

Harpenden Mencap

Stairways

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

The inspection took place on 12 January 2016 and was unannounced. At our last inspection on 13 October 2013, the service was found to be meeting the required standards in the areas we looked at. Stairways is registered with the Care Quality Commission to provide care and support for up to 13 adults with learning disabilities and physical disabilities with complex needs. The home is comprised of three separate flats that each have their own staff group assigned. At the time of the inspection there were eleven people who used the service.

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

People told us they felt safe, happy and well looked after at the home. Staff had received training in how to safeguard people from abuse and knew how to report concerns, both internally and externally. Safe and effective recruitment practices were followed to ensure that all staff were suitably qualified and experienced. Arrangements were in place to ensure there were sufficient numbers of suitable staff available at all times to meet people's individual needs.

Plans and guidance had been drawn up to help staff deal with unforeseen events and emergencies. The environment and equipment used were regularly checked and well maintained to keep people safe. Trained staff helped people to take their medicines safely and at the right time. Identified and potential risks to people's health and well-being were reviewed and managed effectively.

People and relatives were positive about the skills, experience and abilities of staff who worked at the home. They received training and refresher updates relevant to their roles and had regular supervision meetings to discuss and review their development and performance.

People were supported to maintain good health and had access to health and social care professionals when necessary. They were provided with a healthy balanced diet that met their individual needs.

Staff made considerable efforts to ascertain people's wishes and obtain their consent before providing personal care and support, which they did in a kind and compassionate way. Information about local advocacy services was available to help people and their family's access independent advice or guidance.

Staff had developed positive and caring relationships with the people they cared for and clearly knew them very well. People were involved in the planning, delivery and reviews of the care and support provided. The confidentiality of information held about their medical and personal histories was securely maintained throughout the home.

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

People were supported to pursue social interests and take part in meaningful activities relevant to their needs, both at the home and in the wider community. They felt that staff listened to them and responded to any concerns they had in a positive way. Complaints were recorded and investigated thoroughly with learning outcomes used to make improvements where necessary.

Relatives and staff very were complimentary about the manager, deputy manager and how the home was run and operated. Appropriate steps were taken to monitor the quality of services provided, reduce potential risks and drive improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were kept safe by staff that were trained to recognise and respond effectively to the risks of abuse.

Safe and effective recruitment practices were followed to ensure that all staff were fit, able and qualified to do their jobs.

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

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

Potential risks to people's health and well-being were identified and managed effectively in a way that promoted their independence.

Is the service effective?

Good ●

The service was effective.

Staff established people's wishes and obtained their consent before care and support was provided.

Capacity assessments and best interest decisions had been completed where required and met the requirements of the Mental Capacity Act 2005.

Staff were well trained and supported to meet people's needs effectively.

People were provided with a healthy balanced diet which met their needs.

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

Is the service caring?

Good ●

The service was caring.

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

People and their relatives where required were involved in the planning, delivery and reviews of the care and support provided.

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

People had access to independent advocacy services and the confidentiality of personal information had been maintained.

Is the service responsive?

Good ●

The service was responsive.

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

Detailed guidance made available to staff enabled them to provide person centred care and support.

Extensive opportunities were provided to help people pursue social interests and take part in meaningful activities relevant to their needs.

People and their relatives were confident to raise concerns which were dealt with promptly.

Is the service well-led?

Good ●

The service was well led.

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

People, staff and relatives were all very positive about the managers and how the home operated.

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

Stairways

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 12 January 2016 by one Inspector and was unannounced. Before the inspection we asked the provider to complete 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.

During the inspection we spoke with four people who lived at the home, two relatives, five staff members, the manager and deputy manager. We reviewed the commissioner's report of their most recent inspection. We looked at care plans relating to three people and two staff files and a range of other relevant documents relating to how the service operated, including monitoring data, training records and complaints and compliments. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who cannot fully express their views by talking with us.

Is the service safe?

Our findings

People who lived at the home told us they felt safe and protected from the risks of abuse and avoidable harm by staff who knew them well. One person told us, "I feel safe here because staff look after me." One relative said, "[Name] is completely safe there, it's a good home."

