

# Watford And District Mencap Society

## Thorpedale

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on 16 June 2017 and it was unannounced. At the last comprehensive inspection in December 2015, we asked the provider to take action to make improvements to the assessment of risks to people living in the service and the information provided to staff in order to mitigate those risks. We also found a lack of evidence with regards to people giving their consent to receiving care and treatment at the service and people's care had not been provided in accordance with the requirements of the Mental Capacity Act 2005 (MCA). This was because assessments had not been carried out to check whether people had mental capacity to make informed decisions about specific aspects of their care. We received a provider action plan which stated the service would meet the regulations by August 2016.

During this comprehensive inspection we found that improvements had been made in all areas that we had previously identified.

Thorpedale provides accommodation, care and support for up to seven people with a learning disability. Some people may have a diagnosis of autistic spectrum disorder. At the time of our inspection there were seven people living at the service.

The service has a registered manager. 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.

People felt safe. Staff were knowledgeable with regards to safeguarding people and understood their responsibilities to report concerns. There were effective safeguarding procedures in place and staff had received safeguarding training.

Potential risks to people's health, safety and wellbeing had been identified and personalised risk assessments were in place. The assessments gave clear guidance to staff on how individual risks to people could be minimised.

People received their medicines as prescribed. There were effective systems in place for the safe storage and management of medicine and regular audits were completed.

There were sufficient numbers of staff on duty to meet people's needs. Staff recruitment was managed safely and robust procedures were followed to ensure that staff were suitable for the role they had been appointed to, prior to commencing work.

Staff received regular supervisions and appraisals and felt supported in their roles. A full induction was completed by staff when they commenced work at the service followed by an ongoing programme of training and development. Staff were positive about the training they received.

People were supported to make decisions about their care and support. Decisions made on behalf of people were in line with the principles of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Consent was gained from people before any care or support was provided.

A varied, balanced diet was offered at the service and people were very complimentary about the meals provided to them. People were supported to access the services of health and care professionals to maintain their health and wellbeing. Care plans detailed people's support needs in relation to their health and the support required from the service.

People and their relatives spoke positively about staff. They told us that staff were caring, kind and friendly. Staff engaged people in social conversation and understood their needs and preferences.

People felt involved in deciding the care there were to receive and how this was to be given. People's needs had been assessed prior to admission at the service and individualised care plans took account of their needs, preferences and choices. Care plans and risk assessments had been regularly reviewed and updated to ensure that they were reflective of people's current needs.

People were encouraged and supported to participate in a range of activities and received relevant information regarding the services available to them.

People were aware of the complaints procedure and knew who they could raise concerns with. People felt listened to and that staff were responsive to any concerns or complaints that they may have.

People and staff spoke highly of the registered manager, their ability to manage the service and the positive leadership they demonstrated.

The service had an open culture and staff were committed to delivering high quality care. People were asked for their feedback on the service and comments were encouraged. Robust quality monitoring systems and processes were used effectively to drive improvements in the service and identify where action needed to be taken.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People felt safe and were supported by staff who were knowledgeable about safeguarding people from harm.

Detailed risk assessments were in place to help protect and promote people's safety and well-being.

Staffing levels were sufficient to meet people's needs and robust recruitment procedures were in place.

People received their medicines as prescribed and the service had systems to ensure medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

Staff had undertaken a variety of training and had the skills to provide the care and support required by people. Staff felt supported and had regular supervision and appraisals.

People's consent to the care and support they received was sought.

People were supported to maintain good health and had access to relevant healthcare professionals.

### Is the service caring?

Good ●

The service was caring.

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

People's privacy and dignity was respected and promoted by staff.

Staff knew people well and respected their choices and preferences.

People were provided with a range of information regarding the services available to them.

### Is the service responsive?

Good ●

The service was responsive.

Care plans in place were personalised and reflected people's individual requirements.

People were encouraged and supported to participate in a range of activities, based upon their preferences.

There was an effective system to manage complaints and people were aware of this.

### Is the service well-led?

Good ●

The service was well-led.

People and staff spoke highly of the registered manager.

The system for monitoring the quality of the service was effective and used to drive continuous improvements in the service.

The service had a positive, open culture amongst the staff team and staff felt management were supportive and approachable.

People were encouraged to give feedback on the service provided.

# Thorpedale

## **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 16 June 2017 and was unannounced. The inspection was undertaken by one inspector.

Before the inspection, we asked the provider to complete 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 reviewed the information available to us about the service such as information from the local authority, information received about the service and notifications. A notification is information about important events which the provider is required to send us. We found that no recent concerns had been raised.

During the inspection we spoke with three people who lived at the service, two care workers and one manager from another service in the provider group who was providing care and support. We also spoke with a senior manager from the provider group who visited the service during our inspection and the registered manager.

