The Disabilities Trust

Harvey Road (86)

Inspection report

86 Harvey Road
Aylesbury
Buckinghamshire
HP21 9PL

Tel: 01296399341

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18 May 2016

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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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 18 May 2016. It was an announced visit to the service.

We previously inspected the service on 15 April 2014. The service was meeting the requirements of the regulations at that time.

Harvey Road (86) is a care home for adults who have an acquired brain injury. Harvey Road (86) is registered to provide accommodation for three people. At the time of our inspection two people lived at Harvey Road (86).

The service had 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.

The home is located in a residential street in Aylesbury and had a homely, warm and welcoming feel. People who lived there commented on how quiet and relaxed it was.

Providers are required by law to tell the Care Quality Commission (CQC) of certain events. Notifications should be received when a decision had been made about an application to deprive someone of their liberty (DoLS). We found decisions had been made about depriving people of their liberty which we had not been notified of. We have made a recommendation about this in the report.

People were protected from avoidable harm as staff had received training on how to recognise potential abuse. Staff knew when and how to raise a concern about people's safety.

Staff received appropriate training to develop their skills, which promoted people's dignity and independence.

People were supported to be engaged in work placements and personal hobbies and interests were encouraged.

People's comments about the service included "I feel safe and comfortable" and "I feel involved in decisions about my care, I do get worried sometimes, but staff know this and help me."

Regular meetings with staff and people who lived at the service ensured that feedback was used to drive improvements in the service.

People received personalised care, as care plans were written in a way that promoted individualised care. Staff were aware of people's likes and dislikes.

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 were protected from harm because staff received training to be able to identify and report abuse. There were procedures in place for staff to follow in the event of any abuse happening.

People were supported by staff with the right skills and attributes because robust recruitment procedures were used by the service.

Potential risks to people were clearly identified and mitigating actions were available to all staff. Risk assessments were reviewed regularly.

Is the service effective?

Good

The service was effective.

People received safe and effective care because staff were appropriately supported through a structured induction, supervision and training.

People were encouraged to make decisions about their care and day to day lives. Decisions made on behalf of people who lacked capacity were made in accordance with the Mental Capacity Act 2005.

People received the support they needed to attend healthcare appointments and keep healthy and well.

Is the service caring?

Good

The service was caring.

Staff were knowledgeable about the people they were supporting and aware of their personal preferences.

People were treated with respect and their privacy and dignity were upheld and promoted. People and their families were consulted with and included in making decisions about their care and support.

People were supported to be independent and to access the community.

Is the service responsive?

Good

The service was responsive.

People's preferences and wishes were supported by staff and through care planning.

People were able to identify someone they could speak with if they had any concerns. There were procedures for making compliments and complaints about the service.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The registered manager did not always notify the Care Quality Commission (CQC), when a decision had been made about an application to deprive someone of their liberty.

People were supported by staff who felt supported by the management team and were confident that any issues raised would be dealt with.

People were supported by management that continually monitored the quality of service provided.

Harvey Road (86)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 18 May 2016 and was announced. We gave the service 24 hours' notice of the inspection because it is small. We needed to be sure that people would be in. The inspection was carried out by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). The PIR is a form that the provider submits to the Commission which gives us key information about the service, what it does well and what improvements they plan to make. We reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law.

We spoke with two people living at Harvey Road (86) who were receiving care and support, the registered manager and three care staff. We reviewed four staff files and two care plans within the service and cross referenced practice against the provider's own policies and procedures.

Good

Is the service safe?

Our findings

People, who lived at Harvey Road (86), told us they felt safe. We observed people were relaxed in the company of staff. One person told us "I don't go out by myself, I always go with staff, they (staff) make me feel safe." Another person told us "I feel safe and comfortable."

People were protected from abuse. The service had safeguarding procedures in place. Staff received training on safeguarding people. Staff had knowledge on recognising abuse and how to respond to safeguarding concerns. Information about and contact details of the local safeguarding team were available for people living at the service and staff.

People were protected from avoidable harm. Risk assessments were completed for a wide range of activities, including, mental health and risk of self-neglect. Risk assessments were comprehensive. They gave prompts for staff to identify changes in people's behaviour which indicated that risks were escalating and how to lessen them. The risks to people's well-being were reviewed regularly by a member of staff. The service had support from a multi-disciplinary team including psychology and occupational therapy. Risk assessments promoted independence and continued development of independent living skills.

