Hertfordshire County Council

Isabel Court

Inspection report

1-6 Isabel Court
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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

Overall summary

The inspection took place on 30 April and 06 May 2015 and was unannounced. At our last inspection on 04 November 2013, the service was found to be meeting the required standards. Isabel Court is a residential care home that provides accommodation and personal care. It is a specialised service that provides short break respite care for up to three adults who live with learning and physical disabilities. At the time of our inspection there were three people staying at the home on respite breaks.

There was a manager in post who is in the process of registering 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.

The CQC is required to monitor the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty

Summary of findings

Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection we found that a number of DoLS authorities had been granted in compliance with the MCA 2005.

People told us they felt safe at the home. Staff had received training in how to safeguard people against the risks of abuse and knew how to report concerns both internally and externally. Flexible arrangements were in place to ensure there were sufficient numbers of suitable staff available at all times to meet people's individual needs. Safe and effective recruitment practices were followed to check that staff were of good character, physically and mentally fit for the role and able to meet people's needs.

We saw that plans and guidance had been put in place to help staff deal with unforeseen events and emergencies. People were supported to take their medicines on time and as prescribed by staff who had been trained. Potential risks to people's health and well-being had been identified, discussed with them and their relatives and reduced wherever possible.

The environment and equipment used, including mobility aids and safety equipment, were regularly checked and well maintained to keep people safe.

People were positive about the skills, experience and abilities of the staff who looked after them. We found that staff had received training and refresher updates relevant to their roles. Senior staff held regular supervision meetings with staff to discuss and review their development and performance.

People told us that their day to day health and support needs were met and they had access to health and social care professionals when necessary. We found that people had been provided with appropriate levels of support to help them eat a healthy balanced diet that met their individual needs and preferences.

Staff worked closely with people's relatives to understand how to communicate with them effectively. We saw that staff obtained people's consent before providing them with personal care and support. However, we found that the guidance given to staff about whether or not people had capacity to make their own decisions lacked consistency.

We saw that people were looked after in a kind and compassionate way by staff who knew them and their relatives well. Information about local advocacy services had been made available for people who wished to obtain independent advice or guidance.

We found that staff had developed positive and caring relationships with the people they looked after. They provided help and assistance when required in a patient, calm and reassuring way that best suited people's individual needs.

People and their relatives told us they had been fully involved in the planning, delivery and reviews of the care and support provided. The confidentiality of information held about people's medical and personal histories had been securely maintained.

We found that personal care was provided in a way that promoted people's dignity and respected their privacy. People told us they received personalised care that met their needs and took account of their preferences. We found that staff had taken time to get to know the people they looked and were knowledgeable about their likes, dislikes and personal circumstances.

There were opportunities available for people to pursue social interests and take part in meaningful activities relevant to their needs, both at the home and in the wider community. People and their relatives told us that staff listened to them and responded to any concerns they had in a positive way. However, although complaints were responded to in a positive way, we found they had not always been recorded and managed in a consistent manner.

People, their relatives and staff were complimentary about how the home operated and the supervisory arrangements. However, some relatives were not familiar with the manager and some staff felt they were not sufficiently visible.

Summary of findings

Measures were in place to monitor the quality of services provided, reduce potential risks and drive improvement. However, the manager had not personally and regularly checked key aspects of service provision in a formalised or structured way.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People told us they felt safe at the home.

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

Safe and effective recruitment practices were followed.

People were supported to take their medicines safely and when they needed them.

Potential risks to people's health were identified and effective steps taken to reduce them.

Good

Is the service effective?
The service was effective.

Some people's freedom of movement was only restricted where absolutely necessary to keep them safe and in line with the Deprivation of Liberty Safeguards (DoLS) and requirements of the Mental Capacity Act (MCA) 20015.

Staff received regular supervision and training which meant that people's needs were met by competent staff.

People were supported to eat a healthy balanced diet.

People's day to day health and support needs were met.

Good

Is the service caring?
The service was caring.

