

HSN Care (Bricket Wood) Limited

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Inspection report

2-4 The Kestrels
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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

2-4 The Kestrels is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. They are registered to provide accommodation for up to twelve people with a learning and or a physical disability. At the time of our inspection there were twelve people using the service.

At the last inspection on 9 March 2017 we rated the service as 'requires improvement'. At this inspection we found that the service was still rated as requires improvement under the safe and well led domain.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We received mixed feedback about how the service operated and was managed. Some feedback was extremely positive while other was less so and raised a number of concerns relating to issues across the service from the overall management, staffing, activities, food and security.

People who used the service were unable to communicate with us due to their complex medical conditions. We observed staff to support people safely during our observations and staff told us they knew how to keep people safe from risks both at the service and when they supported people out in the community. Staff received appropriate on-going training and were supported by the management team to help them carry out their roles safely and effectively.

People had detailed care plans in place and risks were assessed and kept under regular review to help ensure that risks to people's safety were mitigated where possible.

Medicines were not consistently managed safely by staff although they had been trained. We found that staff did not always follow the correct process for administering and record keeping around medicines.

People were protected from the risk of infections by staff who ensured the environment people lived in was clean and infection control measures were in place. Staff told us they used personal protective equipment when providing personal care.

People were cared for by adequate numbers of staff who met people's needs in a timely way. Recruitment processes were undertaken through a recruitment agency and pre-employment checks were completed by them. We found that some of the staff who worked at the service did not have a full command of the English language which made their communication with people who used the service difficult.

People's family members were involved in planning and reviewing the support they needed. People were unable to sign their own care plans to consent to their care and we saw that family members had signed them on their behalf where it was appropriate to do so. The management and some staff were aware of mental capacity assessments and how MCA principles applied in their day to day care and support of people.

People were able to participate in a range of individual activities and pursue hobbies that were of interest to them.

People's families were asked for their feedback about the service people received. Although some of the people who provided feedback told us they did not feel much changed as a result of their feedback others said that they felt 'listened to'.

People's family members and staff told us they were mostly happy with how the home was managed but some told us they felt things needed to be improved.

The registered manager and the provider carried out regular audits of the service and undertook quality assurance checks to help ensure the quality of the service was continually improved.

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 

Peoples medicines were not consistently managed safely.

Peoples family members were concerned about security at the service.

Accidents and incidents were recorded but there was no evidence of learning from these events.

People were cared for by sufficient numbers of staff who were recruited through a recruitment agency who completed pre-employment checks.

Risks to peoples safety were assessed and kept under regular review.

People were protected from the risks of harm because staff were aware of how to identify and report concerns.

People were protected from the risks of cross infection because there were systems in place to monitor the hygiene of the service.

Is the service effective?

Good 

People's relatives told us that overall the service provided was appropriate to meet people's needs.

People received care from staff who knew them well and had the knowledge and skills to meet their needs.

Staff completed an induction when they commenced employment at the Kestrels and a programme of on-going and refresher training was in place to support staff to provide effective care.

People were supported with daily choices and staff were aware of the need to obtain peoples consent in line with MCA principles.

People were supported to eat and drink sufficient amounts to

maintain their health and were offered choices.

Peoples day to day health needs were taken into account and they were supported to attend appointments when required.

The service design was purpose built to meet the needs of the people who lived there.

Is the service caring?

Good ●

People's relatives were happy overall with the staff that provided people's care.

People were treated with dignity, respected their privacy and supported them to remain as independent as possible.

People received care, as much as possible, from the same care staff or team.

People's care records were stored securely to maintain the dignity and confidentiality of people who used the service.

People's family members and relatives were regularly invited to participate in the review of peoples care needs.

Is the service responsive?

Good ●

People's care needs were kept under regular review to help ensure the care provided continued to meet people's needs.

People's relatives where appropriate, had been involved in developing people's care plans.

People's care plans were sufficiently detailed to inform staff how to support people in a responsive way.

Concerns and complaints raised by people who used the service or their relatives were appropriately investigated.

Is the service well-led?

Requires Improvement ●

Peoples relatives did not feel the service was well led or managed.

Although there were auditing systems in place they did not always pick up on the issues reported through feedback.

Staff told us that the registered manager were supportive.

People received opportunities to provide feedback about the service they received on an individual basis.

There were quality assurance systems in place to help monitor the service and drive improvements.

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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 checked 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 7, 8 and 15 December 2017 and was unannounced. The inspection was undertaken by one inspector on the 7 and 8 December and two inspectors on the 15 December 2017. Further information was received on 6 January 2018.

Before the inspection the provider completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We received the completed document on 10 November 2017 and reviewed the content to help with planning our inspection and decide what areas we needed to look at during our inspection. 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.