All staff demonstrated verbally they could recognise signs of abuse and knew who to report concerns to. Staff were aware how to escalate concerns and how to report to outside agencies such as the Care Quality Commission. We saw that information and guidance about how to recognise the signs of potential abuse and report concerns, together with relevant contact numbers, was prominently displayed throughout the home. Information was also made available in an 'easy read' format that used appropriate words and pictures. One staff member told us, "I would always report any concerns I had even if they were incorrect, it's important to keep people safe."

Safe and effective recruitment practices were followed to make sure that all staff were of good character, physically and mentally fit for the roles they performed. The registered manager carried out relevant pre-employment checks, which included obtaining a minimum of two references. Staff were required to provide a full employment history, proof of identity and checks were completed before staff commenced work at the home. These checks helped to make sure that staff were suitable to support people living at the home.

There were enough suitably experienced, skilled and qualified staff available at all times to meet people's needs safely and effectively in a calm and patient way. People felt there were enough staff to meet their needs. One staff member said, "I feel we have enough staff here, for example. When [Name] needs changed the staff were increased to support their needs." We observed throughout our inspection that there were enough staff to support people where required.

There were suitable arrangements for the safe storage, management and disposal of medicines. People were helped take their medicines by staff that were properly trained and had their competencies checked and assessed in the workplace. Staff had access to detailed guidance about how to support people with their medicines in a safe and person centred way. A staff member told us, "I feel confident to give medicines as the training is good." We observed when staff were administering medicines to people this was done in an unhurried manner with good communication and support from staff. For example, there were procedures and checks in place to keep people safe. We found that where audits had identified some errors, the manager had put new system in place to improve and prevent errors reoccurring.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. This included in areas such as mobility, nutrition, medicines, health and welfare. This meant that staff were able to provide care and support safely but also in a way that promoted people's independence and lifestyle choices wherever possible. For example, in one flat where people's needs were high and staff were required to use hoisting equipment to transfer people. We saw that ceiling track hoists had been installed to make the procedure safer for staff and people who used the service. The staff said that this had improved the way people were

assisted. There was also an independent hoist that could be used when required.

Information from accidents, injuries and incident reports was used to monitor and review risk assessments. For example, one person experienced problems with swallowing when eating. The information gathered was used to reassess their needs and develop measures to reduce the risks of choking. The speech and Language Therapist team came to do observations to evaluate the person's needs. We also saw where staff had noticed one person was becoming more confused and forgetful; they were referred to the memory clinic. This showed that when people's needs changed, appropriate action had been taken to provide support.

Plans and guidance were available to help staff deal with unforeseen events and emergencies which included relevant training, for example in first aid and fire safety. Regular checks were carried out to ensure that both the environment and the equipment used were well maintained to keep people safe. For example, there were regular checks of the fire alarm system. People and staff confirmed where the meeting points were in the event of a fire and there were personal evacuation plans in place in the event of an emergency.

Is the service effective?

Our findings

The majority of people who lived at the home were either unable to communicate verbally or had limited means of communication available. Staff worked closely with them and their relatives to learn and understand how to communicate effectively in a way that best suited their individual needs. We saw that staff used a variety of appropriate and effective techniques, both verbal and non-verbal; to communicate with people they clearly knew very well.

Staff sought to establish people's wishes and obtain their consent before providing care and support. We observed staff asking people what they wanted and knocking on people's doors before entering their room. One staff member said, "We talk with people every day to see what they want." Another member of staff said, "We encourage people to be independent and choice is a big part of that." One person commented, "I went out with my [Relative] and chose my wardrobe."

The Mental Capacity Act (MCA) 2005 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). Staff received training about DoLS and how to obtain consent in line with the MCA. They were knowledgeable about how these principles applied in practice together with the reasons why, and the extent to which, people's freedoms could be restricted to keep them safe.

We checked whether the provider worked within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our inspection the registered manager had submitted DoLS applications to the appropriate local authority in respect of everybody who lived at the home. This was because security arrangements used to keep people safe also had the effect of restricting certain aspects of their liberty. The applications satisfied the requirements of the MCA 2005 and were proportionate to people's individual needs and personal circumstances.

Staff were required to complete an induction programme, during which they received training relevant to their roles, and had their competencies observed and assessed in the work place. Staff received mandatory training and regular updates in a range of subjects designed to help them perform their roles effectively. This included areas such as moving and handling, food safety, medicines, first aid, nutrition and hydration and infection control. A staff member said, "I did an induction for one week and I did shadowing and learnt how to give care. I felt supported and I am up to date with my training."