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

People and their relatives were fully involved in the planning, delivery and reviews of their care.

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

People had to access independent advocacy services.

The confidentiality of people's medical histories and personal information had been maintained.

Good

Is the service responsive?
The service was responsive.

People told us they received personalised care that met their needs and took account of their preferences.

Good

Summary of findings

The guidance provided to staff enabled them to provide person centred care.

People were positive about the social activities provided.

People were confident to raise concerns and have them dealt with to their satisfaction.

Is the service well-led?

The service was not always well led.

Systems used to quality assure services, manage risks and drive improvement were not as effective as they could have been.

People, their relatives and staff were very positive about how the home operated but felt the manager was not sufficiently visible.

Staff told us they understood their roles and responsibilities and were supported by senior colleagues.

Requires improvement

Isabel Court

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 April and 06 May 2015 by one Inspector and was unannounced. Before the inspection, the provider to 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 by law.

During the inspection we spoke with one person who lived at the home, two relatives, four staff members and the home 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 six people who had stayed at the home on short breaks and two staff files. We also carried out observations in communal areas of the home such as the lounge and kitchen dining room.

Good

Is the service safe?

Our findings

People told us they felt safe and happy when they stayed at the home. Relatives felt assured that their family members were looked after by staff who they trusted and kept people safe from harm. One person's relative said, "I trust them [staff] implicitly, all of the staff." Another relative commented, "[Family member] is safe and sound, I have no concerns."

Staff received training in how to safeguard people from avoidable harm and were knowledgeable about the risks of abuse. They knew how to raise concerns, both internally and externally, and how to report potential abuse by whistle blowing. Information and guidance about reporting concerns, together with relevant contact numbers, was displayed at the home and had been provided both to staff and people who stayed there. We saw that when people arrived at the home they were also given tips and advice about how to enjoy themselves while at the same time maintaining their personal safety. For example, they were provided with guidance and support about how to use the internet safely and in a way that avoided exposing them to the risks of abuse.

People wherever possible and their relatives were involved in discussions about how identified risks to their health and well-being would be managed, not only to keep them safe during their stay, but also in a way that maximised choice and promoted their independence. For example, we saw that some people were supported to take their own medicines and access the community in a way that minimised the risks but also enabled them to exercise choice and control in a safe way.

We saw that risk assessments were reviewed on a regular basis to take account of people's changing needs and personal circumstances. This included in areas such as personal safety, mobility, health needs and nutrition. "We encourage people to try new things, to increase their independence wherever possible, for example by using public transport." A relative commented, "They [staff] have managed to get [family member] to come out of their shell, to leave their room and mix with others. It's been a hard slog but they've persevered and encouraged them to be more sociable, to develop new social skills."

We saw that on occasions some people who stayed at the home displayed behaviour that challenged in a way that had potential to adversely affect others. Detailed guidance had been drawn up, in consultation with people's relatives, which helped staff to understand potential triggers to the behaviour, recognise the signs and use effective techniques to distract and support people safely. Staff were knowledgeable about this guidance, how to apply it in practice and had developed an in-depth understanding of how to communicate with people effectively in difficult circumstances. We found that injuries, accidents, falls and other incidents had been recorded and investigated thoroughly to identify the causes, reduce the risks of reoccurrence and minimise the risks of abuse.

We found that safe and effective recruitment practices were followed to check that all staff who worked at the home, including temporary and agency staff, were of good character, physically and mentally fit for the role and able to meet people's needs.

Relatives and staff told us that although very busy, particularly at weekends, there were normally enough suitable members of staff available at all times to meet people's needs. One person's relative said, "There always seems to be enough staff around from what I've seen. Of course they are very busy and at times could probably do with some extra help, depending upon who is there. Some people have very complex needs." A staff member commented, "There are enough staff most of the time but it can get a bit stretched on weekends, particularly if people have high dependency needs, but we still manage to cope."