During the inspection we were unable to obtain feedback from people who used the service due to their complex medical conditions. However we spoke with two family members and received feedback from a further six families of people who lived at the Kestrels. We spoke with four staff members, the two registered managers, the nominated individual and one of the directors. We also reviewed the last contract monitoring report carried out by the local authority and commissioners.

We reviewed care records and risk assessment relating to four people who used the service, staff training records and other documents central to people's health and well-being. These included staff training records, medication records and quality monitoring audits. We also looked at recruitment records and processes.

Is the service safe?

Our findings

Medicines were not consistently managed safely by staff although they had been trained in how to administer medicines safely. We found that staff did not always follow the correct process for administering and record keeping around medicines. We checked a random sample of medicines and the stock balance of a liquid medicine and found a discrepancy in both the stock balance and the way in which the daily records had been recorded. For example, we noted that the actual balance was 870 MLS and the record stated a stock of 1120MLS.

We discussed our findings with the registered manager and the senior management team. The registered manager told us that 300 MLS of stock had been given to the family for them to administer the medicines while the person was at home weekends. There was no formal process in place to regularly monitor and manage medicines which were given to family members to administer.

We also found that the administration record for these medicines had been changed i.e. they had been written over and a new column added to the record with different amounts of the stock balance which meant that each record was incorrect.

The senior management team investigated the discrepancy and told us that as part of their findings they found that staff were drawing up very slightly more than the prescribed dose to check that the syringe was working properly and smoothly, prior to administration. In response to these findings the registered manager had undertaken a check of the stock of the medicines and started a new record with the current stock balance. Staff had been instructed that all spillages must be recorded and daily checks were now being undertaken so that any discrepancies identified can be reported. All staff have been retrained in the safe and correct administration of medicines, along with accurate recording.

A family member also told us there had been an issue with their relative's medicines. The family member told us the issue appeared to have arisen through a medicine label having an incorrect dosage recorded which no one had picked up on. This raised concerns with the family member about a lack of cross referencing of medicine labels especially when people's prescribed medicines changed. Although the matter had been sorted out it had impacted on the person's health and wellbeing and meant that their symptoms had not been managed effectively. The registered manager told us they had changed the pharmacy and put additional checks in place to help reduce the risks of such errors happening and not being identified.

Family members raised concerns about security at the service, for example being able access the building without staff knowing. One family member told us that on occasions the doorbell had not been working and they had been left outside. They told us they entered the building through the fire exit which was open from the outside. The family member told us that there was a risk of anyone being able to enter the building without staff knowing. We discussed this with the management team who explained that the doorbell had been faulty and this had been resolved. The CEO told us there was CCTV covering the entire outside of each of the bungalows, doors were locked at night and security was not an issue. Staff confirmed this to be the case. There was no evidence of any security incidents.

Accidents and incidents were recorded but there was no evidence of learning from these events. We spoke to the registered manager about how this might be improved in the future to help prevent reoccurrences and use this to learn from the events.

People were cared for by sufficient numbers of staff who were recruited through a recruitment agency who completed pre-employment checks on behalf of the provider. We requested additional information to help us assess that these recruitment checks were robust. The recruitment profiles we reviewed provided limited information and we concluded the information provided did not demonstrate that either the provider or the agency had assessed that the applicants were of good character. For example there was no information on the profile to help assess the person's background or suitability to work in this type of service. The information from the recruitment agency said 'yes' to references but there was no evidence of what the references actually said. One of the senior management team did provide some additional examples of checks that were undertaken however this was an area that could be improved. Feedback from family members told us that there were frequent changes of staff.

Risks to people's safety were assessed and kept under regular review. We saw that people had individual risks assessments for all aspects of their everyday living. This included things like mobility, choking, skin integrity and mobility. Where possible risks were mitigated to help keep people safe.

People were supported by staff who had a clear understanding of how to keep people safe. This included how to recognise and report abuse. Staff received regular training and updates. However one staff member we spoke with had difficulty explaining how to recognise and or report abuse. This was because English was not their first language.

We spoke with the registered manager about this and they told us staff were being supported to learn English and they were constantly monitoring staff's ability to communicate verbally and how to complete records such as daily logs.

People were protected from the risks of cross infection because there were systems in place to monitor the hygiene of the service. We observed the homes to be clean with no malodours.

Is the service effective?

Our findings

People's relatives told us that overall the service provided was appropriate to meet people's needs. However one relative told us, "There is such a turnover of staff I don't always feel staff have the skills and experience to support people confidently." Another relative told us "The staff are all very good and I have no concerns about the knowledge and experience of the staff."

Staff completed an induction when they commenced employment at the Kestrels and a programme of ongoing and refresher training was in place to support staff to provide effective care. The induction included service specific sessions such as fire safety, policy and procedures, meeting people who lived at the service and reading people's care plans.

