

Michael Batt Foundation

Michael Batt Foundation - 13 Longmeadow Road

Inspection report

13 Longmeadow Road
Saltash
Cornwall
PL12 6DW

Tel: 01752310531

Website: www.michaelbattfoundation.org

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

13, Longmeadow Road is a residential care home providing personal care to one person with a learning disability and/ or Autistic spectrum needs. The service is provided in one adapted building.

The service operated in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a domestic style property. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found

We had concerns about the provider not ensuring some health and safety precautions were being taken. For example in respect of fire precautions in place and testing of portable electrical appliances. There also were not any control measures in place to prevent the risk of legionella. However once issues about legionella and portable electrical appliances were highlighted, the registered persons agreed to get these checks done. A visit from the fire officer was arranged and has made recommendations. Otherwise appropriate risk assessment procedures were in place so any risks to people, staff or visitors were minimised.

The service had some systems to monitor service delivery and bring about improvement when necessary. However we had some concerns about health and safety precautions in place, and before our visit the provider had not taken suitable action to minimise these risks.

The service had suitable safeguarding systems in place, and staff had received training about recognising abuse.

Staff were recruited appropriately. Staffing levels were satisfactory, and people received timely support from staff when this was required.

The medicines system was well organised and staff received suitable training. People received their medicines on time.

The building was clean, and there were appropriate procedures to ensure any infection control risks were minimised.

The service had suitable assessment and care planning systems to assist in ensuring people received effective and responsive care.

Staff received induction, training and supervision to assist them to carry out their work.

People received enough to eat and drink. People were involved in food shopping and cooking for the household.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received support from external health professionals and were encouraged to live healthier lives.

People said they received support from staff which was caring and respectful. Care promoted people's dignity and independence. People were involved in decisions about their care.

People had the opportunity to participate in activities and to spend time with the wider community.

People felt confident raising any concerns or complaints. Records showed these had been responded to appropriately.

The service was managed effectively. People and staff had confidence in the registered manager.

The manager was able to demonstrate the service learned from mistakes to minimise them happening again.

The team worked well together and had the shared goal of providing a good service to people who lived at the home.

The service worked well with external professionals, and other organisations to provide good quality care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 2 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was not entirely safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not entirely well-led.

Details are in our well-Led findings below.

Requires Improvement ●

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by one inspector.

Service and service type

13, Longmeadow Road 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced because this is a small service and we wanted to be assured staff would be present to meet with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with one person who used the service about their experience of the care provided. We spoke with two members of staff including the registered manager, and care workers.

We reviewed a range of records. This included one person's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question was rated as requires improvement. This meant people were not entirely safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- The service did not have necessary fire precautions. There was no record portable electrical appliances had been tested since 2016. After the inspection, the fire authority visited and has made recommendations.
- Although there was a policy about reducing the risk of legionella, no risk assessment had been completed about this matter, and there was no evidence of testing and other controls in place appropriate for the service.
- The registered manager agreed to take suitable action when the health and safety concerns were highlighted.

We found no evidence that people had been harmed. However, the lack of satisfactory fire precautions, and control measures to minimise the risk of legionella put people at risk of harm. This is a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other aspects of the environment and equipment were safe and well maintained. For example there was a record the electrical circuit of the property had been tested, and other health and safety precautions were satisfactory. Where shortfalls were highlighted at the inspection, the registered manager agreed to take suitable action following the inspection.
- Risk assessments were in place to reduce the risks to people and guidance was provided.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place and all the staff we spoke with had a good understanding of what to do to make sure people were protected from harm or abuse.
- The provider had appropriately used multi agency safeguarding procedures if they had had a safeguarding concern and CQC was informed by the provider as necessary.
- People told us that if they didn't feel safe they would speak with a member of the care staff or the registered manager and felt sure they would help them solve the problem.

Staffing and recruitment

- There were enough staff to support people's needs. People were always provided with one to one staffing, or a staff member was available on call in the case of emergency.
- On the day of our visit, when people needed assistance, staff responded promptly.
- Staff were recruited safely to ensure they were suitable to work with people. For example, in respect of staff who started to work at the service since the last inspection, a suitable recruitment procedure (including obtaining a Disclosure and Barring Service check and obtaining references) was completed.

Using medicines safely

- Systems for administering, storage and monitoring medicines were safe.
- Staff were trained and deemed competent before they administered medicines. Medicines were kept secure.
- When medicines were prescribed for use 'when required' there was sufficient information for staff to administer these medicines effectively.

