

Livability

New Court Place

Inspection report

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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 

Overall summary

We undertook an unannounced inspection of New court place on 6 May 2015. New Court Place provides accommodation and nursing care for up to 24 people with physical disabilities. Some people also have a learning disability. At the time of our inspection there were 21 people living in the home.

There was a registered manager in post. 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.

People were kept safe and free from harm. There were appropriate numbers of staff employed to meet people's needs and provide a flexible service. Staff were aware of people's choices and provided people with support in a personalised way.

The provider had a robust recruitment process in place which ensured that qualified and experienced staff were

Summary of findings

employed at the home. Staff received an induction and on-going training, support and received supervision from their manager. Staff were aware of their responsibilities when providing care and support to people at the service.

Detailed plans were in place detailing how people wished to be supported. People were involved in making decisions about their care or, where they were unable to, the staff involved the person's family or representative with any decision making. All care was reviewed regularly with the person or their family.

People were supported to eat and drink well and were supported to access healthcare professionals as they were required. Staff were responsive to people's changing needs and made appropriate referrals to other professionals when required.

Medicines were administered by nurses; they were the only staff who had received training on the safe administration of medicines.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Staff had been trained in safeguarding and were aware of how to protect people from avoidable harm.

There was a robust recruitment process in place. People who used the service were on the panel for recruitment.

Risks were assessed and actions put in place to minimise risk where possible.

Staffing levels were appropriate to meet the needs of people who used the service.

Medicines were managed appropriately.

Good



Is the service effective?

The service was effective

Staff had the skills and knowledge to meet people's needs.

Staff were aware of the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

People were supported to eat and drink to maintain good health.

Good



Is the service caring?

The service was caring

People who used the service had developed positive relationships with staff at the service.

People's privacy and dignity were maintained.

Good



Is the service responsive?

The service was responsive

Staff were aware of people's support needs, their interests and preferences and were therefore able to provide a personalised service.

People were provided with regular opportunities to raise any concerns that they may have.

People received a consistent standard of care when moving between services.

Good



Is the service well-led?

The service was well led

Staff felt comfortable discussing any concerns with their manager.

The manager regularly checked the quality of the service provided and demonstrated that the service was consistently reviewed to ensure the service was continually improving.

Good



New Court Place

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 met 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 inspection took place on 6 May 2015 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). 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 also reviewed other information we held about the service this included information we had

received from the local authority and the provider since the last inspection, including notifications of incidents and action plans. A notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with seven people who used the service, three visiting relatives, the manager of the home, Deputy Clinical Nurse Manager and three members of care staff who were on duty. We reviewed the care records of four people that used the service, reviewed the records for three staff and records relating to the management of the service.

We also spoke with the activities co-ordinator and another member of staff who was assisting with leisure time activities. In addition we contacted three healthcare professionals involved with the service in order to gain feedback from them on the quality of care provided by the home.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

People told us that they “felt safe”. They told us that there was “enough staff” to care for them and during the course of the day we observed this to be the case. When we spoke with relatives they also supported what people had told us and what we had observed within the home. They said that they felt their respective family members was kept safe and supported by staff who knew people and their needs well.

We found that the provider had suitable arrangements in place to keep people safe from harm. People told us they would, “tell staff or their keyworker if they were worried about anything”. Staff told us they had received training and were able to demonstrate a good overall knowledge about how to safeguard and protect people from avoidable harm.

We saw from documentation provided that the manager had reported any safeguarding concerns raised by staff or family, and from our own records we saw that the provider had reported four safeguarding concerns since the last inspection. These had been investigated and concluded satisfactorily. The provider encouraged people to raise any concerns with them. There were various leaflets on display throughout the home so that people would know who they could contact if they had any concerns.

People had individual risk assessments in place which addressed potential risks and documented how to manage and or reduce the risks to people’s safety and well-being. However, people were supported to take risks and not to be inhibited. A person told us this was positive. For example, people recently attended a party and could chose to drink alcohol, which potentially had risks but as long as people were aware of the risks it was their choice whether to drink or not. There were risk assessments in place to reduce the risk of accidents and or injury to staff working with people.

We saw that these assessments were regularly reviewed and updated. Records of accidents and incidents were recorded and these were analysed to identify ways of

reducing the reoccurrence. Staff told us that they had a handover at each change of shift and this ensured that relevant information was shared in a timely way and that all staff were aware of what had happened on the previous shift. This helped keep people safe.