Staff felt supported by the registered manager and were actively encouraged to have their say about any concerns they had in how the service operated. They had the opportunity to attend regular meetings and discuss issues that were important to them and had regular supervisions where their performance and development was reviewed. A staff member commented, "I can't think of a better place to be, we are really

well supported." Another said, "I am supported with training and to achieve my goals." Staff were also encouraged and supported to obtain nationally recognised vocational qualifications and take part in additional training to aid both their personal and professional development.

People were supported to eat healthy meals, they could choose between two options but if people changed their minds there were alternative options available. People who were nonverbal were assisted with their choice with the use of pictures. Staff said, "We get to know peoples likes and dislikes but if people change their minds and want something else it's not a problem." People who lived at the home had access to food and drinks when they wanted. One person said, "I think it's good here because we take turns to cook."

People received care, treatment and support that met their needs in a safe and effective way. Staff were very knowledgeable about people's health and care needs, many of which were both significant and complex. Identified needs were documented and reviewed on a regular basis to ensure that the care and support provided helped people to maintain good physical, mental and emotional health and well-being. For example we saw speech and language therapists had been involved with peoples care. We also saw an example of one person whose mobility was poor had in place a daily exercise programme and a weekly physiotherapy session to improve their mobility. They also received massages with aroma therapy to support their needs.

People were supported to access appropriate health and social care services in a timely way and received the on-going care they needed. We saw that guidance provided to staff contained detailed information about how to meet people's care and support needs in a safe and effective way. One person told us they were not well recently and a GP was called out and attended to their needs. We saw evidence where people had seen other professionals to support their individual health needs such as speech and language therapists.

Is the service caring?

Our findings

People were cared for and supported in a kind and compassionate way by staff that knew them well and were familiar with their needs. One person told us, "Staff are very nice and caring." A relative commented, "I think the home is excellent, the staff are wonderful and I don't think the staff could do anymore because [Name] has marvellous care."

One person said, "I like the staff because they are nice they look after you. I am happy here, staff are very nice." One staff member told us, "I like it here because the care here is all about the person's needs." We saw that staff helped and supported people with dignity and respected their privacy at all times. They had developed positive and caring relationships with people they supported and were knowledgeable about their individual needs and preferences. A relative said, "I think the care is first rate, the staff know the people really well." One person commented, "Staff are caring, they respect my privacy." A staff member explained that when they provided care, they turn off monitors closed doors and covered people with towels to maintain dignity. They said, "We encourage people to be independence and respect their choice."

We saw good interaction between staff and people who lived at the home. It was clear that people knew each other and staff had time to give people the individual attention to support their needs. For example all people had a key worker. The key workers role was to make sure the person received the support they needed and that their care plans were reviewed regularly. One staff member told us, "We sit down with people on a daily basis to discuss any concerns they may have or to see what activities they may want to try." People who were nonverbal were supported with choices through the use of pictures and by staff that knew them well. There was good involvement from relatives to help support their needs.

People were supported to maintain positive relationships with friends and family members who were welcomed to visit them at any time. One relative regularly went swimming with their relative. One staff member said, "It has a very homely feel here." A relative said, "My [Relative] is looked after well there. They come home for regular visits and we visit the home regularly as well." Relatives were welcome to visit the home at any time.

We found that people and their relatives had been fully involved in the planning and reviews of the care and support provided, something that was reflected in the detailed guidance made available to staff about how people wanted to be cared for. One Relative said, "We have meetings about my relatives care and my relative is there. The key worker has already read through the care plan with [Name] before the review." Another relative commented, "It's important for me to be involved as [Name] is not able to speak for themselves. I am always on the phone to see what is happening. The communication with the home is excellent."

We found that confidentiality was well maintained throughout the home and that information held about people's health, support needs and medical histories was kept secure. Information about local advocacy services and how to access independent advice made available to people and their relatives.

Is the service responsive?

Our findings

People received personalised care and support that met their individual needs and took full account of their background history and personal circumstances. Staff had access to detailed information and guidance about how to look after people in a person centred way, based on their individual preferences, health and welfare needs. This included detailed information about people's preferred routines and how they liked to be supported with personal care. For example, we saw where people had behaviour management plans in place. The guidance for staff helped them support the person's behaviours to achieve good outcomes.