Preventing and controlling infection

- The service was clean and risks of infection were minimised.
- Staff received suitable training about infection control and food hygiene. Throughout the inspection we observed staff carrying out suitable infection control measures for example, where necessary, wearing aprons and washing hands.

Learning lessons when things go wrong

- The registered persons said the service learned from mistakes. The registered manager said there had been no significant incidents since the last inspection. Care and general work practices were regularly reviewed at team meetings, and through one to one supervision.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question remains the same. This meant that there were positive outcomes for people living at the service.

Adapting service, design, decoration to meet people's needs

- The building was suitably adapted to meet people's needs. People had access to a lounge, and a dining area in the kitchen. A second lounge was equipped with a dart board and a pool table, which reflected the preferences of people living in the service.
- The building was decorated to an adequate standard, although decorations both internally and the outside of the building were in some areas dated and in need of refreshment. Furnishings and carpets looked clean and were well maintained.
- People could choose to personalise their bedrooms with photographs, televisions and other personal possessions. People were happy with the facilities provided. One person had recently redecorated their bedroom and were happy with how this had been completed.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- There had been no recent admissions to the service. The service however had suitable systems to assess new people moving to the service should this be required. For example the registered manager said she would always meet with the person, and discuss their needs with them and with those who knew them well. Where possible written reports outlining the person's needs would be obtained from those who worked with them. Any new people would have the opportunity to visit the service before a decision was made as to whether the service could suitably meet their needs.
- Assessments of people's needs were detailed, expected outcomes were identified and care and support were reviewed when required.

Staff support: induction, training, skills and experience

- Staff had records to demonstrate they had received an appropriate induction. The registered provider was aware of the Care Certificate (a set of industry approved induction standards, recommended for use by the Care Quality Commission.) Existing staff, who had been in post for many years, had been asked to complete the Care Certificate, as a way of refreshing their knowledge and skills.
- Staff we spoke with said they had received appropriate training to carry out their roles so they could support people to a good standard. Records demonstrated staff had received training required according to legal and industry standards.
- Staff told us they had received positive support through supervision. This enabled them to maintain their skills, knowledge and ongoing development. Staff told us they could speak with the registered manager and other managers in the organisation if they had any concerns. A member of staff said, if the manager was not present that they could, "Always pick up the phone if (they) had a problem, or needed to get anything off

(my) chest." Records showed supervisions were regularly completed, and comprehensively recorded.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to receive meals, in a timely manner, which met their dietary requirements.
- People we spoke with told us they liked the home cooked food. They told us they were offered choices around what to eat. People contributed their ideas when developing the menu. People told us, "I have what I like to eat."
- Where necessary arrangements could be made to monitor people's food and fluid intake to minimise the risk of obesity or malnutrition, and dehydration. Where necessary records were kept about what people ate and drank.
- People were supported to be independent. People were involved in food shopping. People were encouraged to be involved in preparing drinks, snacks and meals.

Staff working with other agencies to provide consistent, effective, timely care

- Staff responded to people's health care needs. People told us staff called their doctor if they felt unwell.
- People said they could see other health professionals such as dentists and opticians. Where necessary this support was recorded in people's files.
- The registered manager said the service received suitable support from the learning disabilities team. Referrals would be made to other health professionals such as dieticians as necessary.

Supporting people to live healthier lives, access healthcare services and support

- People were encouraged to eat healthy diets.
- People were encouraged to take regular exercise, for example to go for walks.
- People could either contact health professionals independently or received suitable support to do so.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

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

- When the registered manager had applied for DoLS on behalf of people, clear records of applications and authorisations, as well as any records when authorisations needed to be renewed, were kept.
- Where necessary 'best interest meetings' were held and a record of these were kept.
- Staff had received training in the MCA and consistently asked people for consent to ensure they were able to make daily choices.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed people were treated with kindness and were positive about staff attitudes. We received feedback from people which supported this. People told us, "Staff are kind to me."
- We observed positive interactions between staff and people who used the service. One staff member said care is "Professional and respectful."
- People received regular opportunities to have a bath or a shower. Where people received support this was documented in people's care records.

Supporting people to express their views and be involved in making decisions about their care

- People told us they felt listened to about their day to day care for example what they wanted to eat, where they wanted to spend their time, and if they wanted to be involved in the activities provided. Throughout the inspection staff were observed consulting people about what they wanted.
- People could get up and go to bed at a time of their choosing. We observed the service had a flexible routine. People were also consulted about their care, and care plans, for example through regular discussions with care staff. One person said, "I can do what I like."