In addition to individual risk assessments, we saw that there were risk assessments for the building, and environment which included fire risk assessments. There were contingency plans in place in the event of an emergency. There were emergency evacuation plans in place, which ensured that in the event of an emergency people were kept safe and could be removed from the service safely, quickly and efficiently. For example there were wide ramps which could accommodate beds or wheelchairs if there was an emergency and they had to evacuate the building quickly.

There were sufficient numbers of staff available to meet people’s needs safely. We observed there were adequate staff to provide care safely. People we spoke with told us that there were enough staff in the home to support them. We saw that there were always staff visible in the communal areas of the home and they were on hand to support people. Staff we spoke with told us that they worked in small groups, and that six people and two care staff were in a group. This enabled people who required the assistance of two staff to be assisted safely. The deputy manager told us staffing levels were determined by the number of people living in the home and the level of their needs.

Staff and managers told us medicines were only administered by nursing staff who had received training on the safe administration of medicines. We saw that the process and training was robust and people received medicines at the prescribed times by staff who had been appropriately trained and whose competency was regularly checked. We saw that the Medication Administration Records [MAR], were completed in line with the process. We saw that checks were carried out as part of the routine quality monitoring; this process ensured all medicines were accounted for. All medicine was stored securely.

Is the service effective?

Our findings

All the relatives we spoke with were very satisfied with the level of care their relatives received, one person had been supported by the provider most of their life. People were confident about the training experience and abilities of staff and they were able to demonstrate a good working knowledge of their roles and responsibilities. For example a support worker talked confidently about one person's needs and how those needs were met effectively and in a person centred way.

Staff we spoke with said they had received training in a range of subjects such as safeguarding, MCA/DoLS, moving and handling, and other topics relevant to their role. Staff told us that they had regular training and could also request it when required or if they had a special interest in something. The training and support helped people to provide care and support effectively. All staff had completed induction training and their performance was regularly reviewed by senior staff to ensure that they were competent in their role. We reviewed the training records for staff and found that most of the training was up to date, where there were gaps additional training was in the process of being arranged.

There was a range of equipment to assist staff to meet the needs of people who lived at the home. The bathrooms, for example were adapted with moving sinks, shelves and showers to provide as much independent living for people as possible. All bedrooms were spacious and personalised. This facilitated care that was effective and met people's current and changing needs.

A person told us, "The support staff always explains what they are going to do before starting a task". Staff told us that they were aware of people's rights and always sought consent before assisting people. Staff told us that, "If people did not want help with something, they understood this was the person's right and choice". If a person refused help with a task, they would ask the person if they wanted them to come back later to assist them. Consent was recorded and reviewed. People were able to withdraw consent or change their mind at any time.

CQC is required by law to monitor compliance with the Deprivation of Liberty Safeguards (DoLS) requirements of the Mental Capacity Act 2005 (MCA). The MCA sets out what must be done to make sure that the human rights of

people who may lack mental capacity to make decisions are protected. Staff and managers told us about their responsibilities around the monitoring of MCA and DoLS. At the time of our inspection there was no one with a DoLS in place.

We observed there was a drinks and snacks area in the main dining area and people were able to help themselves to a range of hot and cold drinks and snacks throughout the day. We observed the lunch time meal was a busy time as many people required assistance with eating and drinking. We observed staff helping people appropriately. Lunch was relaxed, people chatted and the experience was positive for people.

We noted that that chef catered for a variety of specialist diets. People had a choice of food and in addition to the two menus choices there were also lighter options such as jacket potato, salads and sandwiches. People told us they were "mostly" happy with the food. Two people told us "they had been unhappy with some of the food recently and had brought it to the attention of the manager". They said there were several cooks and some were better than others. The issue had been discussed in the residents' meeting. People were confident it would improve following it being raised at the meeting.

Staff told us they monitor people food and fluid intake. People who were unable to eat and drink without assistance were offered regular snacks and drinks. This ensured that people were supported to eat and drink sufficient amounts to maintain a balanced and nutritious diet.

Staff received regular supervision meeting with their line manager. This gave staff an opportunity to discuss their performance and identify any further training they required.

Staff told us they were happy working at the home. All staff said they felt they were supported in their role, and that adequate training was provided to them.