Senior care staff told us that staffing arrangements were kept as flexible as possible to ensure they could tailor deployment to meet the varying dependency needs of people who stayed at the home at any given time. We found that staff engaged on a modern apprenticeship scheme were also used to good effect and there was always a senior member of staff on-call and available out of hours if required.

People were supported to take their medicines by staff trained to administer medicines safely. There were suitable arrangements for the safe storage, management and disposal of people's medicines.

We saw that plans and guidance had been put in place to help staff deal with unforeseen events and emergencies which included relevant training, for example in fire safety. Personal evacuation plans, tailored to people's individual health and mobility needs, had been drawn up for every

Good

Is the service safe?

person who stayed at the home. Regular checks were carried out to ensure that both the environment and equipment used, including mobility aids and safety equipment, were well maintained which helped to keep people safe.

Good

Is the service effective?

Our findings

During our inspection we saw that staff explained what was happening and asked people for consent before providing personal care and support. Many of the people who stayed at the home were either unable to communicate verbally or had limited means of communication available to them. We found that staff had worked closely with people's relatives and carers to learn and understand how to communicate with people effectively and obtain their consent in a way that took full account of their individual needs and personal circumstances.

One person's relative commented, "The staff have worked really hard to get to know them [family member], how to communicate and support them to do what they want to do." A staff member told us, "We get to know [people who stay at the home] and how they communicate. This can change over time so we update care plans with any new communication behaviours. People may do things here that they don't do at home, so we update family as well."

We found that guidance provided to staff about whether or not people had capacity to make all or some of their own decisions lacked consistency. In some cases it was clear that assessments had been carried out and, where people were found to lack capacity, that relatives had been asked for their agreement and consent regarding the care and support provided. However, in other cases where family members had provided consent on behalf of their relative, it had not been made clear why, whether an assessment had been carried out or if the person concerned lacked capacity or not. This meant that the guidance provided was not as clear or effective as it could have been. We spoke with the manager about this who agreed that improvements were needed in this area.

Staff received training about the Deprivation of Liberty Safeguards (DoLS) and how to obtain consent in line with the Mental Capacity Act (MCA) 2005. They were knowledgeable about how these principals applied in practice, which people had DoLS authorities in place, the reasons why and the extent to which their freedoms could be restricted to keep them safe. We saw that where people's freedoms had been restricted, for example through use of bed guards at night to prevent from people falling, the necessary DoLS authorities had been obtained.

People and their relatives were positive about the skills, experience and abilities of the staff who worked at the home. One person told us, "I like all the staff, they are good." A relative commented, "The staff are excellent, they are wonderful, so on top of what is needed, they all go above and beyond." New staff were required to complete a structured induction programme, during which they received relevant training and had their competencies assessed in the work place, before being allowed to work unsupervised.

We found that staff had received training and regular updates in areas such as moving and handling, infection control, dementia awareness, epilepsy, food hygiene and safety, medicines and first aid. One staff member said, "We get good training. If you need it and ask you get it, no restrictions on that. We asked for and got training about [a complex health condition] because two people [who come here] have it. I learnt a lot." Staff told us that training was both good quality and relevant to the roles performed, often delivered at the home by specialists in their field and arranged by an on-site training coordinator. For example, a speech and language therapist (SALT) delivered awareness training about how to thicken people's food safely and the local authority lead on moving and handling used equipment at the home to demonstrate safe techniques.

Staff told us they felt well supported by their seniors who arranged regular 'one to one' supervisions with them to discuss individual performance, welfare and development issues. One staff member told us, "I feel supported by my team and the seniors. I get lots of support from the seniors and have regular supervisions." Another commented, "We have regular supervisions which are useful and help because we can discuss issues and problems." We saw that all staff had access to an employee reward scheme that offered additional support in areas such as flexible working and counselling.

Staff told us that senior support workers arranged staff meetings on a regular basis where they had the opportunity to discuss care and working practices, key messages and any areas of concern. We saw that topics discussed had included emergency response plans, dignity and care principles, equipment and health and safety issues. One staff member commented, "We have regular

Good

Is the service effective?

staff meetings. Agenda displayed on wall and we are encouraged to share views and have our say. They are normally run by the seniors but the manager goes along sometimes."

