

Ability Housing Association Fiddlers Green

Inspection report

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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

Fiddlers Green provides accommodation and support to up to seven adults with physical disabilities and learning disabilities. At the time of our inspection seven people were using the service all of whom had been living at Fiddlers Green for a number of years.

At our previous inspection on 9 December 2014 the service was rated Good.

At this inspection we found the provider had not ensured that staff remained up to date with their training requirements to ensure they had the knowledge and skills to undertake their roles. Some staff had not completed their mandatory training and had not undertaken the required refresher courses, particularly in regards to medicines management, moving and handling and safeguarding adults.

The registered persons had not adhered to all the requirements of their registration with the Care Quality Commission and had not submitted statutory notifications about key events that occurred as required by law.

The provider held regular meetings to review service performance and the provider and registered manager checked on the quality of service provision. However, we found these checks were not sufficient to address concerns identified in regards to staff training, notifications and also in regards to regular checks on the stocks of medicines at the service.

The provider was in breach of the legal requirements relating to staffing, good governance and notification of incidents. You can see what action we have asked the provider to take at the back of this report.

The provider continued to keep people safe. Risk management plans were in place and staff assessed the risks to people's safety as their needs changed. People received their medicines as prescribed. Staff were aware of their responsibilities to safeguard people from abuse and were aware of the reporting procedures if they had any concerns. There were sufficient staff on duty to meet people's needs.

Staff supported people in line with Mental Capacity Act 2005 and obtained people's consent before providing support. Where people did not have the capacity to consent, 'best interests' meetings were held. Staff continued to support people with their nutrition and health needs.

Staff continued to maintain friendly caring relationships with people. They respected people's privacy and maintained their dignity. Staff supported people with their individual needs, including in relation to their cultural and religious needs. People had regular visitors and maintained contact with those important to them.

People's care and support needs continued to be met and people received individualised care. People were involved in planning their care and identifying what goals they would like to achieve. Staff encouraged

people to use their skills and maintain their independence. Arrangements were in place to manage complaints.

There were processes in place to obtain feedback from people and staff about their experiences of the service and to obtain any suggestions they had for improving service delivery. Staff felt well supported and able to access the registered manager for advice.

Further information is in the detailed findings below.

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 remains good.

Is the service effective?

Requires Improvement ●

Some aspects of the service were not effective. Staff had not been supported to have regular access to training courses to ensure their knowledge and skills stayed up to date with current good practice.

Staff supported people in line with the Mental Capacity Act 2005. They supported people with their nutritional and health needs.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Requires Improvement ●

Some aspects of the service were not well-led. The registered persons had not submitted statutory notifications about key events that occurred at the service as required by their Care Quality Commission registration. Some of the quality checks required improving, particularly in regards to medicines management, staff training and notifications.

There were opportunities for staff and people to feedback about the service and make suggestions for improvement.

Fiddlers Green

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.

A comprehensive inspection took place on 8 February 2017 and was unannounced. The inspection was undertaken by one inspector.

Before the inspection we reviewed the information we held about the service, including statutory notifications submitted about key events that occurred at the service. We also reviewed the information included in the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with five people and two staff. We reviewed two people's care records. We reviewed records relating to the management of the service, staff training and supervision and the management of people's medicines and finances. After the inspection we spoke with two members of the provider's management team, had email contact with the registered manager and spoke with a healthcare professional supporting one person using the service. We received additional evidence regarding staff training and quality checks.

Is the service safe?

Our findings

People told us they felt safe at the service. They said staff had told them what to do in the event of an emergency, for example if there was a fire in the home. People also told us about the alarm system in place throughout the building which they could use if they needed urgent support.

Staff continued to keep people safe. On the whole staff had reviewed the risk management plans in place and undertook assessments for any new risks that arose in relation to changes in people's behaviour or support needs. We identified that one person's documented risk assessments had not been reviewed within the last year. We discussed this with the staff on duty at the time of our inspection and they said they would ensure the paperwork was updated. Nevertheless, staff we spoke with were able to describe the risks to people's safety and how these were being managed and mitigate.

In addition, the people we spoke with were aware of the risks to their safety. For example, there was a hot water urn in the communal lounge so people could help themselves to hot drinks throughout the day without having to access the kitchen where there were additional risks to their safety. People were aware of how to make a hot drink safely. One person said they were safe to make their own drinks but they needed support to carry their drink because they were at risk of spilling the contents when mobilising.

Staff were aware of the incident reporting process. Incidents and accidents were reported to the registered manager so they could ensure that appropriate action was taken to support the person at the time and to minimise the risk recurring.

Staff were able to describe different types of abuse and were aware of the reporting procedures to follow if they had concerns a person was being harmed or at risk of harm. Any concerns regarding a person's safety were discussed with the local authority safeguarding team and staff followed guidance given about how to further protect the persons involved.

