

# 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 is a small residential home for up to six people with a learning disability. The home is set in a quiet road and is an ordinary house in an ordinary street. It has a large open plan living area with a conservatory leading out into a very large enclosed garden. There was a large shed at the bottom of the garden that could be used for activities. The garden provided a lot of space for people. The home is wheelchair accessible. There is a through floor lift.

The home 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.

Staff understood how to recognise the signs of abuse and how to report any concerns within the service and to external agencies such as CQC and the Local Authority. There was a safeguarding and whistleblowing policy in place which included relevant contact details and telephone numbers for reporting concerns.

Training and supervision was in place to support staff and ensure they were competent to carry out their role.

Recruitment practices were robust and staff were checked for suitability to support people in an adult social care setting before starting work.

Staff interacted with people with kindness and respect and promoted their independence and wellbeing.

People had person centred plans which helped to ensure that people's wishes and skills were recorded along with their support needs.

People's health needs were responded to in a way that protected their rights and ensured they were supported and their wishes listened to.

Risks to people were managed effectively and enabled them to participate in life in the community.

Medicines were managed, stored and disposed of safely and administered by staff who had been trained to do so.

Systems were in place to assess and monitor the quality of the service such as medicines audits, staff surveys and gaining feedback from people using the service. Regular checks were carried out in relation to the environment and equipment, and procedures were in place to report any defects and take necessary action.



## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

People were protected from abuse and avoidable harm.

Risks to individuals were managed so they were supported to maintain their independence.

There were enough staff to ensure that people's needs were met safely and they were enabled to participate in activities when they wished. Recruitment practice was robust and ensured people were safe.

People's medicines were managed by staff who were competent and this ensured that medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

People received effective care from staff who were competent, skilled and knowledgeable.

People were involved in making choices about the food they ate.

People were supported to maintain good health and had access to healthcare professionals when necessary. Staff ensured people's healthcare needs were addressed and they were supportive in advocating on their behalf when necessary.

### Is the service caring?

Good ●

The service was caring

Staff developed positive caring relationships with people living in Forty4.

People are actively supported to be involved in making decisions about their care.

Care staff understand and promote people's dignity and privacy.

### Is the service responsive?

Good ●

The service was responsive

People received care which was personalised to their needs and wishes. They are supported to participate in activities of their choice.

People are supported to maintain relationships important to them.

there are systems in place to listen to people's experience of care and respond to their concerns.

### Is the service well-led?

Good ●

The service was well-led

The culture of the home focuses on the needs of the individual and they are at the centre of the values of the care delivered.

The management of the home is about advocating for the individual and ensuring that their needs are the focus of everyone working in the home.

The registered manager knows the importance of providing quality care and has systems in place to ensure there is continual improvement.

# 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 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.

This inspection took place on Saturday 19 March 2016 and was unannounced.

The inspection was carried out by an inspection manager.

Before the inspection we reviewed notifications and other information about the service. A notification is information about important events which the service is required to send us by law.

Some people were not able to talk to us about their care because of their limited communication. We talked to two people using the service, spoke with three staff and the registered manager. We pathway tracked one person, observed daily life in the home including lunch. We reviewed two recruitment records. We looked at three care plans. We looked at a variety of records including the safeguarding policy and the training record. We looked at two staff recruitment files, reviewed medicine records for two people. We looked at quality assurances audits, policies and procedures relating to the running of the service, maintenance records. We looked at staff rotas.

# Is the service safe?

## Our findings

One person told us that they had to be hoisted they said " I feel safe when hoisted by staff." One person told us that after an incident they had not felt safe around a member of staff. They told us that they had spoken with the registered manager and this had been addressed.

Care staff were aware of what actions and behaviours would possibly constitute abuse. They were able to describe types of abuse and what action they would take if they suspected abuse. There was information in the office if care staff needed to contact external agencies and staff had access to the office at all times. Care staff received safeguarding adults training. People were protected from the risks of abuse because staff understood the signs of abuse and the actions they should take if they identified these. The safeguarding policy included the whistleblowing procedure . Whistleblowing is when a staff member can raise concerns anonymously outside of their own organisation.

Risks to people's health and wellbeing were identified and guidance provided to mitigate the risk of harm. Each person had a person centred risk assessment covering areas of risk specific to their needs. For example, one person had a risk assessment detailing the use of a wheelchair when at the station and getting on the train. Staff understood the risks and used handover at the start of each shift to ensure issues were passed on to new staff.

Robust recruitment procedures ensured people were assisted by staff with appropriate experience and who were of suitable character. Staff had undergone detailed recruitment checks as part of their application process and these were documented. These records included evidence of good conduct from previous employers in the health and social care environment. Recruitment checks also included a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who use care services. People were kept safe as they were assisted by staff who had been assessed as suitable for the role.

