Friendship Care And Housing Association Limited

Friendship Care & Housing Association - 39 and 41 Derwent Road

Inspection report

39-41Derwent Road
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 12 April 2016 and was unannounced.

39-41 Derwent Road is a purpose built care home consisting of two bungalows. It provides care and accommodation for up to six people with learning disabilities. At the time of our inspection visit, six people were living at the home.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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 were comfortable with staff and relatives were confident people were safe living in the home. Staff received training in how to safeguard people, and had access to the provider's safeguarding policies and procedures if they had any concerns. Staff understood what action they should take in order to protect people from abuse. Systems were used to identify and minimise risks to people's safety. These systems were flexible so people could take risks if they were able to do so and build their independence.

People were supported with their medicines by staff that were trained and assessed as competent to give medicines safely. Medicines were given in a timely way and as prescribed. Regular checks of medicines helped ensure any issues were identified and action was taken as a result. There were enough staff to meet people's needs.

The provider conducted pre-employment checks prior to staff starting work to ensure their suitability to support people who lived in the home. Staff told us they had not been able to work until checks had been completed.

Some people were considered to lack capacity to make decisions. We found that assessments of capacity for these people had not always been completed, and DoLS (Deprivation of Liberty safeguards) applications had not been made as required. However, staff and the registered manager had a good understanding of the Mental Capacity Act, and the need to seek informed consent from people wherever possible.

People told us staff treated them with dignity and respect. We also saw this in interactions between people at our inspection visit, and it was reflected in care records. People were supported to make choices about their day to day lives. For example, they could choose what to eat and drink and when, and were supported to maintain any activities, interests and relationships that were important to them.

People had access to health professionals whenever necessary, and we saw that the care and support provided was in line with recommendations. People's care records were written in a way which helped staff to deliver personalised care, which focussed on people being supported in ways they preferred. Staff tried to

ensure people were fully involved in how their care and support was delivered, and people were able to decide how they wanted their needs to be met.

Relatives told us they were able to raise any concerns with the registered manager, and they would be listened to and responded to effectively, and in a timely way. Staff told us the management team were approachable and responsive to their ideas and suggestions.

There were systems in place to monitor the quality of the support provided in the home. However, these systems had not always identified gaps and inconsistencies in records, designed to keep people with specific health conditions safe.

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's needs had been assessed and risks to their safety were identified. Staff were aware of safeguarding procedures and knew what action to take if they suspected abuse. People received their medicines safely and as prescribed from trained and competent staff. There were enough staff to meet people's needs.

Is the service effective?

Requires Improvement

The service was not always effective.

Where people lacked capacity to make day to day decisions, this was not always assessed. However, where people lacked capacity staff had involved other people to support them appropriately.
DoLS applications had not been made as required.
Staff understood the need to obtain consent from people in relation to how their needs should be met.
People were supported by staff that were competent and trained to meet their needs effectively. People were offered a choice of meals and drinks that met their dietary needs. People received timely support from appropriate health care professionals.

Is the service caring?

Good

The service was caring.

People were treated as individuals and were supported with kindness, dignity and respect. Staff were patient and attentive to people's individual needs and staff had a good knowledge and understanding of people's likes, dislikes and preferences. Staff showed respect for people's privacy.
Staff tried to support people to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

People received personalised care and support which had been

planned with their involvement and which was regularly reviewed. Care was focussed on people's individual likes, dislikes and preferences and staff responded quickly and effectively to people's changing needs. People were supported to maintain any hobbies or interests they had, and were involved in activities they enjoyed. People knew how to raise complaints and were supported to do so.

Is the service well-led?

Requires Improvement

The service was not always well led.

Systems designed to check the quality and safety of the service provided were not always effective so the service could to improve. People felt able to approach the management team and felt they were listened to when they did. Staff felt well supported in their roles and there was a culture of openness.

Friendship Care & Housing Association - 39 and 41 Derwent Road

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.

The inspection took place on 12 April 2016 and was unannounced. The inspection was conducted by one inspector.