There continued to be sufficient staff on duty to meet people's needs. Since our previous inspection some staff had left and senior staff informed us there had been difficulties in recruiting to vacancies at the service. As the registered manager was not available during our visit we were unable to review the recruitment documents for staff hired since our previous inspection. However, staff assured us that the provider's recruitment processes checked at our last inspection continued to be followed.

The vacancies were being covered by staff undertaking additional shifts and on occasion with agency staff. As a minimum two staff were on duty at the service when people using the service were at home. Where possible three staff were on duty to enable staff to take people out in the community, to participate in activities and to accommodate any healthcare appointments people needed escorting to. The staff rotas confirmed that there were at least two staff on duty and at different times during the week a third member of staff was on duty.

Staff continued to support people to receive their medicines as prescribed. We saw that medicines were

stored securely and at appropriate temperatures. Staff arranged for people's medicines to be delivered to the service and for repeat prescriptions to be ordered on time to ensure people's medicines were available at the service. Records were kept of all medicines delivered to the service. Staff also kept records of the medicines administered, this included medicines delivered in blister packs, additional boxes and topical creams. We saw that accurate medicines administration records were maintained.

Is the service effective?

Our findings

The provider had not ensured that staff had completed the required training and refresher courses to ensure their knowledge and skills stayed up to date with current good practice. Staff were expected to complete the provider's mandatory training within the first six months of employment and undertake regular refresher courses. However, this was not always adhered to. Out of the 10 staff employed at the service we saw from the training records we were provided with that four staff had not undertaken moving and handling training and a further two staff had not undertaken moving and handling training since 2013. Two staff had not undertaken safeguarding adults training since 2014. Some staff were not up to date with their medicines administration training. The registered manager and staff member responsible for checking medicines processes had not received refresher training since 2013 and 2014 respectively meaning there was a risk that they would not be up to date with current good practice. The provider was in breach of regulation 18 of the HSCA 2008 (Regulated Activities) Regulations 2014.

Staff told us they received the support they required to undertake their roles. The majority of staff received regular supervision which gave them the opportunity to discuss their roles and key responsibilities.

Staff continued to support people in line with the Mental Capacity Act 2005. Staff were aware that people's capacity to consent depended on the decision to be made. The majority of people using the service had varying capacity but were able to consent to most decisions regarding their care and the support provided. When people did not have the capacity to consent, 'best interests' decisions were made by staff and relevant health and social care professionals, with input from the person's relatives.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff had been authorised to deprive one person of their liberty to ensure their safety. The registered manager organised for this arrangement to be reviewed annually to ensure it remained in the person's best interest.

People told us they choose what they ate each day and that the staff supported them to prepare and cook their meals. One person told us, "The food's lovely." Staff supported people to maintain a healthy lifestyle and gave them information about balanced meals and basic nutrition. Staff identified that one person was drinking a lot of caffeinated drinks prior to going to bed and this was impacting on their sleep. Staff informed the person about the effects of caffeine and supported them to have decaffeinated tea and coffee in the evenings which had enabled them to go to sleep more easily.

Staff continued to support people to have their health needs met. People had a health action plan and received their annual health reviews. A health action plan is a personal plan which outlines how the person can remain fit and well and what support they require from staff and healthcare professionals to do this. Staff liaised with specialist healthcare professionals when people required it. For example, one person informed staff they were having difficulties sleeping. Staff liaised with an occupational therapist who identified a specialist bed which would help the person's posture and has enabled them to sleep better.

Is the service caring?

Our findings

One person told us, "I love this place. It's my home...everybody's lovely. The staff are lovely." Another person said, "It's very nice here. People are nice. The staff are very helpful." Staff had built friendly relationships with people. Through discussions with people and staff we heard that people were put at the centre of the service and staff had spent time getting to know people. One person said, "Everybody knows everybody, that's the beauty."

Staff respected people's privacy and dignity. Staff asked for people's permission before entering their rooms and did not enter people's bedrooms whilst they were out. Staff treated people with respect and appreciated that the service was people's homes. People were able to freely access areas of the service and help themselves to the resources available to them.

People told us their relatives often came to visit them at the service. People's families were welcomed at the service and staff supported people to maintain relationships with individuals important to them.

Staff respected people's individual differences and supported them with the cultural and religious preferences. Many of the people using the service told us they were supported to visit their preferred church and attended services on Sundays. However, from discussions with people and healthcare professionals it was identified that some people may benefit from additional support around their sexuality.

Staff continued to share information about how people communicated and supported people to express their views and opinions. Staff were knowledgeable about how much information people understood and how to support people to express themselves, including providing people with time to process information. One person had been provided with an electronic tablet which had been set up to help them communicate. This included set menus related to their personal care routine, emotions and a free text option for them to spell out what they wanted to say.

People told us they continued to be involved in decisions about their care and the service. Staff involved people as much as possible in day to day aspects of the service. People told us they were given choices around their daily routine, what times they had meals and how they spent their day.

Is the service responsive?

Our findings

One person told us appreciated the support provided by staff and that staff supported them with their individual needs. They said, "If there's anything you want to do they organise it. Like if you want to go on holiday."