People received care from staff who knew them well and had the knowledge and skills to meet their needs. Staff received training to support them to be able to care for people effectively. The training included moving and handling, administration of medicines, mental capacity and safeguarding as well as specific training such as epilepsy. Staff told us that they felt supported and were able to request additional training if required. One staff member told us, "Although I have done a lot of training through the agency I have done many sessions since I have been working here". This helped ensure staff had the necessary skills to support people effectively.

People were supported with daily choices and staff were aware of the need to obtain people's consent in line with MCA principles. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty 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 registered manager demonstrated a clear understanding of when it was necessary to apply for an authority to deprive somebody of their liberty in order to keep them safe. They were aware of what steps needed to be followed to protect people's best interests and how to ensure that any restrictions placed on a person's liberty was lawful and they had their human rights to freedom protected. Applications were in place and some had been authorised while others were awaiting an outcome. We saw that the registered manager had contacted the DoLS team to chase these up and had been advised there was a back log.

People were supported and encouraged to make their own choices about how they wanted to live, what they wanted to do and offered choices in all aspects of their day to day living. One staff member told us, "Although the people who live here do not communicate verbally they can let you know what they want and don't want". Family members confirmed that they observed staff offering people choices. People's choices, preferences and needs were shared with professionals to help ensure a consistent and seamless approach to people's support for example, dieticians and physiotherapists.

People were supported to eat and drink sufficient amounts to maintain their health and were offered choices. Specialist diets were catered for as well as culturally appropriate diets for example in one of the bungalows the diet was Kosher which met the needs of all the four people who lived in that bungalow who required a kosher diet.

People's day to day health needs were met in a timely way and they had access to health care and social care professionals when required. For example their GP, speech and language team (SALT) occupational and physiotherapists. One relative told us, "The staff are very good that support [Name] to attend any health related appointments if we are not available to take them."

The service design was purpose built to meet the needs of the people who lived there. We saw people's bedrooms were personalised to reflect people's personalities, likes and dislikes. People had many personal effects which included games, soft furnishings family photos and sensory equipment.

Is the service caring?

Our findings

Views and feedback about whether the service was caring varied. Some relatives were happy overall with the staff that provided people's care. However, we received some negative feedback from some family members. One relative told us, "The staff turnover has impacted on the quality of care; staff does not get a chance to get to know the people well and some of the staff who have worked well with [Name] has left the service now."

Other feedback included comments such as, "Staff always seem really friendly and try to please. Some are excellent and really caring and do over and above what is required." However relatives went on to say, "We don't know some of the staff and there have been so many changes again recently. Too many changes of care staff, they then get moved on – it's inconsistent". Another family member told us, "We are generally very happy with all these aspects of care at The Kestrels. Our relative is always extremely well cared for and is very happy in her home there. We are happy to know and see that they are happy."

We found that people's experiences varied and much of the feedback related to the staff turnover at the service which appeared to have the greatest impact on people's feedback. During our inspection we observed staff interacting in a caring way with the people they supported.

People were treated with dignity and staff respected their privacy and supported them to remain as independent as possible. We observed staff supporting people in a gentle respectful way. For example when communicating with people they made eye contact and used body language that enabled the people they were supporting to be able to understand them. Staff told us they ensured people's privacy was maintained by taking them to their individual bedrooms when assisting with personal care.

People received care, as much as possible, from the same care staff or team. Where possible agency staff were 'block booked' so that staff who worked at the service worked regular shifts. Staff told us that they worked across the service however where possible they supported the same people to enable to build a rapport with them and get to know their needs very well.

People's care records were stored securely to help maintain the dignity and confidentiality of people who used the service. Information was only shared with staff and people who had the right to access it.

People's family members and relatives were regularly invited to participate in the review of people's care needs. Relatives told us they were invited to contribute in the development and review of people's care and support plans.

Relatives were invited to visit family members at all times. However as many of the young people were out and about every day the registered manager told us that sometimes family would call them to check when their relatives were at home.

Is the service responsive?

Our findings

People's care needs were kept under regular review to help ensure the care provided continued to meet people's needs. People's relatives told us they had been involved in developing people's care plans and in particular if there were any changes. We saw that people's relatives were involved with review meetings where appropriate. People's changing needs were responded to appropriately and actions were taken to improve outcomes for people. For example, people all had specialist equipment in place to help ensure their mobility could be maximised. We saw that people had ceiling tracking hoists to assisting with transfers. People also had sensory equipment to help engage and stimulate interaction.

People's relatives where appropriate, had been involved in developing people's care plans. Relatives told us they were invited to contribute to people's support plans and we saw they contained detailed and personalised information to enable staff to support them as individuals. For example one care plan we reviewed contained detailed information about how to support the person with their epilepsy needs. In the case of another person the support plan contained specific information relation to their dietary needs which and how to support them with eating and drinking safely.

