Contemplation Care Limited

Forty4

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

Forty4 provides accommodation and personal care for up to six people living with a learning disability, physical disability, autism and/or mental health needs. The home is set back off a main road within walking distance of local shops and amenities. The accommodation comprises a large lounge/diner overlooking the garden and a kitchen. Bedrooms are split across the ground and first floor which are accessed by a central staircase and wheelchair accessible lift. At the time of our inspection six people were living at the home.

The inspection was unannounced and was carried out on 13 December 2017 and 5 January 2018 by one inspector.

Forty4 is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

People were protected from abuse. Staff had received safeguarding training and understood their responsibilities to report any concerns. Relatives, staff and healthcare professionals told us they felt the home was safe.

People's medicines were managed safely by staff who had been trained and assessed as competent in administering medicines. People received their medicines as prescribed.

Sufficient staff were deployed to meet people's needs and keep them safe, including one to one and two to one support in the community. Robust recruitment procedures ensured only suitable staff were employed.

Individual and environmental risks relating to people's health and welfare had been identified and assessed to reduce those risks. Contingency plans were in place to manage emergencies and evacuation procedures were in place and understood by staff if required.

People's rights were protected because staff understood and followed the Mental Capacity Act 2005. Deprivation of liberty safeguards had been submitted to the local authority for authorisation when required.

People were supported to maintain their health and well-being and had access to health care services when required. People had a choice of nutritious food and drink that met their specific dietary needs and preferences.

Staff received training, supervision and appraisal which ensured they had the skills and competencies necessary to support people effectively.

Staff knew people well and empowered them to make choices and take control of their lives. People took part in a wide range of activities in line with their interests and which increased their skills and independence.

The provider met the Accessible Information Standards because staff communicated with people and provided information in a way they could understand, such as signs, pictures and symbols which helped them to make informed choices.

Staff were kind and caring, treated people with dignity and respect and ensured their privacy was maintained. People were encouraged to maintain family relationships and visitors were welcome at any time.

People and their relatives were involved in planning their care. People had up to date and detailed support plans which provided guidance for staff.

Systems were in place to monitor and assess the quality and safety of the care provided. There were opportunities for people and relatives to feedback their views about their care and this was used to improve the service.

Complaints procedures were available and displayed throughout the home in picture format. People and relatives knew who to speak to if they had a complaint.

There was a positive, supportive and open culture within the home. Staff felt supported and listened to by the registered manager and were involved in the development of the service. The registered manager understood their responsibilities and reporting of incidents to the commission.

We last inspected the service in March 2016 when we found no concerns and rated the service as good.

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 remains safe.	Good
Is the service effective? The service remains effective.	Good
Is the service caring? The service remains caring.	Good
Is the service responsive? The service remains responsive.	Good
Is the service well-led? The service remains well led.	Good

Forty4

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.

Forty4 is a care home for people with learning and/or physical disabilities and/or mental health needs. 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. The care service is delivered in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion which ensure people using the service can live as ordinary life as any citizen.

The inspection was carried out on 13 December 2017 and 5 January 2018 by one inspector. The inspection was unannounced.

Before the inspection we reviewed all the information we held about the service including previous inspection reports and notifications. Notifications are events that happen in the home which the provider is required to tell us about law. We used this information to help us decide what areas to focus on during our inspection.

We spoke with three people who lived at the home. We also observed people being supported during both days of the inspection to help us understand their experiences. We spoke with two members of care staff and the registered manager. We also spoke with one relative and three healthcare professionals who were visiting.

We looked at three people's care records and pathway tracked two people's care. Pathway tracking enables us to follow people's care and to check they had received all the care and support they required. We looked at records related to the running of the home, including incident and accident records, medicines records, three staff recruitment, training and appraisal records and systems for monitoring the quality of the service provided.

Good

Is the service safe?

Our findings

People told us they felt safe at Forty4 and this was echoed by a relative and health professionals we spoke with. One person said, "I feel safe. I would speak to staff if I was worried about something. It's a very happy home." Another person told us, "I feel very well supported and safe." Comments from health professionals included, "No concerns," and, "Really good staffing. Four staff to six people, really important." A relative told us, "I have no concerns, nothing negative to say. [My family member] is safe. She's very happy here so everything must be ok."