We carried out observations of the interactions between staff and the people living at the service. We reviewed the care records and associated risk assessments of three people who lived at the service and also checked medicines administration records. We looked at two staff records and the training records for all the staff employed at the service to ensure that staff training was up to date. We also reviewed additional information on how the quality of the service was monitored and managed to drive future improvement.

# Is the service safe?

## Our findings

When we inspected the service in December 2015, we found that there was insufficient information within risk assessments and risk management plans to enable staff to mitigate risks to the health and safety of people living at the service. We asked the provider to take action and improve the information provided to members of staff.

We received a provider action plan which stated the service would meet the regulation by August 2016. The action required to meet this breach had been completed.

People told us they felt safe and had no concerns for their safety within the service. One person told us, "I feel very safe. The staff are very dedicated in looking after me and keeping me safe." Another person told us, "I'm very happy and feel safe here."

Potential risks to people's health, safety and well-being had been identified and personalised risk assessments were in place for each person who lived in the service. Members of staff told us that all care plans and associated risk assessments were reviewed monthly to ensure that the level of risk to people was still appropriate for them. These reviews took into account any incidents that may have occurred or any changes in people's needs or health. Any actions that staff should take to reduce the risk of harm to people were included in the risk assessments and within detailed care plans. This included identified support regarding specific medical conditions, personal care, management of individual finances and falls. For some people, these also identified specific support with regards to their mobility and the steps that staff should take and the equipment to use to keep people safe.

Staff were aware of the identified risks for each person and the measures in place to manage risks. One member of staff told us, "When I started I was given plenty of opportunities to read the care plans and risk assessments. I can always ask for more information, anytime." Another member of staff told us, "The team share information all the time. Recognising and acting upon any changes. We respond to people really well and always look to maintain people's safety, balancing the risks with people's independence." The risk assessments that we viewed clearly identified to staff the level of risk of harm and the additional support that people required in areas of their daily living.

People were safeguarded from the risk of harm. Staff received safeguarding training and were able to explain the processes in place, as well as describe the types of concerns they would raise. They were also aware of the procedures for reporting to the local authority or other external agencies. One member of staff said, "I would have no hesitation speaking up for anyone living here if I was worried for them." Another member of staff said, "I would have no concerns about raising anything. I know I would be listened to and know who to approach in the service. If I had any doubts I know I can speak to the local safeguarding team."

Training records for staff confirmed that they had undergone training in safeguarding people from the possible risk of harm. There was a current safeguarding policy in place and information about safeguarding, including the details of the local safeguarding team, was available in the service. Records showed that no

safeguarding referrals had been made to the local authority however the registered manager and all the staff we spoke with were aware of the circumstances when a referral would be required and the methods of doing so.

There were sufficient staff to keep people safe and meet their needs. People told us that there was enough staff on duty. One person told us, "There's always lots of staff around to help us." Another person told us, "I'm always busy. There is staff here all the time to support me." Staff were in agreement that the staffing levels were sufficient. One member of staff told us, "There's enough staff on duty each day. Enough to manage everyone's needs and time to support activities and go out."

We observed that staff were available to meet the needs of people living in the service when required or requested and there was a visible staff presence. The registered manager had assessed the level of need of all the people living in the service and the support they required to determine the number of staff required to be on duty. This assessment was reviewed on a monthly basis and took into account any changes to people's needs or any additional activities that were planned and required additional staffing. We reviewed past rotas and found that there was consistently the required number of staff on duty as described by the registered manager.

Staff recruitment was managed safely and effectively. We looked at the recruitment files for two staff including one member of staff that had recently started work at the service. The provider organisation had robust procedures in place and relevant pre-employment checks had been completed for all staff. These checks included Disclosure and Barring Service checks (DBS), two written references and evidence of their identity. This enabled the registered manager to ensure that the applicant was suitable for the role to which they had been appointed before they had started work.

Medicines were managed safely. There were effective processes in place for the management and administration of people's medicines and there was a current medicines policy available for staff to refer to should the need arise. We reviewed records relating to how people's medicines were managed and found they had been completed properly, with no gaps or omissions in the records.

Medicines were stored securely and audits were in place to ensure these were in date and stored according to the manufacturer's guidelines. Regular audits of medicines were completed so that all medicines were accounted for and this system of checks aided the stock control of medicines in the service. These robust systems helped to ensure that medicine errors were minimised, and that people received their medicines safely and at the right time.



