

Nouvita Limited

Howe Dell Manor

Inspection report

Old Rectory Lane
Hatfield
Hertfordshire
AL10 8AE

Tel: 01707263903

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

This inspection took place on 29 January 2016 and was unannounced. The home provides accommodation and personal care for up to 19 people with mental health needs. On the day of the inspection, there were 18 people living in the home.

The service has 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.

People were safe and there were systems in place to safeguard them from the possible risk of harm. However, risk assessments did not give clear guidance for staff on how to manage and minimise the risk. The provider had not followed fire safety advice to ensure that each person had an individual evacuation plan. Medicine administration records were not always completed fully to show that people's medicines had been managed safely.

The service followed safe recruitment procedures and there were sufficient numbers of suitable staff to keep people safe and meet their needs.

People were supported by staff who were trained, skilled and knowledgeable on how to meet their individual needs. Staff received supervision and support, and were competent in their roles.

Staff were aware of how to support people who lacked the mental capacity to make decisions for themselves and had received training in Mental Capacity Act (2005) and the associated Deprivation of Liberty Safeguards. People's nutritional needs were met and they were supported to have enough to eat and drink. They were also supported to access other health and social care services when required.

People were treated with respect and their privacy and dignity was promoted. People were involved in decisions about the care and support they received.

People had their care needs assessed, reviewed and delivered in a way that mattered to them. They were supported to pursue their social interests and hobbies and to participate in activities provided at the home. There was an effective complaints procedure in place.

There were systems in place to seek the views of people, their relatives and other stakeholders. Regular checks and audits relating to the quality of service delivery were carried out. There were effective systems in place to monitor the quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

There were systems in place to safeguard people from the possible risk of harm. However, risk assessments did not give clear guidance for staff on how to manage and minimise risks.

Medicine administration records were not always completed fully to show that people's medicines were managed safely.

There was sufficient numbers of staff to support people safely.

Is the service effective?

Good ●

The service was effective.

People's consent was sought before any care or support was provided and staff understood their roles to provide care in line with the requirements of the Mental Capacity Act 2005 (MCA).

People were supported by staff who had been trained to meet their individual needs.

People had enough to eat and drink.

People were supported to access other health and social care services when required.

Is the service caring?

Good ●

The service was caring.

People were supported by staff that were kind, caring and friendly.

Staff understood people's individual needs and they respected their choices.

Staff respected and protected people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs.

People were encouraged and supported to pursue their hobbies and interests.

The provider had an effective system to handle complaints.

Is the service well-led?

Good ●

The service was well-led.

The manager provided effective support to the staff and promoted a caring culture within the service.

People who used the service, their relatives and professionals involved in their care had been enabled to routinely share their experiences of the service and their comments were acted on.

Quality monitoring audits were carried out regularly and the findings were used effectively to drive continuous improvements.

Howe Dell Manor

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 took place on 29 January 2016 and was unannounced. The inspection team was made up of two inspectors.

Before the inspection, we reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the inspection we spoke with five people who used the service, one relative, one nurse, two care staff and the registered manager. We carried out observations of the interactions between staff and the people who lived at the home.

We reviewed the care records and risk assessments for five people, checked medicines administration processes and reviewed how complaints were managed. We also looked at five staff records to check if the provider had effective recruitment processes and we reviewed information on how the quality of the service was monitored and managed.

Is the service safe?

Our findings

We noted from the care records that each person had risks assessed. However, the identified risks had been grouped together and did not give clear guidance for staff on how to manage and minimise each risk. For example, where a person was experiencing extreme anxiety, suicidal thoughts or self-harm, the risk assessment stated that the staff should observe and report any signs. However, the risk assessment did not state the support the person should be provided to prevent relapse. We also noted that one person who was diabetic did not have a risk assessment on how to support them in managing their diabetes. People told us that staff had discussed with them about their identified risks. One person said, "The only person I sit with is [name] because I was hit once." A relative said, "I am aware of the risk for [name] and it is to do with depression. Staff know how to provide support when [name] is feeling low." Staff confirmed that they were aware of the risks to people and that they reported any unusual behaviour to the manager. One member of staff said, "If I see someone is not well and is behaving in an unusual way, I will let the manager or the person in charge know. They would contact the doctor." The service also kept a record of all accidents and incidents, with evidence that appropriate action had been taken to reduce the risk of recurrence.

