managers to ensure they were following best practice and the care they provided was effectively meeting people's needs. One staff member told us, "We are observed regularly in how we work, administer medicines and other things. This happens to make sure we are good in what we are doing." Another staff member said, "Managers carry out observations of how we work every other month and we discuss the outcomes in our supervision. It is great because we get feedback on how we are doing."

Staff told us they were supported through regular one to one and team meetings and had an annual appraisal. One staff member said, "I have regular supervision which is very helpful because I receive constructive feedback on how I work." Another staff member said, "I was well supported by the management team even when I worked just as bank staff. I was introduced to the people there when I started and I had regular supervisions. I am permanent full time staff now and I cannot complain at all. I am well supported and trained to look after people well."

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 received effective care following an assessment of their needs. People confirmed that staff sought consent before assisting them and the service worked in accordance with the principles of the Mental Capacity Act. We saw from people's care records that people had signed to agree their consent to their care plans. One person told us, "Staff supports me in a way I like it, they listen to me."

Staff demonstrated a good understanding when we asked them about the five principles of the Mental Capacity Act. One staff member said, "Everybody is seen to have capacity until it is found otherwise. It depends how we communicate the information to people if we want them to respond and communicate their decision."

People were able to choose what and when they ate and drank and the restaurant provided a range of food for purchase. Some of the people choose to cook in their own homes while others preferred the food in the restaurant. One person told us, "I love the Sunday roast, it is so tasty. I do look forward to my Sunday lunch." One relative told us, "[Person] doesn't need any help with eating, they enjoy the food." People's individual diets were catered for. For example, diabetic, vegetarian or a soft diet option was available for people to choose from.

Although people were mainly independent regarding their food shopping and cooking, staff were readily available to support them in case there was a need for it. For example, staff had been allocated to do key working for people. This meant that once a week they offered support to people around their flats, tidy wardrobes and drawers and checked existing food for expiry dates.

People and their relatives told us that staff were proactive in promoting people`s health and well-being. One person told us, "They are very good in making sure I have the GP if there is a need for it." One relative told us, "[Person's] health concerns are managed well, if there are any problems they [staff] contact the relevant professionals and then let us know." Another relative said, "If there are any health concerns they are immediately dealt with." People`s care records evidenced that social and health care professionals were involved in people`s care if there was a need for it.

Is the service caring?

Our findings

People and their relatives spoke highly of the about staff`s caring attitude. One person told us, "They [staff] are all lovely, I really can't speak highly enough, they [staff] have all been very good to me." Another person said, "Staff are brilliant. All are nice, very kind, caring and patient." A third person said, "They really do care, sometimes I am not well and they [staff] come and sit and chat to me, it makes me feel so much better." Relative`s comments included, "Staff are very nice people, caring. Something I have always admired them for.", "The staff are very kind, caring and courteous, which can be a challenge at times.", "Staff are always kind and caring. They even asked me how I'm feeling. I have never met one that I don't like."

We observed staff to be kind and caring and to have a good working relationship with the people they supported. They were knowledgeable about people`s needs and the way they liked to be treated. We observed staff having a laugh and sharing a joke with people whose personality suited this and they were being respectful towards people. One person told us, "Staff are able to laugh and joke. I wouldn't like it all sterile, would be embarrassing when you're [receiving personal care]."

People told us staff respected their choices and made no judgements in relation to their preferences when receiving personal care. If people preferred male or female carers this was accommodated. One person told us, "When I first came I felt odd having the young ones as were younger than my [relative] but they understood, listened to me and tried to make sure only the others came. Now I don't mind, I explained to them why I felt like that and they said it wasn't a problem." This meant that staff were respecting people`s individuality and promoted equality and diversity by delivering care and support shaped to each individual.

People told us that staff respected their privacy and dignity. Throughout the inspection we saw staff knocking on doors and calling people by their preferred names. One person told us, "They are respectful and yes respect my dignity." Another person told us they had a specially adapted toilet fitted to help promote their independence and dignity. This person told us, "It gives me a bit of my dignity back."

We found that the provider promoted and created a caring culture throughout the service by putting people first. The registered manager told us, "We strive to prolong individual's independence whilst influencing encouragement, social stimulation and active involvement. Quite often it is our team's added personal touch and going that extra mile for individuals that helps prolong such a stage of their life."

People were encouraged and supported to maintain and develop relationships that were important to them, both at the service and with family and friends. We saw many events organised by staff to promote social interaction between people and create opportunities for them to get to know each other. For example on the day of the inspection there was a themed day organised especially for a person who found it difficult to socialise. However by organising this they and staff dressed up in their favourite characters and got to know other people living on the site. Relatives told us there were no restrictions in them visiting people and they were made feel welcome by staff. One relative told us, "I visit every day there are no restrictions on when I can visit. They [staff] are very welcoming." Another relative said, "We are able to visit at any time of the day."