The GP visited the home regularly and people who were unable to leave the home could be seen in the home. People were supported to access healthcare appointments when required and there was regular contact with health and social care professionals involved in their care if their health or support needs changed. Relatives told us they were informed if there were any changes to people's physical or mental health or wellbeing.

Is the service effective?

Overall we observed the environment to be appropriate for people who used the service. The inside decoration of the building was shabby in parts. One of the lifts wall covering was damaged? and there were some bags and boxes on the floor? in communal spaces. However, there was nothing

which would suggest that safety of people was compromised. We asked the manager about the building and were told there was a gradual refurbishment programme in place.

Is the service caring?

Our findings

All of the people we spoke with expressed satisfaction with the care they received from staff. We observed good rapport and engagement between staff and people who lived at the service. The majority of comments about the care received by staff members were positive and one person described the staff as “adorable”.

However, one person told us that a member of staff had not been very polite towards them and that, although this had been raised with management, the behaviour had not improved. We asked the person if they were able to elaborate on this matter, but they declined to do so. We discussed this with the manager and they were going to investigate this further.

Throughout the day we saw that staff interacted positively with people and enjoyed quality time together. We saw that staff were respectful of people’s privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook personal care. We saw that staff knocked before entering people’s rooms and spoke with people in a soft and caring manner. We also saw a notice on the outside of a bedroom door asking people refrain from entering while staff were supporting people with tasks in their rooms.. This ensured that care was personalised and uninterrupted.

We saw that staff listened to people and gave them time to respond. The atmosphere was relaxed and staff were respectful when speaking with people. In some cases when people were unable to communicate verbally we saw that staff watched people’s body language and facial expressions to help them understand what they wanted and gave them time to communicate their needs.

There were three relatives visiting during our visit. We observed that visitors were welcomed at the home and were very involved in people’s care. Relatives were able to

assist with social activities and also had lunch with their relative. The person clearly enjoyed this interaction. Another relative said she was “very pleased with her relatives care”. One person said they would enjoy more verbal communication with staff and we talked to the manager about this to ensure the person was more involved. Two people told us they found a member of staff who was on duty on the day of our inspection to be, “Very caring and kind”. Staff confirmed that they welcomed relatives and they could come whenever they wanted day or night. People sometimes went out with family and this was seen as important in maintaining relationships with family and friends outside the home.

Staff had good knowledge of the needs, likes and dislikes of the people they supported. Staff were able to talk in detail about people’s preferences and interests. Staff described people’s abilities and how they best supported people, while encouraging them to do as much as they could for themselves. We observed multiple activities and hobbies in progress during the day. People were able to move freely from group to group depending on what they wanted to do. A person told us they liked the computers very much and were learning new skills. The range and frequency of activities and hobbies was determined by people who were involved in deciding when and what they wanted to do.

People were encouraged to be as independent as they could. People were very involved in their care and support and had regular care reviews which they were involved in, along with their ‘key worker’. People’s needs were recorded in their care plans and there was some evidence that people or their families had been involved in the planning and reviewing of people’s needs.

Care plans were detailed and personalised. People were able to say how they wanted their support to be provided and also people could have care and support provided flexibly.

Is the service responsive?

Our findings

We saw that care plans were person centred but flexible. This assisted the staff in being responsive to people's needs. A member of staff told us they aimed to respond to the person's 'whole needs' and not just their basic and personal care needs. People received a consistent standard of care when moving between services. Several people had been supported by the service when they moved from another location owned by the provider, ensuring the people's care was consistent even through times of change and when moving between services or locations.

A person told us that they liked the way staff were flexible as they sometimes changed their mind about doing things, and staff were supportive of this. The person said they might not feel like doing something on a specific day or at a time. People told us that the staff responded to their needs in a timely, but flexible way

We saw that there was a good range of leisure activities available to people, and again this was flexible and people could move between activities as they wished. We observed staff responding to a request to from a person who asked for a particular activity. The member of staff said, "Give me 10 minutes and we can do it then". This demonstrated that staff were responsive to people's needs and wishes.'

We saw a group of people go to the village for lunch, a person decided at the last minute that they wanted to go and were able to join the group. Staff told us that holidays had been arranged for people who had asked about going away. People told us they were, "so excited to be going on holiday". This demonstrated that the manager and staff responded to people's requests for specific things.