People were protected from abuse and improper treatment. A safeguarding policy was in place to provide guidance for staff. Staff had received training in safeguarding people and knew how to identify abuse and how to report any concerns, including to outside agencies such as the local authority and the Care Quality Commission. Staff told us they would not hesitate to raise concerns if they needed to, including through the whistleblowing process. Whistleblowing is where staff can highlight poor practice without fear of recriminations.

Robust recruitment processes were in place which ensured only staff suitable to work in a social care setting were employed. Each staff member had provided an application form detailing their employment history, proof of their identity and had attended an interview. Satisfactory employment references and a Disclosure and Barring Service (DBS) criminal records check had also been obtained before staff started work. DBS checks help employers to make safer recruitment decisions.

There were sufficient numbers of staff deployed to meet people's needs and keep them safe, both in the home and in the community. Each person received one to one support or two to one support from staff as required, and this was reflected in the staff rotas. Staffing was reviewed on an on-going basis to ensure people's needs could be met. Staff confirmed they thought there were sufficient staff to support people safely and ensure they were able to access their community activities. On occasions when agency staff were required, these were regular staff who knew people well and were familiar to them, providing continuity of care.

Systems were in place to manage medicines safely. People received their medicines from staff who were appropriately trained and assessed regularly for their competency. People's medicines records included information about each medicine, including 'as and when' medicines such as pain relief, stating when and why it should be given and maximum dosages. Allergies, such as penicillin, were recorded and guidance for staff about how people required their medicines to be given were written in their care plans. For example, dissolved in fluids which had been thickened to prevent choking. Each person had a medicine administration chart (MAR) which was checked by staff before administering each medicine and completed and signed by staff when each medicine had been given. One person confirmed, "Staff give them [medicines] to me when they should." Staff told us they always asked people for their consent before giving medicines and we observed this in practice. Medicines were reviewed each year by the person's GP which ensured they remained effective and necessary.

Arrangements were in place for the ordering, storage and disposal of medicines. People's medicines were ordered in a timely way which ensured they were always available. Spoilt or unwanted medicines were stored safely until they could be returned to the pharmacy. We carried out a spot check of medicines and found stocks were correct and medicines were not used after their expiry date. Audits of medicines were undertaken and where any discrepancies were found, these were investigated and appropriate action taken, such as staff re-training.

Individual risks relating to people's daily lives had been assessed and measures were in place to mitigate the risks. For example, one person was at risk of falling out of bed and bedrails were in place to reduce the risk of this happening. For people who had a specific health condition which put them at risk of harm, the risks had been assessed and detailed guidance provided for staff to follow. For one person who was at risk of choking, we noted detailed information was on display in the kitchen for staff to refer to when preparing their food and drinks as well as it being written in the person's care plan. Where people displayed behaviours that could challenge others, this had been assessed and measures incorporated into their behaviour support plans. These plans included green, amber and red behaviours which enabled staff to identify if a person was calm or becoming agitated. This provided guidance for staff in how to identify triggers to behaviour and how to use a range of approaches to try to de-escalate each situation in the least restrictive way. Staff were knowledgeable about the risks to people and what they should do to minimise the risks.

Staff understood the need to record and report any incidents and accidents. These were investigated by the registered manager to identify what had happened, and any learning was discussed and shared with the staff team and with other homes managed by the provider.

Systems were in place to manage the safety of the environment. Risk assessments had been completed to identify any hazards such as the management of legionella, fire and electrical equipment. Appropriate guidance was in place for staff in how to mitigate these risks. Staff carried out a range of daily, weekly and monthly checks to ensure the environment remained safe and well managed. For example; bed rails, hoists, window restrictors, flushing of water outlets, and water temperatures. Fire alarm systems were tested regularly by staff and periodically serviced by external contractors.

Infection control procedures were implemented effectively. The home was clean and tidy. Cleaning schedules showed that daily and weekly cleaning tasks were completed as well as six monthly deep cleaning of rooms. Appropriate measures were in place to reduce the risk of the spread of infections, such as flu vaccinations for staff who wished to have it. The annual infection control audit had been undertaken and any actions identified had been completed.

The home had an emergency plan which gave detailed guidance to staff and contained useful phone numbers of key people who would need to be contacted in the event of an unforeseen emergency. Individual emergency evacuation plans were in place for each person which detailed the support they would require in the event of leaving the home in an emergency situation.

Good

Is the service effective?

Our findings

People told us the staff helped them to look after their health. One person said, "If I'm ill I go to bed and staff call the doctor." A relative told us, "I think they're on the ball. They took [my family member] to a hospital appointment and to the dentist. They will act quickly."