The provider went over and beyond their duty in providing people with the care and support they needed to remain as independent as possible. Being both the care provider and housing association they created additional benefits to people using the service. This included the care provider having direct control over adaptations within people's properties, building modifications, activities, events and catering to enable people to continue living in their flats and receiving care services which met their full range of needs. This helped prolong people's time to live more independently in their own flats before moving on. For example, we found one person who was relocated to another flat whilst their entire flat was refurbished to better suit and aid their abilities. This included a new wet room, ceiling track hoisting throughout the flat, kitchen surfaces lowered to be wheelchair friendly and cupboards incorporated accordingly to suit the person's selection of white goods. The registered manager worked in partnership with an occupational therapist to ensure that all new equipment was suitable and properly assessed before being used by the person. The person benefited from this greatly and prolonged their time within the service. Without these adaptations the person would not have been able to remain independent in their own flat.

We found numerous examples where the provider encouraged people to develop their independence. Through the dedication of the care staff and the flexibility of the provider adaptations were made to various items or building areas in order for people to continue receiving personal care in their own homes and to promote people's independence and well-being. For example, they had a newspaper stands placed outside to encourage more independent paper deliveries without disturbing those that didn't use this. Lift doors and flat doors had approved slowing mechanisms installed so those walking with frames or using wheel chairs were not rushed. The provider had scooter rooms built within the schemes and encourage those that could use them to go out in groups or attend local events such as pub lunches.

People had the opportunity to move to a better suited flat if one became available. For example, one person moved to a downstairs flat rather than living on the first floor so that they could continue to reside at the service in a flat with wider access. We found that the move had a positive impact on the person allowing them to be more independent and independently use the laundry room and complete laundry tasks independently which they were unable to do before.

The staff and management supported people and their relatives when they faced challenging and difficult times. For example, we found when a person struggled to afford lunch club and their next of kin involved with finances was very unwell, the staff liaised with local authorities and organised support for the person from a local food bank. The provider helped families organise funerals and wakes. They made available to families the communal lounge of a scheme free of charge and staff on site assisted with organising, catering and tidying. The provider also encouraged and used their environment for large family functions, birthdays, religious occasions as well as the usual seasonal events organised by them. This meant that the provider was caring and offered a service which was reliable and available for people as well as their families when they needed the most.

People and relatives where appropriate had been involved in the development and review of people's care plan. One person told us, "They [staff] come in every few months and check on everything [care needs]. I'd tell them if I wanted something different though." One relative told us, "I was invited to care reviews." We found that care plans were up to date and regular reviews took place with people, social and health professionals and also their family if there was a need for it.

Private and confidential records relating to people's care and support were securely maintained in lockable offices. Staff were able to demonstrate that they were aware of the need to protect people's private and personal information. This helped ensure that people's personal information was treated confidentially and respected.

Is the service responsive?

Our findings

All people we spoke with were positive about the care they received and people were very involved with their day to day care. One person told us, "Everything's alright, they look after me well. What they do for me is lovely." Another person told us, "I just love it here. Everything is done as I like it."

People's care plans had detailed and person centred information about people's needs to enable staff to deliver care in a personalised way. People told us their care needs were regularly reviewed and staff were aware of how they liked their support to be delivered. One person said, "It is the way I want it, I have a choice of everything here." Another person said, "They [staff] know me well. They listen to me and this makes me very happy. They [staff] won't do things I don't like."

We found the care and support delivered by staff was very responsive to people's changing needs and the risks involved in their care. Staff were enabling people to live as long as possible in their individual flats. For example, people who lived with dementia had door sensors fitted to their front door to alert staff when they left their flats and may needed help. People were also given the opportunity to have adaptations to their flats to better suit their needs and to move or change their flats in case it was found that doing so will enable them to be more independent and remain in the service for longer.

People were supported to participate in a range of activities and hobbies. We observed people doing arts and crafts and making a range of objects which were then offered for sale and the money earned from the sale supported a number of charities. One person told us, "I really enjoy the stimulation, it keeps my brain active and as well as that we are supporting good causes." Another person told us, "There is always something going on here it is marvellous. There is also no pressure to participate so if I don't fancy doing something I don't do it."

There were many activities on offer for people to choose from. These included quizzes, arm chair exercises, gardening club, tea afternoon and a visiting hairdresser. People were happy to pursue their individual hobbies and staff valued and offered the support they needed to do so. We found that a person liked gardening and staff organised gardening afternoons. Weather permitting the person looked after their vegetable patches daily. The person's physical condition prevented them from finishing all the work in the garden they wanted to do before the colder weather set in and staff organised a gardening afternoon. All staff and management helped the person to get the work done in the garden which they were very pleased with.

The provider was very responsive to meet the needs of the people who used their services. They promoted people's well-being by offering opportunities for people to continue to live an active life. They had in every scheme main weekly activities which influenced social stimulation and active involvement from people. Each scheme also carried out more specific events to suit that particular scheme and people living there. For example, some schemes had more external trips such as pub trips and Woburn Safari trips where others had musical entertainers to visit, choir singers, pamper afternoons and more.