# Is the service effective?

## Our findings

When we inspected the service in December 2015, we found a lack of evidence with regards to people giving their consent to receiving care and treatment at the service. We also found that people's care had not been provided in accordance with the requirements of the Mental Capacity Act 2005 (MCA) because assessments had not been carried out to check whether people had mental capacity to make informed decisions about specific aspects of their care. We asked the provider to take action to ensure that the service was working within the principles of the MCA.

We received a provider action plan which stated the service would meet the regulation by August 2016. The action required to meet this breach had been completed.

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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People's capacity to make and understand the implication of decisions about their care were assessed and documented within their care records. Staff had received training on the requirements of the MCA and the associated DoLS and we saw evidence that these were followed in the delivery of care. Where it had been assessed that people lacked capacity we saw that decisions had been made on behalf of people following best interest principles and were documented within their care plans. Authorisations of deprivation of liberty were in place for some people who lived at the service and we found that a record of associated assessments and approvals was maintained.

People told us that staff sought their consent and they were involved in decision making. One person told us, "I meet with my keyworker and we go through my plan and stuff. I always decide what I'm doing and what's in there." Another person told us, "I make all my choices and decisions. Staff are always polite and seek my permission." Staff made sure that people consented to care and supported before assisting them. One member of staff told us, "People living here are able to give their consent for day to day living. I treat all of them with respect and ask permission to help them, or support them if needed. I listen to them; they tell me what they want." Our observations confirmed that staff obtained people's consent before entering their bedroom, assisting them with personal care or supporting them with their meal preparation. Where people declined, we saw that their decisions were respected.

People thought that staff understood their needs and had the skills required to care for them. One person said, "They are a very good team. Very good at their jobs" Another person told us, "My staff know me and

what I'm like."

Staff told us that there was a full induction period for new members of staff. One member of staff told us, "The induction is very good. Lots of information and training to get you started." Another member of staff confirmed how more experienced staff had guided them and provided them with support when they initially commenced working at the service. The registered manager explained to us that the induction for new staff included the completion of the Care Certificate and additional training courses specific to the needs of people living in the service.

There was an ongoing training programme in place for staff which gave them the skills they required for their roles and to ensure their personal development continued. One member of staff told us, "I'm really happy with all the training that I have been able to do." Another member of staff told us, "Training is ongoing for everyone, always sharing information and making sure we're up to date on everything." Staff discussed the variety of training courses they attended and how it assisted them to deliver high quality care. Records confirmed that staff were appropriately trained and supported to meet people's needs.

Staff told us they received regular supervision and felt supported in their roles. One member of staff told us, "I feel really supported here. I can talk to [Name of registered manager] about anything and always feel listened to." Another member of staff told us, "I have my supervision with [Name of registered manager] and it's always good to talk through everything." Staff we spoke with confirmed that they had received an appraisal. Records showed that staff received regular supervisions and that annual appraisals had taken place.

People were supported to have a varied and balanced diet and were very complimentary about the meals that were provided at the service. One person told us, "We get plenty of good food. Nice choices." The menu we viewed offered people a wide variety of meals, in line with their preferences, and was compiled by the people living in the service. People were involved in the preparation of their meals and we observed that meal times were relaxed. We saw staff join people at the dining table and encourage people, where needed. Staff spoke with people in a relaxed, sociable manner and we heard chatting and laughter throughout the meal.

People were supported to access a range of health and care services to maintain their health and well-being. A review of people's records showed that they had received support from professionals such as their GP, practice nurses and dentist as appropriate to their needs. We saw that care plans detailed people's medical conditions and the support they required from staff or healthcare professionals and the outcomes of any treatment received.

## Is the service caring?

### Our findings

People spoke positively about the service and the staff. They told us that staff were caring, kind and friendly and they were happy with the care they received. One person told us, "I like all the staff. They are nice and friendly." Another person said, "Staff are very supportive and treat me kindly."

Staff had developed positive relationships with people. One person told us, "My keyworker is nice. We go out for coffee." Another person told us, "The staff are a good team. I enjoy being with them." We observed interactions between staff and people and found these to be caring, friendly and respectful. Staff were patient and supportive when they interacted with people and displayed a genuine interest in the people they were supporting. Members of staff used each person's preferred name and took the time to engage people in social conversation and answer people's questions.

People we observed appeared comfortable and happy in the company of staff. One member of staff told us, "People are put first and are listened to. We all work for them and with them." Staff knew people well, understood their preferences and spoke about people with interest and affection. Regular discussions were held with people to review the information within their care plans and record any additional information that would assist staff to increase their knowledge of their likes, dislikes and life history. The comprehensive information in the care plans enabled staff to understand how to care for people in their preferred way and to ensure their needs were met.