Staff told us that as all the people they supported required a mechanical hoist for transfers and that they worked in twos to provide personal care and for all transfers. One staff member told us, "We work with individuals on a 'one to one basis'." We saw from records that people had individual activity plans and most people had a planned activity each day. This enabled people to participate in activities and pursue hobbies that were of interest to them.

One relative told us, "The staff have always strived to ensure that [Name] choices are maximised and, despite their lack of physical capacity, they have been able to participate in a range of sporting activities, including sailing and ice skating, that were unthinkable for them before moving to The Kestrels". They went on to say, "They are able to shop, eat out and enjoy a very active social life which is the direct equivalent of non- disabled peers and have been able to make friendships with housemates that are obvious and tangible." One relative told us, "As a family we have been able to be with [Name] on family occasions which enables them to enjoy everything that is going on including regular trips home for dinner which have enabled and supported [Name] to become part of the family circle again after many years away which has been life changing for all concerned including siblings and elderly Grandparents".

Concerns and complaints raised by relatives of people who used the service were appropriately investigated and resolved. Overall people's relatives told us that they would be confident to raise any concerns with the registered manager. For example one person said, "I have never had to make a complaint but I would know how to if I needed to and would always be able to talk with one of the managers." Another person told us, "No, I have not made a complaint, but I have raised a couple of points with the manager and they were addressed." However other feedback was less positive. One relative who told us, "We have often raised points but they are not always addressed and we have to chase the registered manager for a response".

We discussed this with the provider who told us they regularly monitored communication and felt that

sometimes people's expectations could not be met due to a reliance on third parties for example in the case of ordering equipment.

We reviewed records of complaints received by the service and found that overall they had been responded to but there was still one complaint outstanding which the management team were in the process of responding to. The management team demonstrated that they were keen to make improvements and had also received plenty of positive feedback and compliments.

Is the service well-led?

Our findings

The service had a registered manager in post. There was also a senior management team who regularly supported the service. However people's relatives did not feel the service was well led or managed. We received mixed feedback about people's views of the overall management of the service.

One relative told us, "I feel the management team don't engage fully with relatives". Another family member told us, "There is still a culture of secrecy, a lack of knowledge and experience from key operational staff and owners, and this is impacting on residents, staff and families adversely". For example relatives felt they were unable to approach management because they were defensive and they were concerned about the impact it might have on their family members who lived at the service.

Another relative told us, "When we have raised concerns they do not always get addressed". For example a relative told us they had reported a faulty piece of equipment but the item was not repaired in a timely way. The family chased this up with the registered manager who told them they were about to contact them to give them an update. People raised concerns about staffing changes and on-going recruitment, food choices, activities, laundry, hygiene, maintenance of the homes and safety under the general feedback. We summarised the feedback and discussed each point in detail with the senior management team.

The senior management team acknowledged that things were not perfect at the home but did demonstrate that they were committed and working hard to address many of the issues people had raised. In fact we saw evidence that some of the issues brought to our attention had been addressed and actions were in place to address any outstanding matters. Such as maintenance of the building, staffing levels and recruitment and improved cleaning schedules. This showed that the management team were committed to making improvements for the benefit of the people who used the service

Although there were auditing systems in place they did not always pick up on the issues reported through feedback. We found that some of the issues we found at the inspection had not been picked up as part of the provider's quality monitoring systems. For example, the audits on medicines had not detected the practice staff had been using when administering medicines. This meant that the issues had been able to continue for some time undetected. One family member told us that the 'state of the art' purpose built service had not reached its maximum potential yet and areas such as timely maintenance were problematic.

People's relatives were able to meet the senior management team on an individual basis to discuss individual issues and concerns but there were no 'relatives and or residents' meetings in place. The provider told us that this was because of the values of the service and the belief that able bodied people in shared accommodation would not necessarily have 'open' and shared meetings. However, relatives and family members felt there were some common and more general themes that could be discussed in an open forum. The provider told us they were in the process of providing a 'family based portal' to enable family and relatives to access information. Access would be password protected. However this was not up and running at the time of our inspection.

Staff told us that the registered manager was supportive. There was little evidence of regular staff meetings or the actions identified as part of any discussions. Although some meeting notes had been made they could better be recorded as a means to monitoring agreed actions.

There were quality assurance systems in place to help monitor the service and drive improvements. These were kept under regular review and the senior management team demonstrated an appetite to continually improve the standards at the service. The provider told us that they were in the process of preparing a questionnaire to send out to all stakeholders to enable them to get feedback.

Following a recent contract monitoring visit in November 2017 a number of issues were identified and following the visit an action plan had been developed and actions were in place to address each of the areas where a shortfall had been identified. However, some of the actions were incomplete at the time of our inspection which had been 'rag' rated to prioritise those which carried the greatest risk.