There were processes in place to manage risks associated with the day to day operation of the service so that care was provided in a safe environment. There was evidence of regular checks and testing of electrical appliances, gas appliances, and firefighting equipment. People did not have a personal emergency evacuation plan (PEEP) which gave staff guidance about how people could be evacuated safely in the event of an emergency. Following a visit by the local Fire Protection Team in September 2015, it had been identified that individual fire risk assessments were not in place and they had recommended that each person should have a risk assessment to ensure their safety. The manager said that they would be addressing this issue. We noted from the provider's emergency business plan that it did not provide the contact details of who to contact in an emergency.

People told us that they felt safe and that they were supported well by staff. One person said, "Yes, I feel safe here, but I do not feel safe when I go out for walk, so I take a taxi. Sometimes I go out with someone else. If I do not feel safe I will let the staff know." Another person said, "I don't have any worries living here." A relative said, "My wife is very safe here and the staff do keep an eye on her."

The service followed the local authority safeguarding procedures. Information on how to report any safeguarding concerns was displayed on the notice board. The safeguarding posters included the contact details of the local authority safeguarding team and the Care Quality Commission. The staff we spoke with said that they had attended training in safeguarding and they were aware of their responsibilities to report any concerns to the manager or other relevant agencies. The manager explained to us that in an event of safeguarding concerns, they would remove the person from danger and seek appropriate advice from the safeguarding team and notify the Care Quality Commission. The manager confirmed that they have reported such concerns to the local safeguarding team and was familiar with the procedures. We evidenced that relevant notifications had been forwarded to the Care Quality Commission as required by regulations. The service had a whistle blowing policy. Whistleblowing is a way in which staff can report concerns within their workplace.

People said that there was enough staff to support them safely. One person said, "I have no concerns here. I know the staff and they are helpful and supportive." We noted from the staff duty rotas that sufficient numbers of staff were allocated to ensure that people's needs were met. One person said, "There are always enough staff around." Staff told us that there were always sufficient numbers of them on duty and that they used regular agency staff when required.

The provider followed safe and robust recruitment and selection processes to make sure staff were safe and suitable to work with people. They had effective systems in place to complete all the relevant pre-employment checks, including obtaining references from previous employers, checking each applicant's employment history and identity, the nurses' registration with the Nursing and Midwifery Council (NMC) and requesting Disclosure and Barring Service (DBS) reports for all the staff. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

People said that they received their medicines as prescribed. One person said, "We never have problems with the medicines. They always check it and I get my medicines when I want it." Another person said, "I have three white tablets, two purple ones to keep me calm and one yellow one for sleeping." However, we saw that there were gaps in the medicine administration records (MAR) which indicated that they did not always keep robust records. We spoke with the manager who said that they would speak with the member of staff concerned and would discuss this issue in the staff meeting. One member of staff said that only registered nurses were trained to administer medicines. Staff's training was kept up to date to ensure they understood and were competent to administer medicines to the people who required them.

Is the service effective?

Our findings

People received care and support from staff who were trained, skilled and experienced in their roles. One person said, "Staff are helpful and they know how to help me. They talk to us and ask us how we are feeling." Another person said, "I have a key worker and I talk to them. She is very understanding and helpful." One relative said, "[name] is not well. Their mental health has gone down. Staff are keeping an eye and we are happy with the care and support [name] is receiving."

A range of training including mental health awareness, mental capacity, nutrition and diet, and managing challenging behaviour was provided for staff so that they were competent in their roles. Staff told us that they found this training very helpful in ensuring that people's needs were met. For example, they said that they used calming techniques to de-escalate people's behaviour by talking to them and engaging with them to establish the cause and triggers for their behaviour. They said that these techniques had been effective in the management of people when they exhibited behaviour that impacted negatively on others.

Staff confirmed that they had completed an induction programme when they first started work at the home. They told us that they also worked alongside other experienced members of staff so that they learnt safe procedures and practices and were competent in their roles. Staff had regular training including yearly updates so that they were aware of current safe practices when supporting people to receive effective care. Staff confirmed that they had received formal supervisions and annual appraisals where they discussed their work and identified other training or support they required for their roles. We looked at the staff training chart and noted that they had completed the relevant training, and updates for others had been planned to refresh their knowledge. Some staff had completed nationally recognised qualifications in Health and Social Care and four members of staff were currently undertaking such courses.