People told us they had established relationships with people in the community. A local group of young people visited the home to assist with tasks in the home and people went to events held in the local village. We saw evidence of a range of external outings to the local shops, cinema and restaurants. One person told us that they attended choir practice weekly and also helped out in a local nursery twice a week. Some people attend wheelchair dancing.

One person spoke warmly about a recent birthday party which they had – all their family and friends were able to attend. The management and staff provided the food refreshments and the person and family provided the drinks and DJ. These arrangements demonstrated that the management and staff responded to people's requests.

People's bedrooms were spacious and the majority personalised, with a lot of personal things. Several rooms had evidence of football support for a range of teams. Two of the people had small pets in their rooms. One person told us that they were supported to attend religious events in their chosen faith. In addition we were told that a priest visited the home once a month, in response to people's needs and wishes.

Relationships between people were respected and facilitated. There were three couples resident at the home. Staff and managers were respectful and supportive of people's relationships.

We were shown the complaints policy and a folder detailing several complaints that had been made. We saw that these had been recorded, investigated and concluded in an appropriate manner. People who used the service and their relatives were aware of the complaints procedure within the home. We saw from documents provided, and from speaking with relatives that the management had kept people regularly informed of the progress of investigations. Any complaints or issues received were listened to and responded to by the manager.

A person told us they had raised an issue relating to poor internet connection in parts of the home. The complaint was on-going at the time of this inspection. However the manager told us that it was being fully investigated demonstrating that the service is 'responsive' to issues raised by people who used the service.

Several people told us that they had a representative who met with management and head office and represented the wishes of people who lived at the home. They also told us that they had assisted with fund raising to provide the computers in the communal areas downstairs. This demonstrated responsiveness from both people who used the service, staff and friends in the community who responded to requests to assist with fund raising.

Is the service well-led?

Our findings

The manager had processes in place to monitor the quality of the service. Part of this process was to seek the views of people who used the service by carrying out a satisfaction survey twice a year. In addition a yearly questionnaire was sent out to relatives and to health and social care professionals with links to the service. Feedback from the manager's quality monitoring system was used to make improvements.

There were processes in place to audit and maintain the environment of the service. For example health and safety checks on fire and electrical systems were carried out to identify any issues so that action could be taken to put right any problems. The manager explained that monitoring of health and safety was carried out and reviewed regularly, and included things such as checking the water temperature to make sure people were not at risk of harm from the water being too hot or too cold.

Two people who used the service (a couple) told us that prior to the current manager being in place, there was a high level of agency staff on duty and that this had reduced the quality of care due to the lack of knowledge and understanding of people's needs by temporary staff. However, they said that the reliance on agency staff had significantly reduced since the new manager had been appointed last year. They also commented that in the past staff retention had been poor but now agency staff were only used to cover unforeseen circumstances. More 'permanent staff had been recruited' and there was now not such a turnover of staff.

Regular residents' meetings took place and one of the people who used the service represented the people living at the home and facilitated communication between people and management. People spoke positively about this and said they felt "listened to".

Several people told us they could talk freely with the manager and the deputy manager and were able to raise

issues with them. However, occasionally things were not addressed and needed to be brought up on a couple of occasions. An example of this was concerns people had raised about the standard of food.

The manager was able to demonstrate how they had been working towards embedding a positive culture within the home, which was clearly visible during this inspection and from feedback received from stakeholders.

Staff told us that the manager was, "really positive, and had listened to and done all they can for the home." Staff told us that the manager was, "very approachable" and also was, "...very knowledgeable and caring." Staff said they felt great job satisfaction working at the home. Staff told us that they felt reassured that the manager would take any concerns raised seriously and act on them.

The manager carried out regular quality checks within the home. These included checks of the premises, and medicines administration records. When the manager identified issues and concerns, these were documented and discussed with staff to enable learning. We saw that regular care plan audits were undertaken and any issues identified were recorded.

People and staff all knew the manager and one person we spoke with told us the manager had "involved them in the recruitment of support staff" the person told us that this was very important to them as it was so important to have good staff to ensure good quality care. The manager told us they encouraged open and transparent communication within the home.

The manager had robust systems in place to ensure that documentation within the home was accessible and up to date. The provider informed the Care Quality Commission of any notifiable incidents within the home and actions that had been taken to prevent any further incidents from occurring. This demonstrated how the provider promoted learning to drive improvements in the home.