People told us they continued to receive the support they required from staff. People said they were allocated a key worker. This was a dedicated member of staff who led on their care and support needs. Staff liaised with people and identified if people's support needs changed. Care plans were regularly updated and instructed staff how to support people. These were written with people so the plans clearly outlined people's desired goals and their preferences for how they were supported. Staff were supporting people to achieve their goals and we saw that some people were making positive progress towards achieving them.

Staff continued to support people to maintain their independence. This included providing people with specialist equipment which enabled them to use electrical items in their bedroom including their telephone without having to ask staff to do this for them. People were supported to develop their skills and do as much as they could for themselves, including daily living tasks such as preparing drinks and tidying their rooms. Staff supported people to remain comfortable whilst undertaking tasks independently. For example, one person was able to travel on their own but they requested that someone they knew, meet them at the place they were traveling to.

People told us they were encouraged to undertake activities and hobbies they were interested in. One person told us they enjoyed gardening. They went with staff to the garden centre to choose the plants for the garden and there were raised flower beds at the service which they could access so they could actively take part in maintaining the garden.

People told us they felt comfortable speaking to any of the staff if they had any concerns or worries. One person told us if they had a complaint they would speak with the manager or their key worker. Staff asked people during their regular key worker meetings if they had any concerns and checked that people were aware of how to make a complaint. Staff told us there had not been any complaints since our last inspection and therefore we did not look at this area in detail. However, the provider's complaint process still remained in place to ensure that any complaints made were dealt with appropriately.

Is the service well-led?

Our findings

A registered manager was in post and had been managing the service since 2010. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Unfortunately, due to unforeseen circumstances the registered manager was not available during the inspection visit.

The registered persons did not adhere to all of their CQC registration requirements. We found that statutory notifications were not always submitted as required. The registered manager had applied to the local authority for authorisation to continue to deprive a person of their liberty. We had not been informed about the outcome of their renewal application. The registered manager had raised a safeguarding alert with the local authority due to some concerns that arose regarding people using the service. We had not been notified of the safeguarding concerns as legally required by their CQC registration. The provider was in breach of Regulation 18 of the CQC (Registration) Regulations 2009.

The registered manager undertook spot checks to ensure staff provided people with the support they required and adhered to the provider's policies and procedures. This included in regards to care planning and risk assessments, incident reporting, safeguarding procedures, medicines errors and deprivation of liberty safeguards. The registered manager had also arranged for the local pharmacist to audit medicines management processes. However, we found that sufficient checks were not in place in regards to stocks of medicines. Staff told us there were no regular stock checks which meant medicines could not be accurately accounted for and there was a risk that some medicines may be misplaced without staff's knowledge. We spoke with the staff in charge on the day of our inspection who said they would ensure regular stock checks were introduced so they knew the amount of medicines stored at the service. We saw the registered manager's checks had not identified the concerns we found in regards to staff training and notifications so that appropriate action could be taken to address these concerns.

The provider's head of care and support visited the service to review the quality of service delivery, obtain people's feedback on the support provided and review staff's adherence to the provider's policies and procedures. We asked the provider for the most recent audit findings and we were provided with the review findings from December 2015. This audit reviewed key areas of service delivery including medicines management, key working, care records, staff training and respecting people's privacy and dignity. This audit had identified a number of actions to be completed to ensure good practice was being delivered. This included in relation to a staff's member moving and handling training, ensuring care records contained up to date information and reviewing local medicines management guidance. Whilst these individual concerns had been addressed, we found there still remained some area for improvement in these areas.

The two paragraphs above show the provider was in breach of Regulation 17 of the HSCA 2008 (Regulated Activities) Regulations 2014.

A process was in place for service users from the provider's other services to visit and speak with people about their experiences of living at the service. We saw the findings from a visit in June 2016. Through this process positive feedback was obtained from people about the service and the support they received. There were examples of where people had made suggestions to staff and these were taken on board, including putting a hot water urn in the lounge so residents could help themselves to hot drinks throughout the day. An action plan was produced following the feedback received and we saw that these had been acted upon.

The provider continued to hold two monthly groups, a 'quality management meeting' and an 'operational management meeting'. These groups reviewed the findings from the various quality checking processes and tracked compliance with the action plans. These meetings were also used to review key performance information, adherence with the Health and Social Care Act 2008 regulations and adhering to commissioning arrangements.

Staff told us they felt well supported by the registered manager and they were able to contact them if they needed any advice. The registered manager continued to hold regular staff meetings and meetings with people using the service. These meetings gave staff and people the opportunity to feedback about the service and to raise any concerns, comments or suggestions they had.

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	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered persons did not notify the commission of allegations of possible abuse or the outcome of a deprivation of liberty safeguard application. Regulation (1) (2) (e) (4a) (4b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered persons did not have sufficiently robust procedures to review and monitor the quality of service delivery and make improvements where required. Regulation 17 (1) (2) (a).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered persons did not ensure that staff received appropriate training to carry out their duties. Regulation 18 (2) (a)