

Exclusive Care Limited

10 Nimrod Drive

Inspection report

10 Nimrod Drive
Hatfield
Hertfordshire
AL10 9LS

Tel: 01707258342

Date of inspection visit:
30 March 2016
31 March 2016

Date of publication:
27 May 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 30 and 31 March 2016 and was unannounced. Nimrod Drive is a care home without nursing that provides accommodation for up to six younger adults who live with learning disabilities. At the time of our inspection five people were living at the home. We simultaneously inspected a sister service located at 4 Nimrod Drive, a service which has the same registered manager.

There was a manager in post who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

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

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

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

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

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

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

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

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

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were kept safe and looked after by staff who were trained to recognise and respond effectively to potential abuse.

Safe and effective recruitment practices were followed to ensure that all staff were suitable for the roles performed.

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

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

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

Is the service effective?

Good ●

The service was effective.

Staff made every effort to establish people's wishes and obtain their consent before care and support was provided.

Consent was obtained in line with requirements of the MCA 2005 and DoLS authorities had been sought where necessary and appropriate.

Staff received the training and support necessary to help them provide safe and effective care.

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

People had their day to day health needs met with access to and support from health and social care professionals when necessary.

Is the service caring?

Good ●

The service was caring.

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

People and their relatives were involved in the planning and reviews of the care and support provided.

Care was provided in a way that promoted people's dignity and respected their privacy at all times.

People were supported to access independent advocacy services where necessary and appropriate.

The confidentiality of personal information and medical histories was maintained.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that met their needs and took account of their preferences and personal circumstances.

Opportunities were provided to help people pursue social interests and activities relevant to their needs.

People's relatives were confident that any concerns or complaints were dealt with in a prompt and positive way.

Is the service well-led?

Good ●

The service was well led.

Relatives, staff and health care professionals were positive and complimentary about the provider, registered manager and senior staff.

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

Staff understood their roles and responsibilities and felt well supported by the provider and management team.

10 Nimrod Drive

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

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

Although unable to speak with people who lived at the home during our inspection we observed how staff interacted with them in communal areas. We received feedback from three relatives and spoke with three staff members, the registered manager and assistant manager. We also received feedback from health care professionals, stakeholders and reviewed the commissioner's report of their most recent inspection. We looked at care plans relating to three people who lived at the home and two staff files.

Is the service safe?

Our findings

Most people who were present at the home during our inspection were unable to communicate with us verbally. Relatives and healthcare professionals told us they were confident that staff kept people safe at the home and when they were out and about in the local community.

Staff received training about how to safeguard people from harm and were knowledgeable about the risks of abuse. They knew how to raise concerns if any arose, both internally and externally, and how to report potential abuse by whistle blowing. Information and guidance about how to report concerns, together with relevant contact numbers, was prominently displayed at the home. A staff member said, "Safeguarding is a main priority here and we discuss procedures and potential risks often at our meetings."

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

Guidance for visitors was displayed with advice about how to avoid triggering behaviour that challenged others. Information gathered from incidents at the home was used to inform risk management plans, identify potential triggers to difficult behaviours and develop effective distraction and de-escalation techniques.

For example, one person removed another's duvet cover from their bed while they slept which caused upset and disruption. Following a review of support plans and best interest decisions taken in line with the MCA 2005, and in consultation with the local authority safeguarding team, appropriate measures were put in place to alert staff of any movement during the night. This included placing a monitor in one person's bedroom and a sensory matt outside the room of the other which significantly reduced the risks of reoccurrence.

We saw that post incident de-briefs were used as a way to share information about risks and learning outcomes with the staff team. One staff member told us, "We have to be very vigilant at all times because [people's] moods and behaviours can change in an instant. We are constantly on the lookout for triggers and causes of anxiety and upset."

Individual plans of care included detailed guidance about how to manage risks effectively and staff encouraged people to think about how to stay safe, both at home and in the community. For example, an entry in guidance about one person stated, "Staff must inform me that we will need to wait for the green light and wait for cars to stop for us to cross the road, otherwise there is a possibility I will display challenging behaviours.... I can get anxious waiting at bus and train stops so please try to distract me."

Safe and effective recruitment practices were followed to make sure that staff employed at the home were

of good character and suitable for the roles they performed. Candidates were invited to visit the home and meet with people who lived there while staff observed how they interacted. Although unable to communicate verbally, people's opinions and reactions were taken into account, for example through body language, signing or a simple 'thumbs up' signal.