The service operated robust recruitment processes. Pre-employment checks were completed for staff. These included employment history, references, and Disclosure and Barring Service checks (DBS). A DBS is a criminal record check. The provider had clear policies which supported the management of staff and their performance.

We saw one member of staff was rostered to work per shift. We asked the registered manager if they felt this was enough. They told us they felt it was. However, they did acknowledge that people did not have one to one care and therefore some compromise occurred between the people who lived at Harvey Road (86). People, who lived at Harvey Road (86), told us there were enough staff. We spoke with staff who supported this view.

People's medicines were managed safely. Staff who provided support with medicines had received training. Medicines were stored securely. The service had a medicine policy, which included information about homely remedies. The policy stated 'Administration of all Homely remedies must be recorded immediately on MAR and in patient notes. Ideally a running record balance of homely remedies should be kept as well.' We checked if records demonstrated compliance with this policy. For the last three times a homely remedy was administered this was not followed. We found no signature in the medicine administration record (MAR), however, it was recorded in daily notes and in a stock control book for homely remedies. We discussed this with the registered manager and deputy manager. The deputy manager informed us this had already been identified and work had started to address this with staff.

No incidents or accidents had been recorded; however, the service had a policy for staff to follow in the event of an unplanned event. Staff we spoke with were aware of what to do in the event of an accident.

The service had procedures in place to deal with emergencies. Personal emergency evacuation plans were in place for each person. These detailed the support people required in the event of an emergency.

People were protected against the risk of unsafe premises. The service ensured that maintenance and safety of the building was kept up to date. Staff undertook a weekly fire check. Other health and safety checks completed included bath temperatures and a night safety check.

Good

Is the service effective?

Our findings

People told us they received effective care. One person commented "I feel involved in decisions about my care, I do get worried sometimes, but staff know this and help me." People received compassionate care, from staff who understood people's preferences, likes and dislikes.

The service supported new staff through an induction period, this involved shadowing existing staff, regular one to one meetings and training. Staff received supervision from a line manager and an appraisal of their performance. We saw the service used a supervision schedule to ensure staff and line manager knew when one to one meetings were required. Staff we spoke with, told us they felt supported and had opportunities to develop their knowledge.

Staff received training the provider deemed mandatory. This included food hygiene, safeguarding and fire safety. The service used a mix of face to face training and e-learning. One member of staff told us they liked the e-learning, as they could complete it in their own time. Staff were enthusiastic about working in the service.

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 can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We noted that an application had been made to the local authority to which a decision had been made. The care plans for the person concerned supported the decision had been made in the person's best interest and was the least restrictive option.

We observed that people's food preferences were recorded. Food choices were available to people. We observed people had free access to the kitchen. People were able to prepare food and drink when they required it. One person told us "If I want a cup of tea, I make it." Another person told us "I have enough to eat, but I do drink too much, I am always making coffee."

Information about how to achieve a balanced diet was available for people and staff. Staff told us they were able to ask people what they wanted to eat on a daily basis. If the food item was not in the home, staff would support people to buy what they wanted.

People had access to healthcare when needed; although one person using the service told us "I don't get

unwell." We saw that people had access to psychology, occupational therapy and visited the GP when needed. Information about GP visits was recorded. We saw that a recent GP appointment resulted in an urgent referral to the ophthalmology department.

There were systems in place to ensure that important information about people's welfare was shared with staff. This included face to face handover sessions and written communication book. We observed a handover session from a senior staff member. It was clear that staff had received important information required to support people effectively.

Good

Is the service caring?

Our findings

People told us the service was caring, comments included "I like living here," and "I like the peace and quiet." The service had a calm, warm and homely feel. It was clear from our observations people were relaxed with staff and had developed good working relationships with them.
One person described the staff as "friendly". Another person told us "I have choice about what I can do."

People had a key worker. The keyworker took the lead in co-ordinating people's care. They were responsible for updating care plans. We observed that one to one time with keyworkers was recorded for each person who lived at Harvey Road (86).

Daily care notes, meeting minutes and keyworker notes, clearly provided evidence that people were given choice and were actively involved in making decisions about their care.

Staff were able to tell us about people, their likes and dislikes. Staff understood each person they looked after. For instance, staff supported one person who lacked the ability to book a holiday independently. We were informed that a holiday had been arranged for later in the year. The location had been chosen as it was peaceful, which suited people who lived at the service.