One person who lived at the home told us, "I like the staff here and they help me go to the shops." The person proudly showed us their bedroom and explained how their relative had taken them to a shop to pick their wardrobes. They showed us their pink DVD player and said, "Pink is my favourite colour. We found that in all the flats people had personalised their rooms and had chosen the colour schemes and furnished the rooms to their taste, this included curtains and bed linen. People were also involved in choosing the furniture for the communal areas. One staff member said, "It is important for people to be involved because it is their home."

Staff also received specific training about the complex health conditions that people lived with to help them do their jobs more effectively in a way that was responsive to people's individual needs. For example, staff were trained and had access to information and guidance about how to care for people who lived with Dementia. The registered manager said staff had received the training required to meet the needs of the people they supported.

Opportunities were made available for people to take part in meaningful activities and social interests relevant to their individual needs and requirements, both at the home and in the community. One person told us, "I like the staff here, I go to my day club and I sing at "songs of praise". Another person said, "I go horse riding once a week and I go to my walking group and I go to the day centre. I like to read and write." People were supported with activities both in the home and outside. We saw people's individual art work on walls in the home. We found that people's capacity and independence varied and where people required support to access the community and interests this support had been provided.

People and their relatives told us they were consulted and updated about the services provided and were encouraged to have their say about how the home operated. They felt listened to and told us that staff and the management responded to any complaints or concerns raised in a prompt and positive way. One relative said, "I have had to make a complaint and the issue was resolved immediately." We saw that information and guidance about how to make a complaint was displayed in an 'easy read' format appropriate to people who lived at the home. Another relative said, "The manager and staff are very approachable; I know the director of services and all the staff in the office and feel I could complain if there was a problem but I have never had anything to complain about it is an excellent home." People we spoke with and staff all felt they had a voice and could make a complaint if required.

Is the service well-led?

Our findings

People who lived at the home, relatives and staff were all very positive about how the home was run. They were complimentary about the registered manager and deputy manager; they were described as being approachable and supportive. One staff member said, "The manager is good and friendly and they are easy to approach." We saw the registered manager and the deputy were known by people who used the service.

Staff told us, and our observations confirmed that managers led by example and demonstrated strong and visible leadership. The registered manager was very clear about their vision regarding the purpose of the home, how it operated and the level of care provided. The deputy manager explained how was their ethos promoted through the induction process and in staff meetings and supervisions. Staff had a clear understanding of how the home operated. One staff member said, "I like it here because we focus on the person's needs."

The registered manager and deputy manager were very knowledgeable about the people who lived at the home, their complex needs, personal circumstances and relationships. Staff understood their roles; they were clear about their responsibilities and what was expected of them. A staff member commented, "I can't think of a better place to be because we are really well supported."

The registered manager received support from a manager from another home from the same provider; they had regular meetings to support learning. For example, the deputy manager explained that we share best practice and discuss issues and ideas to improve our services. We saw documents that showed that unannounced visits had been conducted by the director of services to ensure that standards were maintained and to drive improvement. This showed that the provider regularly monitored the home to improve the service.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

Staff were supported to obtain the skills, knowledge and experience necessary for them to perform their roles effectively. This included specific awareness about the complex needs of the people they supported. Staff confirmed they had the training and support to do their job. They also commented, "I have completed my National Vocational Qualification level two and have discussed with my manager about completing level three."

Information gathered in relation to accidents and incidents that had occurred were personally reviewed by the manager who ensured that learning outcomes were identified and shared with staff. We saw a number of examples where this approach had been used to good effect, for example in relation to medication errors that had occurred. The registered manager implemented new systems to improve dispensing of medicines that included: a designated medication leader on each shift, a daily audit of medication and team Leaders to be responsible for checking Audits and feeding back to manager. This demonstrated there were

processes in place to monitor and where required develop new systems to improve the quality of the service.

We found that the views, experiences and feedback obtained from people who lived at the home, their relatives and staff had been actively sought and responded to in a positive way. Independent questionnaires seeking feedback about all aspects of the service were sent out and the responses used to develop and improve the home. We saw that the responses received were very positive about the home.

Measures were in place to identify, monitor and reduce risks. These included audits carried out in areas such as medicines, infection control, care planning and record keeping. The registered manager was required to gather and record information about the homes performance in the context of risk management and quality assurance. The manager also carried regular checks of the environment, performance of staff and quality of care and support provided. The deputy manager regularly worked in the different flats that gave them an understanding of the day to day needs of the people they supported.