

Life Opportunities Trust

# Hempstead House

## 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 ●

# Summary of findings

## Overall summary

Hempstead House is a domiciliary care agency. It provides care and support packages including personal care to people living in their own houses and flats in the community across Hertfordshire. This part of the service was referred to by the provider as the outreach service.

Not everyone using the service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

This service also provides care and support to people living in a number of 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. The supported living schemes were located in Hertfordshire, London and Middlesex.

At the time of our inspection 53 people were being supported by the service.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had a registered manager. 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 2008 and associated Regulations about how the service is run.

People using the service felt safe. There were systems in place to safeguard people from the risk of possible harm. Staff were aware of the risks to people's health and well-being and ensured that risk management plans did not restrict the activities people engaged in. Personalised risk assessments were completed and updated regularly.

Accidents and incidents were reported and recorded promptly and action was taken to reduce the risk of reoccurrence. Any learning from any accidents or incidents was shared with staff.

People were supported with the prescribed medicines, where assessed as required. There were effective infection control procedures in place, with staff receiving training and being provided with personal protective equipment.

There were sufficient numbers of staff employed at the service who were effectively deployed to meet the

needs of people in each scheme and the outreach service. The service had robust recruitment procedures in place.

Staff were knowledgeable and received training that provided them with the skills to meet people's needs. Staff felt supported in their roles and received regular supervision and annual appraisals. These were consistently completed for all staff and were used to give feedback on performance and plan future personal professional development for staff at the service.

Staff were kind, helpful and maintained people's dignity and independence throughout their care and support. Positive relationships existed between people and staff. Staff were knowledgeable about the people they were supporting and provided personalised care.

Assessment processes and care planning provided staff with the information they needed to support people effectively and meet their needs. People were involved in planning their care and deciding in which way their care was provided. Support plans were comprehensive and detailed people's needs, preferences, background and history. People were supported to have maximum choice and control of their lives and the policies and systems in the service supported this practice.

People and staff knew who to raise concerns to and information regarding the complaints procedure was available. The provider had a consistent process for receiving complaints, concerns and feedback.

Quality assurance processes were in place. Regular audits were undertaken to assess the quality of various areas of the service. Feedback on the service was encouraged and people were provided with frequent opportunities to express their views on the care and support they received.

There was an open culture. People and staff found the registered manager and senior staff supportive and approachable.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Hempstead House

## 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.

This inspection commenced on 6 August 2018 and was announced.

We gave the service 48 hours' notice of the inspection visit because it is a domiciliary care agency and we needed to be sure that staff would be available to support the inspection process.

Inspection site visit activity started on 6 August 2018 and ended on 10 September 2018. It included speaking to people who used the service via telephone, contacting members of staff and seeking feedback from external health and social care representatives. We visited the office location on 16 August 2018 to see the manager and office staff; and to review care records and policies and procedures.

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone using this type of service.

Before the inspection, we reviewed information available to us about the service such as information from the local authority, information received about the service and notifications. A notification is information about important events which the provider is required to send us. We also used information the provider sent to use in the Provider Information Return to inform our planning. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and any improvements they plan to make.

During our inspection we spoke with nine people who used the service and one relative. We also spoke with three members of care staff, an administrator and the registered manager.

We looked at four people's care records to see if they were reflective of their current needs. We reviewed three staff recruitment files and staff training records for all staff employed at the service. We also looked at further records relating to the management of the service, including complaints management and quality

audits, in order to review how the quality of the service was monitored and managed.

## Is the service safe?

### Our findings

People told us that they felt safe. One person told us, "Yes I do feel safe. They [carers] come in, I can't rate them highly enough." A relative told us, "Yes, I do have peace of mind, [Relative] has got a panic button. I would say [relative] is safe with all the staff."

People were safeguarded from the risks of avoidable harm and staff had a good understanding of the different types of abuse. There was a current safeguarding policy and information about the safeguarding process was available to staff. All the members of staff we spoke with demonstrated a clear knowledge of their responsibilities in relation to safeguarding people. Training records confirmed that appropriate training had been undertaken by all the staff at the service.

Personalised risk assessments were in place for each person. These gave guidance to staff on any specific areas where people's health and well-being were at risk. Assessments seen included risks in relation to specific health issues, personal safety, mobility needs and completing day-to-day living activities independently. Staff were knowledgeable about the risks associated with people's care and support and were able to give examples of how they ensured that risk management plans did not limit the range of activities people engaged in. Records confirmed that people were involved in completing assessments and that they had been reviewed regularly.