The registered manager told us that people had been asked their views on the use of an empty room. People confirmed they were consulted about events which affected them. People told us they felt involved in the running of the service. For instance, people told us "If I see the floor needs vacuuming, I do it." The PIR stated it was hoped people would be supported to write a service user guide. It was hoped this would provide a user's view of the service.

People received support from staff who understood how to promote dignity and respect privacy. Staff had received training and were able to tell us their knowledge of how they provide dignified care. For instance, the member of staff who was on duty in the morning of day one of our inspection ensured that a person walking from the bathroom to their bedroom could not be seen by us.

People told us they felt there were no restrictions on them. One person told us they spent a lot of time in their room. This was their choice and staff respected this.

Each person who lived at Harvey Road (86) had an information folder in their room. It detailed what support they should expect to have. It also provided comprehensive information about community activities and how people could be involved in making decisions about their care. It provided information about advocacy.

Rooms were personalised to each person's taste. People's confidentiality was respected. Information regarding people was kept securely. Handover meetings took place away from people to ensure sensitive information was not discussed in the open.

Good

Is the service responsive?

Our findings

Pre-admission assessments were undertaken to ensure the service could meet the needs of people prior to moving into the home. We spoke with the registered manager about this as the home had a room vacancy. The registered manager told us the process was considered carefully. They demonstrated they understood the needs of people who lived in the home. People being considered for a placement were invited to join the existing residents for lunch. This was an opportunity for prospective residents to spend time in the home and ask any questions. People who lived at the home told us they liked to know who was moving into the home.

People received individualised care that met their needs. The service undertook person centred care planning; we saw a wide variety of person centred information. This included night time support, and lifestyle choices. These documents recorded things people liked to do and their dislikes. Information on what was important to each person was recorded. Care plans were reviewed regularly and any changes were recorded.

We observed people engaged in activities throughout the day. One person had been out to meet a family member for lunch. Another person was supported to go to see a friend to wish them a happy birthday. Relationships with people outside of the service were encouraged and supported by staff. Relatives were contacted by the service when important events took place. One person told us about the work they undertook. They had two work placements. We saw letters which provided feedback to the service from the work placements. It was all positive.

Information was readily available to people about community activities. For instance, local support groups and a service which supported people to do gardening. The team leader told us about some of the activities people were supported to attend. These included trips to the local theatre.

The home had a complaints procedure and information on how to make a complaint was available. We saw two complaints had been made in the last twelve months and the service responded to complaints. People we spoke with were aware of how to raise concerns if needed. One person told us "I can talk to the staff anytime; another person told us "Yes I would definitely know who to speak to if needed."

The home had keyworker meetings and house meetings with people who lived there. Information and feedback from these meetings helped the service develop. The PIR stated that the service was to introduce more forums for people to feedback about the service. The registered manager hoped this would help drive improvements to the service.

Requires Improvement

Is the service well-led?

Our findings

People told us they knew who the manager was even though they were not based at the home. Staff told us they felt "supported", "valued" and that management were "open," and "approachable." There was a good understanding of the provider's core values. Staff were enthusiastic about the work they did.

The provider had a legal duty to inform the CQC about changes or events that occur at the home. They do this by sending us notifications. We had some received notifications from the provider regarding changes and events at the home. We spoke with the registered manager about notifications about DoLS applications made. Applications are time limited, there was a requirement for the service to notify the CQC when each application had been authorised, when it was renewed by the local authority. We checked our records and noted that we had not received all the required notifications.

We recommend the service ensures all the required notifications are made to CQC.

The registered manager had signed up to the 'social care commitment.' This is the adult social care sector's promise to provide people who need care and support with high quality services. It is made up of seven 'I will' statements, with associated tasks. Each commitment focused on the minimum standards required when working in care. The commitment is aimed to increase public confidence in the care sector and raise workforce quality in adult social care. The registered manager told us they hoped every care worker would also sign up. This demonstrated they were committed to continuous improvement.

We saw that the service had a variety of policies in place to assist with the running of the home; these included safeguarding people, infection control and complaints.

Management met with staff on a regular basis to discuss the service, staff felt empowered to raise concerns about the service and had a confidential whistleblowing telephone number. Staff told us they had confidence to use this if required.

A number of audits had taken place at the home, these included, quality assurance, health and safety amongst others. The registered manager was supported by a divisional manager. The person was responsible for reviewing all actions from quality assurance and health and safety audits. Themes and opportunities for improvement were identified. The PIR stated that key learning points from audits were shared with other services within the provider to drive improvement.