People's needs were assessed before they moved into the home. Where assessments were not able to be fully completed due to a lack of information, additional measures were put in place to ensure prompt support was available to help with any arising concerns. For example, one person had recently moved into the home and a community mental health professional had been allocated to assist the person and staff to identify any concerns quickly and provide advice and guidance if required. We spoke with this health professional when they visited the person and they told us that staff had worked collaboratively with them to help develop a crisis plan for the person should their mental health deteriorate.

People were supported to maintain their health and emotional wellbeing through access to preventative healthcare, for example dentists, opticians and chiropodists and had annual health checks and medicines reviews. Each person had a health action plan which included information about their on-going health needs, health management plans and details of health professionals who were involved in their care. Staff identified any concerns quickly, such as allergic reactions, and contacted health professionals for advice in a timely way. Details of telephone calls and appointments with relevant specialists, such as psychiatrists, learning disability nurses and physiotherapists, were recorded in detail. Two health professionals confirmed to us that their recommendations were always followed through by staff which resulted in positive outcomes for the person they supported.

People's rights were protected because staff worked within the principles of the Mental Capacity Act 2005. 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager understood how to apply the Act. Mental capacity assessments had been completed for a range of decisions when required and best interest decisions were made as necessary.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes is called the deprivation of liberty safeguards (DoLS). Appropriate applications had been submitted to the local authority for authorisation where required.

Staff received regular supervision and appraisal to support them in their roles. Supervision and appraisals are formal opportunities for staff to review their performance as well as any issues, concerns or training needs they may have. The registered manager explained staff were asked questions around equality and diversity during their appraisals. For example, "What does equality and personalisation mean to you? How do you ensure it in your work? Do you favour people? I ask them to reflect and identify if they do this so we

can address it." Observed practice sessions were also carried out which enabled the registered manager to assess staff competency in areas such as safeguarding, communication and personal care. Staff told us they felt very well supported by the registered manager who provided advice and guidance when needed.

Staff received training in key topics such as food hygiene, moving and handling and emergency first aid and we noted staff were up to date with their training programme. Training was delivered in a variety of ways including on-line and face to face in a classroom setting. New staff received an in house induction, which included shadowing experienced staff, attending training and completing a probation period, during which their performance was reviewed and any additional learning needs addressed. Where required, probation was extended to enable staff more time to reach the required standard of performance. New staff were also required to complete the Care Certificate. This is a national standard that staff are required to meet when working in social care. One new member of staff told us, "I'm doing the Care Certificate at the moment. [The registered manager or deputy manager] will assess me. I have a monthly review session, a mini appraisal, so I know where I need to improve."

People were involved in choosing the menus each week. One person told us, "We have a big folder and we all sit around the table agreeing what to have. We can have fruit as a snack; bananas; apples; oranges; plums; peaches. I never feel hungry. There's plenty to drink. I can ask for a drink if I'm thirsty." Photographs and pictures of different foods were shown to people to help them choose the weekly menus, which were varied and included fresh fruit and vegetables. We observed people being served their evening meal. This was a sociable experience and people chatted with each other and with staff whilst eating. Where people required assistance from staff, this was provided discretely and in an unhurried manner.

Staff were knowledgeable about people's likes and dislikes, and how they required their food to be prepared, such as a diabetic or pureed diet and thickened fluids. People's preferences and dietary needs were recorded in their care plans. Where people were at risk of choking, they had been assessed by relevant health professionals and we observed staff preparing people's meals and drinks appropriately and in line with these recommendations. A relative told us their family member was unable to take part in all activities due to their weight and was working towards losing weight and purchasing a smaller wheelchair. They said, "She has lost weight which is positive. Staff are managing her portions now. She hasn't complained. It's lovely, wholesome food cooked from scratch."

The premises were designed to ensure people had wheelchair access to all areas of the home and gardens. The communal areas were open plan which enabled people to move around freely and independently and there was a lift which provided access to the first floor bedrooms and bathrooms. The kitchen had an area with a low work surface which people could access when in their wheelchair. We saw that people enjoyed spending time in the kitchen with staff, for example, helping to peel the potatoes for dinner.

Good

Is the service caring?