Within every scheme there was a hairdressing salon. Such facility enabled people to continue with having their hair done when they were no longer able to successfully attend outside of the scheme.

We found that although within the service pets were not routinely accepted, for one person who lived with dementia and had a small dog for a number of years, the provider made arrangements and continuously supported the situation to ensure the person could continue to live with their pet.

The care team manager organised for a dog walker to support the person to walk the dog daily. They also kept spare leads within the office so that the person could walk the dog independently without fail throughout the day as they often lost the leads in their property. Management in the building was taking the dog to all vet appointments when there was a need for it. This extra support for this person enabled them to remain calm and settled in in their own flat safely without the upset and disturbance of being moved on to somewhere unknown to them and without the dog.

On the day of our inspection there was a specialist themed day for a person who used the service. We observed staff and people making decorations for the activity and there was a great atmosphere and we saw everyone was being involved and included.

People and their relatives told us they had good communication with staff and managers running the service. They felt their voice was listened to and any suggestions they had the staff were able to action and resolve issues to their satisfaction. One person told us, "Never had a problem to complain about. I would talk to staff if I have." Another person told us, "Never had any bother, you ask staff to do something and they do it. They do all the washing and you say that you don't want something creased and they do it separately." Relatives comments included, "I have never had to make complaint, I have asked questions and they [staff] always been open and honest with me.", "I've never had to make a complaint but would be confident to do so.", and, "Never had to make a complaint, made a suggestion or two and these had been listened to, and taken seriously."

The provider had suggestion boxes on every site and encouraged people to continuously give feedback about the service as well as holding quarterly meetings. They also sent monthly newsletters to people to keep them updated about any future events. One relative told us, "They [provider] send a monthly newsletter to [person] and I always read that to make sure I keep up to date."

Is the service well-led?

Our findings

People and their relatives told us they felt the service was well managed and well led. People we spoke with told us how they enjoyed living at and being supported by staff at the service. One person told us "I love this place, everything is good here and I feel we are consulted about everything." Another person told us, "It's beautiful now, now we've got a manager [care team leader]. She trained here as a carer." One relative told us, "The manager is very approachable. It is a very good place, it is very well run." Another relative said, "The service is well run and well-managed, I am really happy with the care that is provided."

Staff told us they were happy working at the service and had clear roles and responsibilities. There were good staff support arrangements in place and staff worked as a team. Staff were happy about the registered manager and the management arrangements in each scheme and felt it was well managed and operated in an open and transparent way. One staff member said, "It is a clear structure now since the new manager came [registered manager]. We have great support and we know who is responsible for what. I very much like working for this company." Another staff member said, "We are well supported. It is clear for each of us [staff] what procedures we have to follow and when and what our responsibilities are."

The registered manager has been in position for one year. They told us they implemented changes and improved the way the service operated and systems used to quality assure the care provision. Following the changes they introduced they were in the process of sending out questionnaires to obtain feedback from people about the quality of care they received. However, people had the opportunity to give their feedback about the service in regular meetings organised at each site.

We found that there were effective auditing systems carried out in each site by the registered manager and the care team managers who were responsible to managing the sites on a daily basis. For example, there were audits carried out to check people's care plans, staff employment files, training and competency assessments. These audits proved to be effective as we found that all staff's training was in date and staff had access to specialist training in their area of interest in addition to the general training topics delivered to them on a regular basis. The care team managers were supported to enrol to nationally recognised management training courses to gain more understanding about their roles as managers and to help in their professional development. People's care records were up to date and the information in care records enabled staff to understand and deliver care in a person centred way.

The registered manager worked in partnership with the local council and piloted different type of services offered to people. Within one of the schemes they had an 'enablement flat'. In partnership with Hertfordshire County Council they delivered an enablement service in order to support hospital discharges for people not fit to return home and in need of enablement for a short period of time. Staff were helping people over a six week period to regain their independence before returning home or moving to a different service. We found examples where people using this service wanted to move within the scheme and permanently use the service.

The registered manager over recent months had taken steps further into developing staff's dementia

awareness, more care services around this and local support for people from specialist organisations. The registered manager attended local 'Dementia Action Alliance' meetings and has booked two day specialist dementia training for all care staff throughout October and November 2016. They signed up to the National Dementia Declaration and through local networks and support such as that they strived to improve not only internally but external awareness of those they were associated to outside the schemes too. (Dementia Action Alliance meetings are meetings where people with dementia and their family carers describe outcomes they would like to see in their lives. They provide an ambitious and achievable vision of how people with dementia and their families are supported by society.)

The provider was continuously looking to improve skills and personal development of their managers so that they developed and influenced best practise and this was then spread amongst staff. For example, senior management achieved `Preparing to Teach in the Lifelong Learning Sector qualifications, they were end of life champions and plans were in plans for managers to work towards Dementia Friends achievements through the Alzheimer's society. This meant that the provider was dedicated to continuously improve the care and support people received by offering specialist training to their staff to better understand people`s needs.