Flexible and effective arrangements were in place to ensure there were enough suitably experienced, skilled and qualified staff available at all times to meet people's individual needs. One person's family member said, "The staffing levels are satisfactory." Another relative commented, "The care plan for our [family member] requires 2 to 1 care whenever they are outside of the house. The team is large enough and sufficiently resourced to meet this requirement." Throughout our inspection we saw that there were enough staff to provide care and support in a calm, patient and effective way; even when people displayed behaviour that meant they needed one to one support for significant periods of time.

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

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

When one person moved to the home they had not experienced a kitchen environment where they could freely access food stored in a freezer, fridge and cupboards. They reacted by frequently removing food needed to meet other people's specific needs and by displaying behaviour that challenged staff and fellow residents. For example, they would often bite staff who tried to intervene or provide them with care and support.

Staff used effective communication techniques to work with them and help develop a better understanding of how the kitchen worked, where their own food was kept, how to shop for food and make choices about what they wanted to eat. Staff also were given unobtrusive bite proof protective clothing which meant they could provide the levels of care needed safely and with increased confidence. It was discovered that the person preferred being supported by male staff members and so more were recruited in order to meet their needs in a more effective and safe way. The steps taken ensured that the risks associated with incidences of difficult behaviour were managed effectively and not used as a potential barrier to the person's independence or development.

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

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

A number of applications had been made to the relevant supervisory body to limit or restrict some people's liberty in order to keep them safe, both at the home and when out and about in the local community. This had been done in accordance with the MCA and deprivation of liberty safeguards (DoLS). Staff received training about the DoLS and how to obtain consent in line with the MCA 2005 and were knowledgeable about how these principles should be applied in practice.

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

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

People's relatives and health care professionals were positive about the skills, experience and abilities of staff who worked at the home. One person's relative told us, "They [staff] seem to be well trained to care for my [family member's] individual needs." Another relative commented, "Staff knowledge and skills have developed and I now think that staff are trained to a good level."

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

Staff were also encouraged and supported to obtain nationally recognised vocational qualifications in adult social care to help them develop relevant skills and do their jobs more effectively. The registered and assistant manager worked with both the local authority and a reputable care providers association to make sure that staffs training requirements were met. A staff member commented, "Training is much better now and has more of a focus on people's needs."

Staff told us they felt well supported by the management team and were encouraged to have their say about how the service operated at regular team meetings. One staff member said, "I feel incredibly well supported by the managers. They are always available to talk to and work in a very hands-on way. We are all valued and if we raise any issues the response is always positive." Staff often worked alongside the registered and assistant manager and were therefore able to discuss matters that were important to them on a regular basis. Although most staff were up to date with their formal supervisions and appraisals, the registered manager acknowledged they had fallen behind with some others. We saw that plans had been put in place to ensure that this was addressed as a matter of high priority.

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

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

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

People's identified needs were documented and reviewed to ensure that the care and support provided helped them maintain good physical, mental and emotional health and well-being. One person's relative told us, "My [family member's] needs are always met." Another person's relative commented, "[Family member's] health and social care appears to be well met. Before they moved in [the provider] worked with the previous placement to understand their needs and put in place plans to care for them accordingly. Over the past ten months, as these needs have changed, the team have worked with us to adapt and ensure that the best possible care has been provided."

Is the service caring?

Our findings

During our inspection we saw that people were cared for and supported in a kind and compassionate way by staff who knew them very well and were familiar with their individual needs. A relative said, "We believe our [family member] to be happy in their placement; cared for by a team who have their best interests at the forefront of their daily schedule." Another person's relative commented, "[Family member] is supported in a kind and caring way." A healthcare professional told us, "The staff team appear to be caring individuals and look to make lives easier for the people they care for."

Staff had developed positive, caring relationships and were very knowledgeable about people's individual personalities, characters, personal circumstances and the factors that influenced their moods and behaviours. For example, we saw one staff member use effective distraction and de-escalation techniques to deal with a person who became upset and displayed difficult behaviour that challenged staff and other people at the home. They remained professional and used their knowledge of the person to good effect which resulted in them calming down and joining in with singing and dancing. Another staff member spent a significant amount of time helping a person decide what DVD they wanted to select from a large collection in the communal lounge area.