Our findings

People told us the staff were caring. One person said, "They [Staff] are very kind and friendly. They listen to me and respect me. It's a very happy home." A relative told us, "They [Staff] respect [My family member's] wishes. They're very approachable and easy to talk to. They all treat [My family member] with dignity and respect." Health professionals told us, "They [Staff] have all seemed supportive and caring," and, "The staff seem really lovely. They're kind, considerate and respectful. They always ask [the person] if they want their door closed [for privacy]."

We observed that staff treated people with dignity and respect and encouraged people to treat each other in the same way. We heard that when people had disagreements, staff would act as mediators to help them resolve their differences in a way that helped them to maintain respect for each other's views and opinions and hopefully reach a resolution. This was confirmed by a health professional who told us how staff had assisted a person they supported to resolve an issue with a another person who lived at the home.

Staff knew people well and identified quickly if people were upset or worried about something. They responded with kindness and compassion and took time to listen and reassure people. For example, one person could not tell staff verbally how they felt but they were clearly anxious about something. The registered manager and a staff member asked the person if it would help to use their 'book'. The person confirmed it would help so they showed the person their book of pictures and symbols and through a process of choosing topics, such as feelings, and specific pictures, such as a worried face, the staff member and registered manager were able to identify that the person was worried. They were unsettled by our inspection visit so the registered manager gently reassured the person that everything was okay, then the staff member distracted them by saying that their lunch was ready. We saw the person was reassured and happily went to have their lunch.

The atmosphere in the home was calm and relaxed. Staff interactions with people were kind and respectful. Staff had a very good knowledge of the people they supported, including their life histories, the things they liked and didn't like and the people who were important to them. Relatives and friends were welcome to visit at any time and people were also supported by staff to maintain relationships with friends and family outside of the home. One person told us, "I can have friends around when I want. We sit here and play computer games. They can stay and have tea and lunch if they want." People chose if they wanted to sit in communal areas, go out with others, or spend time in their rooms. People's bedrooms were decorated to their own tastes and were furnished with their personal belongings which reflected their interests.

There was a strong, person centred culture within the home and people's wishes and choices were respected by staff. For example, people were encouraged to meet prospective new staff and to provide feedback about them as part of the interview process. Staff empowered people to take control of their daily lives, make decisions and maintain their independence as much as possible. This was evident throughout the inspection when staff consistently asked people for their thoughts and wishes. Where people wanted autonomy and to make decisions independently of their relatives, the home had access to local advocacy services which could be called upon to provide impartial support to help people make important decisions.

Staff understood their responsibilities for maintaining confidentiality, in particular the importance of not leaving confidential information lying around where people who were not authorised to do so could read it. People's records were locked away and the registered manager told us the computer systems were password protected with appropriate access levels for relevant staff. We observed this was the case.

Good

Is the service responsive?

Our findings

People told us they were satisfied with the support they received, which was tailored to their personal needs and wishes. One person told us they had started standing and walking again and this had been supported by staff and a physiotherapist. They were waiting for a new, smaller wheelchair which would fit in the car and would enable them to take part in more activities. They said, "I can get in the car and go further then. I would like to go to [A craft shop]." We observed the person walking and spoke to two healthcare professionals who had visited to support the person. They told us, "Staff are keen to get it right. They sit in and they're really interested. We show them and they observe. They come back to us and ask if they have any questions. [The person] is making really good progress."

People were supported by staff to maintain their interests and hobbies. People's activities varied according to their personal preferences and wishes, including their religious needs. People enjoyed going to a club to meet up with friends, watching TV, colouring, writing or playing with sensory toys. There were posters in the lounge area which reminded people of future events such as pantomimes, clubs and theatre trips. One person said, "I'm going to a church meeting tonight and I go to church on Sunday. I love singing. I go shopping on the train or in the car with my keyworker. I'm aiming towards getting a mobility car. Staff could take me out in it then." Another person was writing a story about their life in the home and the staff who supported them. We saw staff playing board games with people and encouraging them to join in and discuss the game. The atmosphere was fun and there was banter and laughter between people and staff.

People's support was planned with them and with people who knew them well, such as their relatives, staff and relevant health and care professionals. Each person had a keyworker who took a lead role in supporting them and liaising with their family members when necessary. People's support plans included information about all areas of their life and guidance for staff in how to provide the support they required. For example, their communication, eating and drinking, work, social and leisure needs, their health and emotional wellbeing and their goals and aspirations. They also included information about people's end of life wishes where appropriate. Support plans included information on how to promote people's independence and choice, including their right to be in a romantic relationship. We observed staff understood people very well and supported them in line with their plans.