We reviewed the information we held about the service. We looked at information received from local authority commissioners. Commissioners are people who work to find appropriate care and support services for people and fund the care provided. We also looked at statutory notifications sent to us by the service. A statutory notification is information about important events which the provider is required to send to us by law.

We reviewed the information in the provider's information return (PIR). This is a form we asked the provider to send to us before we visited. The PIR asked the provider to give some key information about the service, what the service does well and improvements they plan to make. We were able to review the information as part of our evidence when conducting our inspection.

The people living in the home were unable to communicate with us verbally, so we spent time observing their interactions with staff, how they responded and were supported. We spoke with three relatives following our visit on the telephone. We also spoke with the registered manager, one assistant team leader and five care staff.

We reviewed four people's care plans, to see how their care and support was planned and delivered. We looked at other records related to people's care and how the service operated. This included medicine records, staff recruitment records, the provider's quality assurance audits and records of complaints.

Good

Is the service safe?

Our findings

Relatives told us people were safe. One relative told us, "I feel that [relative's name] is safe there. There is always someone in the lounge with [name]. They make sure [name] is not on their own for long." We spent time observing the interactions between the people living in the home and the staff supporting them. We saw people were relaxed and comfortable around staff and responded positively when staff approached them.

People were protected from harm and abuse. Staff had received training in how to protect people from abuse and understood their responsibilities to report any concerns. There were policies and procedures for them to follow should they be concerned that abuse had happened. One staff member told us, "I would report it (potential abuse) to the manager." There was information on display, including contact details of the local safeguarding team, so staff knew who to contact. Staff told us they would escalate concerns if no action were taken. One staff member told us, "We have all the contact numbers we need on the wall in the office."

Risks relating to people's care needs had been identified and assessed according to people's individual needs and abilities. Action plans were written with guidance around how to manage these risks, and reduce them, but indicated actions which maximised people's independence. Staff knew about risks for people and used risk assessments to keep people safe. While risk assessments were clearly written, some people's care records indicated risk assessments had not always been reviewed in line with the provider's policies, which stated they should be reviewed every six months. For example, one person's care records showed their risk assessments had not been reviewed since November 2014. When we spoke with staff about the risks associated with this person's care, they knew what the risks were, how they should be managed and monitored, and what the recent changes in the level and nature of risk for this person had been.
When we spoke with the registered manager about this, they told us they were sure they would have been reviewed however had not been updated on the person's care records. An assistant team leader updated the person's risk assessments during our visit.

Other risks, such as those linked to the premises, or activities that took place at the service, were also assessed and actions agreed to minimise the risks. This helped to ensure people were safe in their environment. Routine safety checks were completed for the premises, these included gas checks and checks on electrical items. Records showed that when staff had reported potential risks, these had been dealt with appropriately. Maintenance work on the home was carried out when issues were reported.

Staff knew what arrangements were in place in the event of a fire and were able to tell us about the emergency procedures they would follow. Fire safety equipment was tested regularly, and the effectiveness of fire drills was assessed and recorded. There were contingency plans to keep people safe if people were temporarily unable to use the building.

Relatives we spoke with told us there were enough staff to meet people's needs. One relative told us, "People are always going out and about, there are enough staff to help them." We saw there were enough

staff on duty to support people to go out for appointments and to attend various groups if they wanted to. We observed there were enough staff on duty to meet people's needs, with people being responded to quickly by staff when they needed support. The registered manager told us there were usually six staff on duty from 9:30 until late afternoon. This reduced to three staff from 3 pm until 10 pm. They told us this was because people had a range of activities they took part in during the day and were supported to be out a lot, so more staff were needed at these times.

The provider's recruitment process ensured risks to people's safety were minimised. The registered manager obtained references from previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions. Staff told us they had to wait for these checks and references to come through before they started working in the home.

People's individual medicines administration records (MAR) included information about the medicines they were taking and what they were for. Known risks associated with particular medicines were recorded and there were clear directions for staff on how best to administer them.