Staff respected people's privacy and dignity. One member of staff told us, "We come in to work in their home. It's all about them and what they need. We take our time with people and always remember their privacy." Staff members were able to describe ways in which people's dignity was preserved such as knocking on doors before entering, making sure they offered assistance to people in a discreet manner and ensuring that people had privacy whilst completing their personal care. Staff also understood that information held about the people who lived at the service was confidential and would not be discussed outside of the service or with agencies that were not directly involved in people's care. The promotion of people's privacy and dignity was observed throughout the day.

There were a number of information posters displayed around the service which included information about the service and the provider organisation, safeguarding, the complaints procedure, fire safety notices and forthcoming activities and events. This meant that people received information on the services that were available to them and enabled them to make informed choices about their care.

## Is the service responsive?

### Our findings

People told us that they felt involved in deciding what care they were to receive and how this was to be given. One person told us, "I sit with my keyworker and do my paperwork." Another person told us, "I have meetings with staff about me and we work together on my files."

Records showed that people's care needs had been assessed prior to their admission to the service. The care plans followed a standard template however they individualised to reflect people's needs, preferences and background and included clear instructions for staff on how best to support people. We found that the care plans reflected people's individual needs and had been updated regularly with changes as they occurred.

People's likes, dislikes and preferences of how care was to be carried out were assessed at the time of admission and reviewed on a regular basis. Staff were knowledgeable about people they supported and were aware of their preferences and interests, as well as their health and support needs. This enabled them to provide care in a way that was appropriate to each person. The care plans contained detailed plans for areas of the person's life including personal care, home and living, relationships, communication and physical and emotional wellbeing. People's care plans were reviewed regularly which ensured their choices and views were recorded and remained relevant.

People told us that they took part in various activities. One person told us, "I'm very busy. I like going to places and visiting places." Another person told us, "I have my timetable and it's full of what I'm doing each day." A member of staff told us, "Some people attend college and groups. There's lunch clubs, coffee mornings, swimming, going to the allotments. People are always busy here."

People we spoke with were aware of the complaints procedure and knew who they could raise concerns with. One person we spoke to told us, "I tell my staff if there is anything is wrong. It can get written down." Another person told us, "I have no problems. I like writing to the staff to tell them how marvellous they are."

We saw that the registered manager maintained a 'grumble book' where any concerns from people were recorded. Each entry included the action that was taken at the time to address the issue and was signed by people that they were satisfied with the action or the result of them raising a concern. We saw that no formal complaints had been received in the past year however the registered manager explained to us the detailed process should a complaint be received. There was an up to date complaints policy in place and information containing the complaints procedure available in the service.

## Is the service well-led?

### Our findings

People spoke highly of the registered manager and confirmed that they were visible in the service. One person told us, "[Name of registered manager] is a superb person." Another person told us, "I like [Name of registered manager]. She's a good manager, I see her all the time."

We noted that there was a positive, welcoming atmosphere within the service. We saw that the registered manager was actively involved in the running of the service. They ensured that they were available to support the wellbeing of people living in the service and accessible to staff, so that any issues could be dealt with promptly.

Staff told us there was positive leadership in place from the registered manager. One member of staff told us, "It really is a well led service. The team complement each other and [Name of registered manager] is thorough and fair." Another member of staff told us, "This is the best service I've worked in. We can develop and there is respect for everyone. [Name of registered manager] respects the team and we respect her." None of the staff we spoke with had any concerns about how the service was being run and told us they felt appreciated and valued. Staff were motivated and committed to improving the service that they provided to ensure that people received the best possible care.

Staff were aware of their roles and responsibilities and were clear on the lines of accountability within the staff structure. They told us that the managers consulted with them prior to making changes in the service and that they felt involved in decision making. Staff were clear on the values of the provider of the organisation and the plans for overall service development.

Staff were encouraged to attend team meetings at which they could make suggestions and share information. This included discussions of ways in which the service could be improved and to raise any concerns directly with management. Members of staff we spoke with confirmed that they were given the opportunity to request topics for discussion.

An effective quality assurance system in place. We found that there were a range of audits and systems to monitor the quality of the service. Internal audits completed covered a range of areas, including health and safety, infection control, medicines and an audit of care plans. Any issues in these audits were recorded in the service action plan and a timescale for completion recorded. This demonstrated how the registered manager used the audit process to drive improvements at the service and ensure actions were completed.

A satisfaction survey had been completed. The registered manager showed us satisfaction survey forms that had been completed by people who lived at the service. A summary of the responses had been compiled and shared with people and staff and an action plan for improvements completed. This meant that the views of people were included in the evaluation of the service provided and used to identify, and address, any concerns highlighted.

There were robust arrangements for the management and storage of data and documents. We saw that

records were stored securely within the computerised system with password protection or within the registered manager's office. This meant that confidential records about people and members of staff could only be accessed by those authorised to do so.