People's support plans were reviewed regularly to ensure they remained relevant and up to date. People, and where appropriate their families, were fully involved in this and were encouraged to share their views. This was confirmed by a person we spoke with who told us, "I have a key worker. We have reviews and go through my care plan in my room. I can read it. I feel involved and in control." A relative told us, "I'm her appointee. They always ring if they need anything or call me if they have concerns." The registered manager explained that one person had informed them who they did and did not want to be involved in their care planning and this was respected by staff.

The provider met the requirements of The Accessible Information Standard. This aims to make sure that people who have a disability or sensory loss get information that they can access and understand, and any communication support that they need. As well as picture books, a range of communication methods were

used by staff to provide information and offer choices, such as showing objects of reference, pictures and a communication board. One person also had an electronic communication aid in their room. A staff member explained how it worked, although the person's preference was to use it when they were at their day centre, so chose not to use it much at home. Their communication support plan provided guidance to staff and highlighted issues to be aware of when using the aid. For example, it was more tiring for the person and to remind staff to charge the batteries overnight.

The home had a complaints procedure and there was an easy read version in the hallway for people to see, which included pictures and photographs of who they could speak to. People told us they would feel able to speak to the staff if they had any concerns and said they would be listened to. We observed people freely discussing issues with staff. For example, why they couldn't have a downstairs bedroom. The registered manager explained this was an on-going request but there were no vacant downstairs rooms at the time and as soon as one became available the person could move into it. A relative told us they didn't have any complaints but would speak to the registered manager or staff if they had any concerns. Where a complaint had been received, this had been investigated and responded to appropriately. A healthcare professional told us, "They [Staff] will do what they can to help sort out any worries, even little things."

Good

Is the service well-led?

Our findings

People said they knew who the registered manager was and that they got on well with her and the staff. One person told us, "They [The registered manager] are here a lot. I can talk to her if I need to." A relative told us the registered manager was very approachable and could speak to them if needed. A health professional told us, "[The registered manager] is very involved. I couldn't say anything negative."

Our observations confirmed that the registered manager was visible, knew people well and was fully involved with people's care and support. They understood their responsibilities under the Health and Social Care Act 2008. For example, submitting relevant notifications of events to the commission when required.

The registered manager had created an open, transparent and supportive culture within the home which empowered staff to to share ideas and raise any concerns. Staff felt supported by the registered manager and said the staff all worked well as a team and supported each other. One staff member told us, "I feel supported 100%. If I have a problem I can come to them [The registered manager and deputy manager]. There is no harassment or discrimination here. It's lovely to work here. I haven't looked back." Another staff member said, "This is my first care job. It's been a life changer. I've learnt a lot from [the registered manager] and the staff. It's so rewarding every day. I was nominated for a Hampshire Care Award and got into the top ten. They have really supported me and helped me learn." Staff understood the visions and values for the home. Comments from staff included, "I treat people like I would want to be treated," and, "It's their home. We want to make it homely for them so they can enjoy living their lives," and, "We try and build their confidence and independence as much as possible."

There were systems in place to monitor the quality and safety of the home and drive improvement. Staff completed on-going checks as part of their daily tasks to ensure people received the care they needed. The provider's quality manager undertook a range of audits took to ensure the registered manager and staff were providing safe and good quality care. Any actions were identified and completed. Policies and procedures were in place and these were periodically reviewed to ensure staff had up to date guidance which was in line with national guidance and good practice.

People told us they felt involved in how the home was run. Residents meetings took place regularly and people were encouraged to share their views and ideas for improving the service. Minutes of the last meeting showed that people discussed the things that were important to them, such as outings, activities and menus. People and their relatives had opportunities to provide feedback about their views of the care provided. The most recent survey results were all positive; relatives had ticked they were either satisfied or excellent. Comments from relatives included, "I can't thank you enough for all the kindness." Health professional told us the staff engaged them appropriately and worked with them to provide holistic care and support which met people's needs.

Staff meetings took place which provided opportunities for staff to share information and good practice. Minutes of recent meetings showed staff discussed a range of issues and were also given a quiz to test their knowledge, for example about safeguarding people. Staff told us that communication in the team was very

effective. They had a handover meeting so that staff coming on shift had up to date information about people and any incidents or changes to their care needs. There was a written copy of the handover so staff could refer to it, and a shift plan with allocated duties to be completed throughout the shift which ensured staff understood their responsibilities and the home ran smoothly.