Medicines were stored safely and were administered as prescribed. Where people took medicines on an 'as required' (PRN) basis, plans were in place for staff to follow so that the safe dosages were not exceeded, and so staff knew what to do before they looked to offer medicines. Some people were prescribed Lorazepam on an 'as required' basis. Lorazepam is a medicine that can be used to reduce levels of anxiety and agitation. PRN plans focussed on supporting people so that they did not need PRN medicines.

Staff told us they had training in how to administer medicines safely when they started, and that they were then observed three times by the registered manager to ensure they were competent.
Medicine audit records showed that people's MAR sheets were also checked on a weekly basis to help identify that people were being given their medicines as prescribed. Where errors had been made, records showed this had been quickly identified and that action had been taken to address this with the staff member concerned.

Requires Improvement

Is the service effective?

Our findings

Staff told us they completed an induction when they first started working at the service. This included face to face and online training (on the computer), working alongside experienced staff and being observed in practice before they worked independently. Staff told us this made them feel more confident. We saw that induction training included completing the 'Care Certificate.' The Care Certificate assesses staff against a specific set of standards. Staff have to demonstrate they have the skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support. The registered manager confirmed all staff had an induction to the service and completed induction training. One new member of staff talked about the support they had received whilst on their induction. They told us, "I have had really good support. If there was something I wasn't sure about I have been able to ask."

Staff we spoke with told us they had training designed to help them meet people's basic health and safety needs such as first aid, moving and handling, food hygiene, and safeguarding training. They told us this was 'refreshed' regularly. One staff member said, "Things change every couple of years so it is good to refresh."

Staff also told us the provider was quick to provide them with training to help them support people with specific needs, for example, autism. Staff spoke knowledgably about people's needs, and showed how their training had helped them to understand how people needed to be supported. One staff member explained about the training they had received to help them understand the needs of people with autism. They told us "….people with autism might find it difficult to communicate and understand emotions." They told us they thought this would help them support people better. Relatives agreed staff were well trained, and had the right skills to be able to support people effectively.

A training record was held by the registered manager of the home, which outlined training each member of staff had undertaken and when. The provider had guidance in place which detailed what training staff should complete depending on their role. The registered manager told us the provider was in the process of recording staff training electronically, which would mean the records they kept of when staff had attended training, when they needed to attend training again, and what training was necessary for their role, would be more accurate and accessible. They told us this system was due to be in place by May 2016.

Staff told us they attended regular one to one supervision meetings, which gave them the opportunity to talk about their practice, raise any issues and ask for guidance from the registered manager. Staff told us they had opportunities to talk to either the registered manager or the assistant manager whenever they need to. One staff member commented, "If I have an issue or a concern I can pull them [manager] to one side and talk about it or ask for supervision."

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).

Relatives told us staff asked people's permission before they supported them. One relative told us, "They always ask [name] if they want to go out. They let [name] choose their clothes and where they would like to go." Staff we spoke with told us about the importance of seeking people's consent before supporting them. One staff member said, "We always ask people. [Name] for example, will plan his week out with staff." They also knew about the importance of considering whether or not people had capacity to make particular decisions. One staff member told us, "It is all about weighing things up. We do it the best we can for people. If I don't feel I can make that decision I get a second or a third opinion. For example, we might talk to people's families or professionals." Another staff member talked about a time when they had made a decision in someone's 'best interests'. They told us they had woken someone up to encourage them to have something to eat as they had diabetes, which was unstable. They told us they thought the person did not have the capacity to understand the risks of not eating and the potential impact on their health, so had taken the decision to help keep the person safe.

Care records showed that people's ability to make decisions had not always been assessed. For example, some people had been assessed as needing support with managing their money. Where this was the case, plans were in place so staff knew how people should be supported. These plans focussed on how staff should support people in the least restrictive way possible. However, there were no documented mental capacity assessments seen to demonstrate the person's ability to make decisions based on these activities. Neither was there any record of best interests meetings being held for people who lacked capacity. We discussed this with the registered manager who agreed the way capacity was assessed by the provider could be improved.