People told us they had enough to eat and drink at the home and liked the food that was provided. On the day of our inspection they looked forward to eating a homemade fish pie that had been freshly made by staff. There was a large water dispenser in the kitchen with a large selection of fruit juices and squash for people to choose from together with bowls of fresh fruit. A relative told us, "They [staff] know exactly how to support [family member] with food and drink." Another person's relative commented, "They [staff] have learnt to recognise what they [family member] wants to eat and drink."

We found that staff were very knowledgeable about people's individual dietary requirements, some of which were quite complex, and what support they required to help them eat and drink. One staff member told us, "We sit down with people and ask what they want to eat. We are flexible with menus and have lots of options that take account of any special dietary needs." There were picture and 'easy read' menus available to help people decide what they wanted and, wherever possible, they were involved in developing the menu. The guidance provided to staff about people's nutritional needs was comprehensive and took account of people's religious beliefs, allergies, likes and dislikes. For example, information about one person advised staff they preferred white bread with the crusts cut off and guidance relating to another highlighted that chocolate should be avoided as caused the person to become unwell.

People's relatives told us that the day to day health needs of their family members were met in a timely way by staff who knew how to support and care for them in a safe and effective way. They were supported to see their own GP if necessary and had access to other health care specialists who were available to attend the home as and when required, for example SALT, occupational therapists and district nurses helped people who lived with diabetes to take their insulin. One person told us, "[I am] well looked after, [I get] everything I need." A relative commented, "I always deal with the seniors and their staff, all of whom are excellent and really know [family member] and their needs." Another person's relative commented, "[Family member] is very well looked after."

We saw that staff had access to detailed and up to date guidance about people's physical and mental health needs that had been developed in close consultation with people's relatives and, where necessary, relevant health and social care specialists. A member of staff told us, "People get very well looked after here." Another commented, "I know all of the service user's and am familiar with their needs."

Good

Is the service caring?

Our findings

People told us they were looked after in a kind and compassionate way by staff who knew them well and were familiar with their needs and preferences. One person said, “Nice people. They [staff] care and look after me.” A relative told us, “They [staff] are all very kind and caring, they really do go above and beyond. They respect everyone as individuals and treat them like I would at home.” People’s relatives told us there were no restrictions as to when they visited and that they were always made to feel welcome. One family member commented, “I pop in unannounced at different times of the day and at weekends.”

We saw that information about local advocacy services had been made available for people who wished to obtain independent advice or guidance. Confidential information about people’s health needs and medical histories was held securely and could only be accessed by authorised staff.

People’s relatives and carers told us they had been fully involved in deciding how care and support was provided. “They [staff] asked about my views and I get involved in what goes on.” They were invited to take part in reviews about how people were cared for and helped to provide the information and guidance staff needed to look after people safely. One relative said, “I have been fully involved in deciding what care and support they get and how, their needs are very complex. I have provided a lot of guidance that staff follow without fail.”

We saw that staff had developed positive and caring relationships with the people they looked after. They provided help and assistance when required in a patient, calm and reassuring way that best suited people’s individual needs and how they wanted to spend their time. One staff member explained how they had supported somebody who needed their help, “I walked with someone to the town to help them buy something for their mum, they were really pleased.” Staff were clearly knowledgeable about the people they cared for and knew how they liked to be supported. Another staff member told us, “People are made to feel very welcome here. We build relationships based on trust.” A relative commented, “[Family member] loves going there [Isabel Court] and is very happy.”

We saw a number of positive and caring interactions between staff and the people they looked after. For example, we saw that one person was helped to position their wheelchair in a favoured spot in the main corridor. This meant they had a good view of the communal lounge, kitchen and main office where they enjoyed ‘people watching’ and what went on around them. A relative told us, “Staff involve [family members] with others, they are not excluded.”