Staff had received training on the requirements of the Mental Capacity Act 2005 (MCA). 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 were able to demonstrate that they understood the requirements of the MCA and Deprivation of Liberty Safeguards (DoLS).

People can only be deprived of their liberty to 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). The service had assessed whether people were being deprived of their liberty under the Mental Capacity Act. Applications for deprivation of liberty safeguards for people had been made in relation to them not being able to leave the home on their own. The assessment and authorisation from the local authority supervisory board had been obtained for two people who required staff support when accessing the local community facilities.

The majority of people told us that they attended to their own personal care and some of them required

occasional prompting from staff. Staff told us that they always asked people how they would like to be supported with their personal care. Where people required help, they would let the staff know. For example, one person said, "I ask staff for help when I am not feeling well and ask for my medicines. That helps me with my anxiety." People said that they talked to their relatives or friends and staff if there were any decisions to be made about their health and wellbeing. We noted from the care records that people had signed to indicate that they had given their consent in relation to the care and support they received, including being supported to take their medicines.

People commented that the food was good and that they enjoyed the meals provided for them. One person commented, "I love the food here. Sometimes I have second helpings. My appetite is back." Another person said, "We get choices and you can have other things if you do not like what is on the menu." Care records we looked at showed that a nutritional assessment had been carried out for each person and their weight monitored. The manager said that if they had any concerns about an individual's weight or lack of appetite, they would seek appropriate medical or dietetic advice.

People had access to other health care professionals. One person said, "My healthcare needs are met. I see the GP, the psychiatrist and the community psychiatric nurse regularly." Another person said, "I see the optician when I want to. We had an optician who came and gave us free glasses. We have a chiropodist who comes in every month but you have to pay for that." People had a Care Programme Approach (CPA) review regularly where their mental health needs were discussed and medicines reviewed if required. People said that if they had any concerns about their health, they would talk to their key workers who would make an appointment for them to see appropriate health care professionals.

Is the service caring?

Our findings

People spoke positively of the care and support they received. One person said, "The care is excellent. Staff look after me and my wellbeing." Another person said, "Excellent, the best place that I have ever been. The staff are considerate. They laugh and joke with you. If you are ill, they make a fuss. They bring food to you and support you with personal care. They are very gentle." We observed the atmosphere in the home was calm and relaxed. We saw positive and caring relationships had developed between people and staff.

People told us that they and their relatives were involved in making decisions about their care and support needs. One person said, "I attend my CPA and I am involved in making decisions." Some of them told us that they had been involved in planning their care and that staff took account of their individual choices and preferences. They said that they had regular meetings with their key workers where they discussed their care needs and other support they needed. One relative said, "I am also involved in the decisions about the care and treatment for [name]."

People were complimentary about how staff provided their care and support. One person said, "The staff respect my privacy and dignity. I do my own personal care." Another person said, "If I want a bit of privacy, I just close my door. They rarely come and disturb you." They said that staff always made sure people's privacy was maintained by closing doors and curtains, and covered people appropriately to protect their dignity when assisting them with personal care. We saw staff knocked on people's doors and waited for a response before entering. One person said, "For me everything is fine here. I am happy living here. I could not ask for more." Members of staff also said that they supported people in maintaining and promoting their independence by helping them to maintain optimum physical and mental health.

Information about the service was provided to people and their relatives so that they were able to make an informed decision whether the service was the right one for them. One person said, "There is a notice board in the hallway and there is information for us to read." People maintained contact with their relatives and friends who were supportive and were aware of the care and support provided for them. People's relatives acted as their advocates to ensure that they understood the information given to them and that they received the care they needed. When required, information was also available about an independent advocacy service that people could get support from. One person said, "I have had support from the local advocacy services before."

Staff were aware of their responsibilities to maintain confidentiality by not discussing about people's care outside of work or with agencies not directly involved in their care. We also saw that the copies of people's care records were held securely within the office.

Is the service responsive?

Our findings

People had their needs assessed before they came to stay at the home. We noted from their care plans that information obtained following the initial assessment of their needs had been used to develop the care plan. Care plans were detailed and provided information on how to support people in meeting their needs. One person said, "When the manager came to see me, I answered the questions she asked. I think it is about me helping me." One relative said, "Staff understands her needs. It has been challenging at times but [name]'s needs are met."