The registered manager understood the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS). Whilst they were aware of recent court rulings which had impacted on when an application needed to be made to deprive someone of their liberty, they had not fully understood the implications for the people being supported at Derwent Road. No DoLS applications had been made for people being supported in the home. People lacked capacity to decide where they lived, and were not free to leave the building alone. The registered manager and staff told us doors were locked and people would be unable to leave the home. We discussed this with the registered manager, who agreed this meant people who lacked capacity to decide where to live, were not free to leave, and were under continuous supervision. This meant applications to deprive people of their liberty should have been made. They assured us they would contact the Local Authority and submit DoLS applications as soon as possible.

Risks to people's nutrition and hydration were minimised effectively. Food and fluid intake was monitored and recorded in line with people's risk assessments, and there was clear information for staff on how much people who were at risk should be eating and drinking. This meant it was clear to staff when they should raise an alert about someone's food or fluid intake. Where people had been assessed by Speech and Language Therapy (SALT) as needing a specialised diet, soft food for example, their care records included information for staff on what texture their food needed to be.

Care records showed people were supported to access support and advice from health professionals on a routine basis as well as when sudden or unexpected changes in their health occurred. People had "health passports" which contained important information about them so that they could share this information with health professionals when they had hospital appointments. These contained information that the person might otherwise not have remembered to share. People had "Health Action Plans" in place so it was clear how good health could be maintained, and how health conditions should be monitored by staff.

Good

Is the service caring?

Our findings

Relatives told us the staff were caring and respectful. One relative commented, "Certainly they are caring. I think they try to relate to [name]. They show great kindness to them." Another relative told us, "They try and make it special for each person." Relatives also told us they thought the provider encouraged staff to create a caring environment. One relative told us, "Yes, it is just like home from home." They added, "It is homely, the staff are absolutely brilliant. [Name] loves music so the staff go around singing."

We saw people were comfortable with staff, and were supported in a kind and caring way, which encouraged friendship. Staff communicated well with people, and people responded positively to staff. For example, one person saw a member of staff who normally accompanies them to music therapy. The person immediately smiled, became quite animated and seemed pleased to see the staff member. People were happy to laugh with staff and people were encouraged to maintain their independence. Staff told us the provider's values included a caring ethos, which was understood and promoted by the registered manager. One member of staff said, "Staff here care about people. It is not institutionalised. People get a good quality of life here." Another staff member told us, "It is very good here. I think because of the small number of people living here. It can be very personalised." They added, "People are treated with respect and dignity."

People's care plans were written in a personalised way, which outlined their likes, dislikes and preferences, and helped staff to know they were supporting people in ways they preferred. One staff member told us, "Everything is personal, so they all have their different lives." People's care records also guided staff on the best ways to try and promote people's independence wherever possible. For example, one person's care plan suggested ways staff could encourage them to do things for themselves. It said, "if encouraged, [name] will help stir things." Another staff member told us, "We follow people's care plans so we know how they want to be supported. We don't rush people. Things are done at their pace."

Relatives told us they were involved in regular reviews of people's care plans. One told us, "I do go for care reviews. They let me know what is happening." Another relative commented, "Every so often they phone me up and tell me they are doing a care plan meeting."

People were supported to maintain relationships with family and friends. Relatives told us there were no restrictions on when they could visit the home. One relative told us, "I am always made to feel welcome and I am asked if I want a cup of tea."

Relatives told us they thought staff respected people's privacy and dignity. One commented, "When I go to visit [name] the staff go off and leave me and [name] to ourselves." Staff talked about how they ensured people had privacy when they wanted it. They told us some people wanted to spend time alone in their rooms. They told us they had to balance this with the need to ensure the safety of people who, for example, had health problems which put them at high risk if left alone. Staff told us that where this was the case, they used monitors so people could still have time to themselves but staff would be alerted if they were to have any problems. One staff member told us, "Everyone has their own room. They have time to themselves in their own room when they want it. [Name] likes to eat on their own, so depending on what other people are

doing we will leave the kitchen as this is what [name] wants."