Accidents and incidents were recorded by all staff, reviewed by a senior member of staff before being reviewed by the registered manager. Records seen demonstrated that the review was used to identify any patterns, trends or repeated incidents and ensure that action was taken to reduce the risk of reoccurrence. Learning from accidents and incidents was shared with staff in team meetings and supervisions.

Staffing requirements were assessed according to people's individual needs and there was enough competent staff employed by the service to support people as required. The registered manager confirmed that staffing levels were monitored within each scheme and the outreach service and the numbers of staff on duty depended on the assessed needs of each person being supported.

Staff were recruited following a robust procedure. We reviewed the recruitment files for three staff and found that all the relevant pre-employment checks had been completed. These included obtaining references from previous employers and checking the applicants' previous experience. Disclosure and Barring Service (DBS) reports for all the staff had also been completed.

Systems were in place to manage people's medicines safely. The service had a current medicine policy and, when assessed as required, people received appropriate support to assist them to take their medicines safely. Medicines were only administered by staff that had been trained and assessed as competent to do so. One relative told us, "The care team are well trained to deliver meds and that they recorded everything thoroughly. I have peace of mind when I'm not there."

A review of the daily records showed that staff were recording when medicines had been given. Where issues

with medicines had been identified by staff they had been reported and appropriate action taken.

The service had systems in place to reduce the risk of infections. Staff were provided with infection control training to ensure they followed good infection control principles and had easy access to personal protective equipment including disposable gloves and aprons.

## Is the service effective?

### Our findings

People told us they received effective care and support from staff who were knowledgeable and trained. One person told us, "I am finding them all very good. The staff are all lovely." Another person told us, "I think that they must be a good company to work for, the carers are always telling me how good they are." A third person told us, "I've only got to ask the girls (staff) if I want something, they'll do it if I ask."

Staff training records showed that staff had completed the required training identified by the provider and further courses were available to develop their skills and knowledge. The registered manager monitored the training needs of the staff team and when refresher courses were required.

In addition to training, staff received further support in their roles from regular supervisions and appraisals. They told us that they had regular contact with senior staff and received reviews of their performance. All of the staff we spoke with expressed they could speak to the registered manager or a senior member of staff if they needed further support.

Comprehensive assessments were completed for people who wished to use the service. These assessments considered people's mental, physical and social care needs to ensure a full picture of each person was formed. The service involved the person during the assessment to ensure that the service would be able to meet their needs and obtained information from many sources who may have an insight in the care each person required.

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.

Staff told us that they had received training on the requirements of the MCA. Staff understood their roles and responsibilities in ensuring that people consented to their care. Staff also told us how they provided support to people in making choices and decisions. Staff told us they would always seek consent from people prior to providing care and support.

People were supported on an individual basis to have their nutritional needs met and needs in relation to food and fluids were documented in their care plan. People told us they were supported with preparing meals by the care staff, where they needed help. Staff we spoke with told us that they were aware of the different support people required in relation to their food and drink.

People's healthcare needs were monitored and care planning ensured people were supported to maintain good health. We noted from the care records that people had accessed the services of health care professionals, such as their GP, practice nurse or community mental health services, when required. Due to the relationships staff had built with people, they were able to identify when people might be unwell and

were able to support people to get the help they required.

## Is the service caring?

### Our findings

People told us that they were happy with the care they received and that staff were kind and helpful. One person said, "The care is wonderful. I really can't fault them [staff], I've got the best care there is out there" Another person told us, "They are extremely kind and accommodating with me." A relative told us, "We're really happy and [Relative] likes the carers so much."

Comments from a recent satisfaction survey included, "Staff are helpful and attentive", "Staff members are very caring, up to date and polite", "Endless patience with [Relative]" and "We are always warmly received. We sense the atmosphere is contented and settled."

All the staff members we spoke with talked about the people whom they supported in a positive and caring way. Staff who provided support to people to speak with us on the telephone were heard to be supportive, kind and encouraging. People had built relationships with the staff that visited them regularly, or those who worked within the scheme.

People received care and support from staff that knew and understood their life history, background, preferences, needs, hopes and goals. People had comprehensive care plans which were regularly reviewed and updated. Staff were provided with information about what was most important for them to be aware of for each person. We looked at four care plans and saw they were individualised to meet people's specific needs. Regular meetings with identified staff members (key workers) or senior staff were used to seek people's views on the care and support they received. These reviews demonstrated how people were involved in ensuring their care was personalised and recorded within their care plan.