Information about people's individual preferences, choices, and likes and dislikes had been reflected in the care records. The service used a 'recovery star' tool to assess and monitor each individual's progress in relation to their mental health, self-care, social skills, behaviour, self-esteem and responsibilities. The staff we spoke with said that the 'recovery tool' had been useful in monitoring the changes in people's mental health and the progress they have made since their admission. We noted that the care plans had been reviewed regularly and any changes in a person's needs had been updated so that staff would know how to support them appropriately. For example, one person whose needs had changed due to a relapse in their mental health received half-hourly checks and observation so that prompt treatment and support would be provided if needed.

People said that they maintained contact with their families and friends who were able to visit them. One person said, "When I get a visit, we use the little room downstairs." One relative said, "I visit [name] very regularly and I am kept informed of how [name] is doing. The staff are very good."

People were supported to follow their interests and participate in social activities of their choice. They said that they were able to access the local community facilities. One person told us, "I attend the day centre, play pool and bingo." Another person said, "I attend the computer session and I like arts and crafts. People had their individual weekly activity programme planned and this included physical exercise with the visiting fitness trainer. Most people were able to go out on their own and they accessed the local community facilities and amenities. One person said, "I like going to the local shops and play darts." As part of their ongoing programme to support people towards independent living, people were encouraged to participate in the local community activities. The manager said that they encouraged people to be as independent as possible so that they would be able to live on their own in the future.

The provider had a complaints procedure which was available to people. One person said, "I have made a couple of complaints when I did not have a key to my room and when a member of staff had shouted at me. I am happy with the way my complaints were handled." We noted from the provider's complaints records that they had received 14 complaints in the past year. Some of the concerns raised related to people being unhappy about the attitude of staff, lunch being late and their clothes that had gone missing. The manager said that these issues had been addressed individually with the people concerned. People said that they were satisfied that their complaints had been taken seriously and had been dealt with.

Is the service well-led?

Our findings

The service had a registered manager. People told us that the manager was approachable. One person said, "The manager [name] is a very nice lady. She is the best staff here." Staff told us that the manager was helpful and provided stable leadership, guidance and the support they needed to provide good care to people who used the service. We discussed with the manager how the values of the service were promoted. The manager told us that they provided a homely, safe and supportive environment so that people's needs were met. They encouraged and prompted people to maintain their health and wellbeing by caring for themselves and developing their independent living skills. They said they have a learning culture and they discussed incidents and accidents as part of 'reflective learning'. For example, when they had to report a person to the police because they had gone out and did not return, they discussed the incident with staff to find out whether they could have done anything else. The manager also told us that staff were aware of the values of the organisation and that they discussed these topics with them at their one to one meetings. Staff felt that they were supported by management to promote the values of the home which were very important aspects of their roles. They said that they worked as a team to support people in meeting their needs and they regularly discussed issues about their work including current safe practices.

Regular residents' meetings were held. One person said, "I attend the residents' meeting and we talked about bullying and if people ask for money, then we should tell the staff." Another person said, "I have made two suggestions and they have been taken on board and I am flattered by that. I suggested a communal smoking box and they have provided it."

We saw that regular staff meetings were held for them to discuss issues relevant to their roles so that they provided care that met people's needs safely and effectively. We noted from the minutes of the most recent team meeting that staff had discussed people's health and wellbeing and the day to day management of the service. Staff told us that they found the team meetings informative because they related to people, general management of the home and future events.

The manager said that they listened to people and acted on any concerns they had. We noted that the service worked closely with other agencies such as the local authority and the Community Mental Health Team to support people and seek advice as required.

As part of the service quality survey, the provider sought the views of people about the service provided. The feedback from the most recent survey carried out in January 2016 had been positive. People were generally happy with the service provided. The manager said that people had access to her on a daily basis, and that any concerns they raised would be dealt with on the day.

The manager had completed a number of quality audits. We saw records of recent audits on infection control, medicines, health and safety and care plans. The audits stated that the systems in place were effective and that there had been no issues identified that needed to be addressed. The manager said that they also carried out other audits to ensure that people lived in a safe and comfortable environment.