We saw people's personal details and records were held securely at the home. Records were filed in locked cabinets and locked storage facilities, so only authorised staff were able to access personal and sensitive information.

Good

Is the service responsive?

Our findings

Relatives told us staff responded well to people's individual needs. One relative told us, "They have a big 'panel' for [name] to use that makes noises, as [name] likes different noises." Another relative told us, "I think it is a brilliant service. [Name] does a lot more than we were able to do with them." People's care plans included a 'snapshot' of their basic personal details, support needs, likes, dislikes and preferences. This provided staff and other professionals with an 'at a glance' picture of what was most important for them to know about people, so their needs could be met clearly.

Relatives told us people were supported to make choices. One relative commented, "When it comes to food, there are some things [name] doesn't like. They [staff] do other things. It is not at all regimented."

Staff told us people were supported to choose what they wanted to eat and what they wanted to do for the upcoming week. They told us meetings took place between people and the staff supporting them every Sunday. Staff told us they used menu cards at these meetings, which included pictures and photographs of food to help people choose what they wanted to eat. Staff told us they used the same approach when helping people decide what they wanted to do or where they wanted to go that week, as well as information in their care records, and from people's families.

People were supported to maintain hobbies or interests if they wanted to and were coming and going from these during our visit. People had been at a variety of activities including an 'over 55's' club, gardening group, bingo, and music therapy. We saw there were enough staff on duty to support people with these activities, and that they were planned in people's care records. People also had their own timetable of activities so both they and staff knew what was happening and when. People's timetables included pictures and photographs to help them understand this. When asked what they liked about working at the home, one staff member told us, "I like the fact people get involved in doing activities and trying new things." Another staff member told us, "People here go out and about all day if they want to instead of being indoors all day. It is really good here."

Staff were observed to respond quickly when people needed them to. For example, one person had been upset when out with staff. Staff ensured they discussed this with the registered manager and talked about the possible reasons for this, how they were going to monitor this, and who they might contact for support. Another person became anxious whenever there was a change of staff. In order to try and calm the person, we saw staff helped them to lie on the sofa and put a blanket over them, as this technique had been found to reduce their anxieties.

People were assigned a keyworker who ensured their needs were reviewed on a regular basis. A keyworker is a member of staff who is identified to take a lead in overseeing a named person's care and support. The registered manager explained how they decided which staff would support which people. They told us they looked to match people who had similar interests. They added, "Some people seem to be making a choice to respond better to some staff rather than others, so we have tried to change things to reflect that." The registered manager also told us they were in the process of assigning people more than one keyworker.

They told us they hoped this meant it would be easier for staff to keep up to date with care reviews, and that it would be better for people as they would have a wider range of staff who could oversee their care.

The registered manager told us it had been difficult over the past 12 months for care reviews to be as thorough as they would like, as there had been major staff changes. They told us they had been focussing on ensuring reviews had been completed in line with the provider's policies as a priority, but that going forwards they were looking at how reviews could be more effective. For example, they told us they wanted staff to use tactile objects to engage people in reviews of their care. One staff member told us they had already been using 'object reference' to help people to be involved in their own review. They explained that this involved using objects, pictures and photographs that were familiar to the person, to help them communicate and make choices about what they wanted for their care. Staff we spoke with told us they aimed to review people's care plans every three months.

Relatives told us they had little cause to complain, but that they knew how to do so and when they did, they received an effective and timely response. One relative told us, "I have had to raise some very minor concerns in the past and they have been very much dealt with." The registered manager had not received any complaints in the past 12 months. There was information on display about what people could expect and how to complain if they were not happy with anything. The information was in 'easy read' picture format to help people at the home understand their rights. There were policies and procedures in place for staff to follow to ensure complaints were dealt with effectively.

Requires Improvement

Is the service well-led?