We saw that staff supported and cared for people in a kind and respectful way that promoted their dignity and took full account of their individual needs and personal circumstances. One person’s relative commented, “The staff are absolutely brilliant and do everything we ask, [family member] is really happy here.”

Good

Is the service responsive?

Our findings

We found that people received personalised care that met their individual needs and took account of their preferences. One person told us, "They [staff] help me with my shopping. I like shopping, watching DVD's and listening to music. My room is nice." Relatives told us that staff consulted them about how to communicate with their family member's effectively so they could better understand their needs and how to meet them in a person centred way. One person's relative told us, "It's brilliant. The staff are really good with [family member] and have a good rapport. They can't communicate but staff have had lengthy chats with me about different noises and body language." Another relative said, "They [staff] have learnt how to communicate, it has been difficult but with lots of patience they have persevered through trial and error and getting to know them and their changing moods."

Before people stayed at the home they were invited to visit, with their relatives if preferred, to familiarise themselves with the environment and meet the staff. This gave them, staff and family members the opportunity to make sure that the service was able to respond to their individual needs in a safe and effective way. People could visit more than once before they made a final decision, including an overnight stay if required, and to make sure that the service was right for them. If they decided to stay at the home, staff worked closely with them and their relatives to plan and deliver care that was both tailored and responsive to their needs. One staff member told us, "We talk with people and find out about their needs and what they want from the service. We plan a stay based around people's specific needs and what they want to do."

Staff had access to detailed information and guidance about how to look after people in a person centred way that took full account of their health and social needs, preferences, likes and dislikes. This included information about people's preferred routines, personal hygiene, medicines, mobility requirements, continence and nutritional needs. For example, one person had a complex health condition which meant that staff were required to strictly monitor and help control the amount of fluids they consumed on a daily basis. We saw that staff produced a chart specifically designed to cater for that persons health needs and accurately monitor their fluid intake in a safe and effective way.

People and their relatives were positive about the opportunities available for people to pursue their social interests or take part in meaningful activities that were relevant to and met their needs. We saw that staff supported people to continue with pre-arranged activities and routines, for example by helping them to attend college and day centres. They also encouraged, trained and supported people to use public transport, access local facilities and amenities and be as independent as possible in the circumstances. A relative told us, "They [staff] always involve and encourage them [family member] to get out and about and involved wherever possible."

We saw that people had their own bedrooms, with en suite bathroom and toilet facilities, together with a range of specialist equipment designed to meet their mobility needs, for example electronically controlled hoists to help people transfer in and out of bed. They also had access to a communal lounge with TV, PlayStation, Karaoke machine, games, books, magazines, music and films. Staff helped people to grow and look after plants in the communal garden and supported them to go shopping, bowling and have meals in a local pub.

A staff member told us, "We try and support people the best we can. Some have helped with planting and watering the garden. We also take people bowling, to the local shops and go for long walks." We saw that one person who stayed at the home was given their own box of magazines to use because they often liked to rip and tear them up. This meant they could do so without spoiling other people's enjoyment of materials provided in communal areas.

People's relatives told us that staff listened to them and responded to any complaints or concerns they had in a positive and timely way. One person's relative said, "The staff are very supportive to me, they listen to me and have been there for me." We saw that people were asked to share their views and experiences about the services provided after each stay. The feedback received was generally very positive and included comments such as, "It's the only other place besides home that I feel like is home, [staff] always kind and try to keep me occupied" and "They [staff] always know my likes and dislikes, are always nice and supportive of me."

We also saw that any issues or concerns raised were responded to in a positive way. For example, one person's relative fed back that it would be useful to know how their family member used pocket money they had been given.

Good

Is the service responsive?

Senior staff took the issue forward and made sure that colleagues made a note of how money had been spent and shared the information with relatives. Another person's relative commented, "I have no complaints or concerns. Whenever I have had any issues, worries or concerns the staff have been very quick to put things right."