People's dignity, privacy and independence were supported. One person told us, "I do some of it myself but they help me." Another person told us, "I do all my own meds and shower myself, so far that's working ok. I always know whose coming, and I have regular ones (staff)." They went on to explain how staff supported them to remain independent in completing tasks but were always happy to assist should they require any assistance. All of the staff we spoke with had a clear understanding about how to ensure someone's privacy was maintained. These members of staff also gave examples of how they supported people to be as independent as possible.

People's support plans also contained information in relation to culture, religion and relationships. We saw for one person that detailed information has been provided by their family in relation to their cultural needs. The arrangements put in place by the service to ensure that these needs were met were recorded. This included support in relation to specific dietary needs, the observation of festivals and a record of words, signs and gestures the person used to communicate their culture and language.

Staff were aware of the need to maintain confidentiality. They described the importance of not sharing information with anyone else without permission and the safe storage of records. People's records were kept confidential, electronic systems were password protected and were accessed by authorised personnel only.

## Is the service responsive?

### Our findings

People told us the service was personalised and responsive to their needs and confirmed that they were involved in planning their care. One person told us, "I use the service for support with life skills and learning new behaviour techniques and I've been with them for quite a while now. It's important that you get someone (staff) you like. I get on well with all of them." A relative told us, "We've been with them since early 2017 and I am finding it fine, we have regular ladies (staff). [Relative] will ask them for whatever she wants. We have a plan in place."

People's support plans were up to date, person centred and contained guidance for staff in meeting people's identified needs. We saw that these has been updated where there had been a change in a person's needs and were frequently reviewed. People had full involvement in developing their support plans and we saw evidence by way of photographs and pictures of how some people had been supported to be involved. Staff told us that they were kept informed of changes in people's needs through shift handover, meetings or by reading updated care plans. Staff confirmed that a senior member of staff was always available if they had any questions or concerns regarding a person's care and support.

People using the service were aware of the complaints procedure or who to speak to if they had concerns. One person told us, "I call the office and they always call me back." Another person told us, "There's never been a problem." They went on to explain however that they would be confident to speak to any member of staff if they had a concern or would contact the office. Information for people regarding making a complaint was available in each scheme and was individually provided to people using the outreach service.

There was an effective system for managing feedback. We saw that where complaints had been made they were logged and the action that had been taken recorded. Where additional feedback was received, such as responses to satisfaction surveys, we also saw that this was recorded, evaluated and then shared with the individual staff member or team. This demonstrated how the registered manager used all feedback as opportunities to monitor and make improvements to the service.

People were also asked about their views on the service through care planning, meetings and social events. The registered manager also explained how their regular presence in each housing scheme and the additional visits to people made by senior staff, ensured that they were provided with frequent opportunities to give feedback.

## Is the service well-led?

### Our findings

The service had a registered manager. 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 registered manager was also a senior executive member of staff for the provider organisation. They were supported by a team of senior staff who had lead responsibilities in each of the supported living schemes or the outreach service. Staff told us that the registered manager and senior staff provided them with consistent support and guidance and all were actively involved in the running of the service. Staff told us that they could contact a senior member of staff at any time if they needed assistance or advice as there was an on-call system. They told us that there was a clear management structure of the service and understood their roles and responsibilities.

People and their relatives told us that they thought the service was well led and were regularly asked to give their feedback on the care they received. One person told us, "I am very happy with the service." A relative told us, "There's no problems when I phone them. Overall we are very happy." We reviewed the feedback provided in response to the most recent satisfaction survey. The summary of responses we reviewed were positive with many of the comments reflecting positively on the quality of care provided by staff and the overall management of the service.

The service had an open culture and staff told us they were encouraged to discuss their work and raise any concerns, should they need to. Staff told us that they were provided with the opportunity to discuss their work and share information within the workplace. This was completed formally in supervision and team meetings and informally through discussions at handover or whilst on shift.

There was a system for monitoring the service provided to people which included audits of care records such as care plans, risk assessments and daily visit records to ensure that all relevant documentation had been completed and kept up to date. This also included the review of medicine administration records (MAR). We saw that regular feedback was sought from people and staff and the registered manager used this to evaluate the effectiveness of the service and the level of satisfaction of both people and staff. This demonstrated how the registered manager used feedback and information from a variety of sources to drive future improvement in the service.

The registered manager was aware of what incidents needed to be reported to the CQC or local authority and had regular contact with social workers, care managers and other teams when any advice was needed. Information within people's support plans demonstrated how the service worked in partnership with other agencies to ensure that people were receiving the care and support they needed.