Respecting and promoting people's privacy, dignity and independence

- People were treated respectfully and staff were committed to providing the best possible care for people.
- People were supported to maintain and develop relationships with those close to them.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff were knowledgeable about people and their needs. The staff team had worked with people for several years and knew them well. Good relationships had been built up between staff and the people who lived at the service.
- Care plans contained relevant and up to date information about people's needs. For example, the person's diagnosis and what support staff needed to provide them with.
- Staff knew how to communicate with people and ensured they used their knowledge about people when supporting people to make choices.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Where necessary staff would read out, or verbally inform people, of relevant information if necessary (for example personal correspondence, menus, service information). As appropriate pictorial formats were also used. This reflected people's needs and was recorded and shared accordingly.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People said they enjoyed the activities. One person told us that they could make choices about what they wanted to do each day, and staff would assist them with what they wanted to do.
- People had the opportunity to participate in activities of their choice. For example trips into town or going to the cinema. People were also involved in tasks to facilitate domestic living such as going to pay their rent and going shopping
- Birthdays, cultural and religious festivities were celebrated and people had the opportunity to visit local places of religious worship if they wished.

Improving care quality in response to complaints or concerns

- People who we spoke with said they felt confident that if they did make a complaint it would be dealt with quickly. For example people could speak with care staff, the registered manager or directly to the Chief Executive of the organisation if they wanted. We spoke to one person who used the service and they had no complaints or concerns about staff, or how the service operated.
- The complaints procedure was provided to people in a format they could understand, and their relatives.

There had been no formal complaints since the last inspection.

End of life care and support

- None of the people who lived at the service required end of life care. The registered manager said people regarded the service as their home and if any person had a terminal illness they would receive suitable support from the service and external professionals to remain at the service. Support from district nurses, GP's and other external professionals would be sought.
- Where necessary and appropriate staff discussed people's preferences and choices in relation to end of life care with them and their relatives.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question is rated as requires improvement. This meant that the service was not consistently well managed and well-led because the registered persons had not taken suitable action to minimise all health and safety risks.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Quality assurance procedures were not entirely effective. Although there were some systems in place to identify concerns with the quality and safety of care, the registered provider had not identified risks and taken suitable action in regard to some aspects of fire safety and legionella. We have issued a requirement notice about these matters.
- The service had a registered manager who had worked at the service for several years. The registered manager displayed suitable skills and knowledge to manage the service effectively. The registered manager was supported by the chief executive, and also through clinical supervision from an external health professional.
- Staff shared information appropriately by ensuring there were detailed records kept and through discussion at team meetings. This assisted good communication within the team and consistency of care.
- The registered persons had ensured that their rating was displayed at the service. The registered manager had notified us about events which happened in the home.
- A survey had been completed about the service. Responses received had been positive.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager said the emphasis at the service was "to assist people to live their lives as best as they can, and to help them to live how they wanted to," and "To make lives better for people," to live an active lifestyle. The people we spoke with were happy with the service.
- People told us they liked the manager and thought the service was well managed and staff told us they felt listened to and that the registered persons were approachable, open and honest. A staff member said, "Management is good," and "Very approachable."
- Staff said the team worked well together. Staff told us, " There is a settled team," and staff approaches were, "Pretty consistent."
- Staff told us, and we saw records to show, they had regular team meetings.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had a good understanding of the duty of candour and said staff would always ensure apologies were given if things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had a calm atmosphere and was welcoming and friendly. People and staff appeared to have positive, friendly and professional relationships.
- Staff were also able to raise concerns and suggestions about the service. Staff said they had regular one to one supervision and staff meetings. All the staff we spoke with had confidence that the registered manager would take action on any issues raised.

Continuous learning and improving care

- The service had a satisfactory system of audits in place for example in respect of the management of the medicines system, staff training, and care planning.
- The registered manager encouraged feedback and acted on it to continuously improve the service, for example the day to day care received by people at the service.
- Staff told us that they felt able to raise issues with the registered manager if they had any concerns about how the service was run, or people's care.

Working in partnership with others

- The service had good links with statutory bodies such as the local authority and learning disabilities team, the local community and the provider worked in partnership to improve people's wellbeing. For example we received information from the local authority to confirm they were happy with the operation of the service.
- People had opportunities to maintain positive links with their community, families and friends.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The service did not have suitable fire precautions. There was no record the portable electrical appliances had been tested since 2016. There was not satisfactory precautions in place to prevent the risk of legionella</p> <p>The lack of some health and safety precautions put people at risk of harm. This is a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>