However, we found that the way in which complaints had been recorded, investigated and dealt with lacked consistency. In some cases it was not made clear whether or not issues raised, either by a person who had stayed at the home or a relative, had been responded to and dealt with as negative feedback, minor 'grumbles' or a formal complaint. This meant that the systems used were not as effective as they could have been in all cases because the information received had not been assessed, logged and responded to in a consistent manner. We spoke with senior care staff about this who acknowledged that improvements were needed in this area.

Requires improvement

Is the service well-led?

Our findings

People, their relatives and staff were very positive about how the home was run. They were complimentary about the senior support workers in particular who they felt were approachable, supportive and demonstrated visible and strong leadership on a daily basis. One person's relative said, "The seniors are excellent, absolutely brilliant, lovely. They are great with me, [family member] and the staff." A staff member commented, "The home is well run by the seniors and I feel very well supported by them."

During our inspection we saw that senior support staff demonstrated a 'hands on' approach when supervising staff and overseeing how people were looked after and supported. They had a good knowledge of everyone who stayed at the home, their family members and the staff they supervised. They were also knowledgeable about the provider's mission and values, based on providing high quality, person centred care responsive to people's individual needs. These care values and principles, together with relevant aspects of the dignity challenge initiative, were discussed at staff meetings and supervisions to ensure that everybody understood how to deliver safe and effective care. We found that staff were aware of their roles and responsibilities and knew what was expected of them.

However, some people's relatives told us that they were not familiar with the manager and rarely saw them when they visited the home. They explained that most of their contact about family members who stayed there and the care provided was with senior staff and support workers. Staff told us they knew who the manager was and where their office was located but did not see them in the home that often. The manager, who worked from an office in a different part of the building to that used by the short break service, told us that they operated an 'open door' policy. They had not yet had the opportunity to observe, shadow and personally check on the levels of service provided in the home as often as they would have liked. They were only able to attend staff meetings every now and then due to other commitments. For example, the manager was also responsible for a supported living care service, with different staff and service users, that operated from another part of the same building. This meant that the effectiveness of management arrangements at the home may not always have been as supportive or effective as it could have been.

We found that people's views, experiences and feedback about how the home was operated, together with those of family members and staff, had been obtained through a combination of regular meetings, both formal and informal, and the use of surveys and questionnaires. We also saw that issues raised and suggestions made were responded to positively with a view to driving service improvement. For example, arrangements have been made to install Wi-Fi and improve internet access as a direct result of suggestions made by people who stayed at the home.

Staff had been supported to obtain additional skills where appropriate as part of their personal and professional development. This included the provision of awareness training to help staff understand and better support the people they cared for, some of whom lived with complex health conditions.

Some measures had been taken to identify, monitor and reduce risks at the home. These have included comprehensive reviews carried out by a senior representative of the provider in areas such as health and safety, safeguarding, DoLS, the standard of care planning and delivery, recruitment, medicine and staff supervision practices. We saw that where problems had been identified positive and timely action was taken to both rectify the situation and reduce the likelihood of reoccurrence. These were linked to service improvement plans designed to improve the overall quality of services provided.

For example, medicine errors were properly recorded, reported and investigated with learning outcomes shared at staff meetings and supervisions. Staff members involved in such incidents were supported through reflective learning and provided with refresher training where necessary and appropriate. They were then observed in the work place where their competency to support people with medicines was assessed and signed off by a senior colleague.

Regular checks were also carried out by senior support workers and their staff to ensure that the environment, equipment used and care provided remained safe and effective at all times. This included reviews of medicine

Requires improvement

Is the service well-led?

records, safety procedures and the guidance used by staff to provide care and support to people who stayed at the home. The manager told us that they trusted staff to carry out these checks properly and to an acceptable standard. However, when asked to explain how they personally checked that all aspects of the services provided were safe and effective they told us that, other than 'signing off' care assessments and guidance, they only carried out checks and observations on an ad hoc and infrequent basis. Again, this meant that the systems used to reduce risks and monitor the quality of services provided may not always have been as effective as they could have been.