Our findings

The provider had systems to monitor the quality and safety of the service with a view to improving it, but there was no evidence that these were routinely carried out and the results used to inform an action plan. Records showed the provider had not sought feedback from relatives since October 2013. Relatives we spoke with confirmed they had received feedback questionnaires in the past, but had not done so recently. However, they told us staff asked them regularly whether or not they were happy with the care and support people were receiving. One relative commented, "If I visit they [staff] ask me if I have any problems or concerns or anything." We did not see evidence that this feedback had been recorded, or that the provider had used it to improve the quality of the service provided. Records showed that, whilst care plan reviews had involved working with people to try and assess how they were feeling about the care they received, this information had not been systematically used to improve the service.

Other quality checks and audits had not always been effective and had not picked up some of the issues we had identified. For example, where people had specific health needs, their care records included information for staff on how these should be managed. Some people were at risk of skin breakdown for example. Care records showed that where people were at risk of this, they had been assessed and risk management plans had been put together by health professionals. However, records designed to ensure staff managed this in line with recommendations, were not always completed regularly. For example, where people are at risk of skin problems, it is often important to ensure they are re-positioned regularly, and this should be recorded to ensure staff know where people have been re-positioned from and to. However, this had not been documented. All the staff we spoke with were able to tell us about the risks for people, and about how they should be managed. They were also able to explain how people's individual health needs should be met in line with recommendations. They were also able to tell us how and when they would pass on concerns to health professionals, and knew what they should be looking out for.

Quality checks and audits had also not identified the need for DoLS applications to be made to people who lacked capacity and were being deprived of their liberty.

We spoke with the registered manager about this and they told us that whilst staff knew what they were doing, it was important that records were kept up to date so they could be assured people were supported in line with recommendations drawn up by health professionals. They acknowledged that their auditing, of care plans for example, had not identified gaps and inconsistencies in records, and that they needed to work on them to ensure they were more robust.

Relatives and staff told us the registered manager was effective in their role and was approachable. One relative told us, "[Registered manager] is laid back and lovely. They keep in contact with us." They added, "[Registered manager] is very good with people and staff. They keep staff happy and keep them working." One staff member told us, "[Registered manager] is very approachable." Staff also told us the registered manager was responsive when concerns were raised about the service being provided. One staff member told us, "We were short staffed just before Christmas. Management could see this so they sorted it out. We have new staff now and are a more established team."

Staff told us it could be challenging when supporting people at the service, but they met regularly with the registered manager for guidance. One staff member told us, "If you need to talk to them they will find a spare minute to talk to you. It is never a problem."

The registered manager was supported by two assistant team leaders, who assisted with supervising staff. The registered manager told us they felt well supported by the provider. They commented, "It is one of the reasons I stay here." They told us, for example, that they had recently been supported to attend a leadership programme, which they felt had given them new ideas about how to manage their staff team more effectively.

Staff told us they had the opportunity to share their views at staff meetings. One staff member told us, "Team meetings are enjoyable and productive as you get the chance to raise things." They told us it could sometimes be difficult for staff who worked during the day to attend these as they would be supporting people to go out. In response to this, the registered manager had 'rotated' day staff on a regular basis to ensure at least one of them had the opportunity to attend each staff meeting. Staff also told us minutes of these meetings were taken so they knew what had been discussed even if they had been unable to attend.

The registered manager monitored and audited the quality and safety of the service. Incidents and accidents relating to individual people were recorded centrally and analysed by the registered manager. They identified trends and recommended actions both for individual people and for the service as a whole. For example, action had been taken to review risk assessments for people as a result.

Records showed that unannounced provider visits were undertaken regularly, to check that the service was run safely and effectively. Where issues were identified, actions were recommended and a record was kept of when and how these were to be completed and by whom. The provider told us, "We look at any lessons learnt as part of our management meetings."

The registered manager understood their legal responsibility for submitting statutory notifications to us, such as incidents that affected the service or people who used the service and they had notified us appropriately throughout the previous 12 months.