We saw that staff helped and supported people in a calm and patient way and respected their privacy and dignity at all times. A staff member told us, "The care and support is very good but can of course always be better." A healthcare professional commented, "I have never seen the staff interact in a way that is not caring and appropriate to the situation. This has been so with the most challenging [behaviour] and during challenging situations. Staff have been involved in some very difficult situations while out with residents."

People were involved in regular reviews and discussions about their care and support with key workers, family members and health and social care professionals. This involvement was reflected in people's individual plans of care and showed they were consulted about progress in terms of activities, their independence, relationships, health and future goals. For example, a care review relating to one person noted they had become more independent and developed new skills which enabled them to take part in household tasks such as hoovering and laundry.

A relative of one person told us, "[Family member] is involved in planning daily activities. As parents we have text updates most days and regular phone contact and meetings with the manager." A relative commented, "Our [family member] and us as parents are kept up to date with planning and reviews of care." A healthcare professional told us, "Family were kept involved with care and I was invited along to meetings with family members."

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

Is the service responsive?

Our findings

People received personalised care and support that met their individual needs and took full account of their background history and personal circumstances. A relative of one person commented, "Care is person-centred at all times."

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

For example, entries in one person's plans of care and support about their bathing preferences noted; "Once I am clean ask me if I would like to get out of the bath or stay in. If I want to get out I will pull the plug myself. If I want to stay in then I will lay back and relax for a while." Another entry stated; "When I am in my bedroom you will need to show me clothing choices and I will sign 'yes' or 'no'." This meant that people's views and preferences had been factored into the planning and delivery of their care and support.

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

Opportunities were provided for people to engage with meaningful activities and social interests relevant to their individual needs and requirements, both at the home and in the community. A relative commented, "Activities are numerous and varied, so that my [family member] leads an active and meaningful life. The staff are always seeking to find new ways to provide learning opportunities." A health care professional told us, "Residents do appear to engage in a range of activities. They do not all do the same thing and timetables are appropriate to the individual person."

People were encouraged and supported to be involved in planning their own activities, trips and holidays during key worker sessions and at resident meetings. We saw that one person took part in aqua Zumba [pool based exercises], arts and crafts and dancing. They also enjoyed going to local activity clubs, shopping, long walks in nice weather and having meals out.

A relative of one person told us, "[Staff] support their social and community interests to ensure they can maximise opportunities to follow social interests. These include support in swimming, seaside visits and daily walks to ensure their need for continued physical activity is met. The team also continue to consider and explore new opportunities to broaden their interests."

People's relatives told us they were consulted and updated about the services provided and were encouraged to provide feedback about how the home operated. They felt listened to and told us that the

managers responded to any complaints or concerns raised in a prompt and positive way. A relative of one person said, "Feedback is sought although our son is unable to verbally communicate this. But his behaviours and reactions act as feedback and these are taken into account in planning his daily and weekly activities and care."

People's relatives knew how to complain and told us that any issues they raised were dealt with in a prompt and positive way. One relative commented, "Feedback is sought at regular intervals, especially at the regular parents meetings. I have never had cause for serious complaint, although when small issues have arisen, staff and management have responded in a timely manner." A relative of another person said, "In the time our [family member] has been at Nimrod Drive we have not had any occasion for formal complaint. Through their transition and settling in process we have seen minor issues from time to time but these have all been resolved, to their benefit."

Is the service well-led?

Our findings

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

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

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

The registered manager was very knowledgeable about the individual needs of people who lived at the home and their personal circumstances. They made sure that the staff team had the training and resources necessary to help them meet people's complex needs in a safe and effective way. A relative commented, "We do believe the service to be well managed and operated for the clear benefit of the residents. When we were looking for a residential placement for our [family member], it was the leadership and team at 10 Nimrod Drive that convinced us that this would be the best placement available locally for our [family member]. To date we have no reason to reassess that view." A healthcare professional told us, "Overall I felt that the service [was] trying hard to meet the needs of the service users and were actively seeking support from all professionals available."

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

Information gathered in relation to accidents and incidents that had occurred was personally reviewed by

the registered and assistant managers. They ensured that learning outcomes were identified and shared with staff. For example, we saw that where medication errors had occurred these had been thoroughly investigated and used to change and improve practices and reduce the risks of reoccurrence.

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

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

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

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