People were assisted by sufficient numbers of staff to be able to meet their needs safely. When we visited on a Saturday, people were able to go out and participate in activities because there was enough flexibility with the number of staff to meet people's individual needs. Care staff were responsible for cooking meals and for ensuring the home was clean. There were three care staff on duty.

People received their medicines safely as arrangements were in place for the safe storage, administration and disposal of medicines. The provider had systems in place for ordering, receiving and disposal of medicines which were well managed. A member of staff showed us the how the system worked. The storage of medicines met the required standards. Staff received training in administering medicines and staff competency was re-assessed annually or reviewed when required. Medicine Administration Records (MAR) charts were signed by staff after each medicine was given to record that the person had taken it successfully. We were told how to ensure that medicines were managed safely at all times there had been considerable forward planning for when the deputy was away and a member of staff was trained to manage medicines in the deputy's absence.

People were cared for by staff who had demonstrated their suitability for the role. All staff had completed an application form and any gaps in employment history had been accounted for. The provider had carried out relevant checks on staff skills and experience, and obtained satisfactory references that confirmed their previous employment and good character. Criminal records checks were completed which ensured the suitability of staff to work with people in a residential care setting.



# Is the service effective?

## Our findings

People told us that they were able to eat the food they liked. One person said " staff take me out for coffee when I want".

People were supported to have sufficient amounts to eat and drink to maintain a balanced diet. People were supported to be involved in choosing the menus which were planned in advance and were on display in clear photographs in the kitchen area. There was a book of meal photographs which enabled people to make choices. Staff knew about people's food preferences and there was a list of people's food likes and dislikes for staff to refer to when preparing meals. People were supported to make choices about the food they ate, and alternatives were available if they chose not to have what was on the menu. Care staff prepared lunch and used fresh ingredients. We observed the lunch meal being served, people could choose where they sat to eat and at what time they wanted to eat. For example, one person sat in the conservatory to eat and another person chose to watch television while eating. People were given assistance to eat and drink. For example, one person was able to eat their meal independently because they used adaptive cutlery.

People were cared for by staff who received support and training which included safeguarding adults (to help staff to understand how to keep people safe from abuse), health and safety and first aid. Staff also had specific training that was relevant to people's needs, such as autism awareness, and opportunities for on-going development such as a level 2 diploma in health and social care. Care staff told us that they were concerned about the hoist used for one person and they had raised this following moving and handling training. The registered manager had sought advice from the moving and handling trainer and from an occupational therapist however care staff were still worried they might hurt themselves. there was a training plan which listed the provider's mandatory training such as duty of candour and safeguarding. We could see that staff were booked on courses for the coming year.

People were supported by staff who received effective supervision and appraisal. The registered manager provided regular individual supervision meetings for staff and recorded what was discussed and the actions required so this could be followed up. Staff told us they received supervision, and where due, an annual appraisal. Staff told us they felt supported by the registered manager who was approachable and responsive.

People were supported to maintain good health and could access health care services when needed. We spoke with the registered manager about the health needs of people in the home and they explained how they were supporting one person with on going health needs. The person had needed frequent visits and admissions to the hospital and the registered manager explained how they had worked with health care professionals to ensure that this person's needs were met, by reducing the travel time to appointments and reducing the admissions and where possible reviewing their health needs at home. This was because the time to get to appointments and the stays in hospital caused the person unnecessary distress. It was clear in discussion with the registered manager and staff that their focus was on the needs of the individual. Care staff demonstrated in their discussions about the person that they were able to advocate on the person's

behalf because they knew them well and understood their healthcare needs.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. The registered manager understood their responsibilities in relation to DoLS and had submitted relevant applications where required.

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. The registered manager and staff were knowledgeable about the requirements of The Mental Capacity Act 2005 (MCA). People's capacity had been appropriately assessed and the outcomes documented. Where people lacked capacity to make decisions, these were made in their best interests and recorded. Relatives and care professionals were involved in making decisions about people's care where appropriate.

## Is the service caring?

### Our findings

One person told us that, "the managers speaks up for me" they also said that staff took them clothes shopping and they liked that.

Staff spoke with people respectfully, they acknowledged when people were upset and understood how they liked to be supported at these times. For example, one person was very quiet and spent a lot of time in the conservatory. Care staff told us this was where they liked to be when they couldn't be outside. It was a dull overcast and cold day. Care staff spent time with the person checking they were alright and ensuring they had what they needed.

People who were distressed or upset were supported by staff who could recognise and respond appropriately to their needs. Staff were quick to recognise when people needed a comforting word or support. One person started to use a particular behaviour which was repetitive, staff immediately used distraction to shift the person's focus and engage them in a meaningful activity.

People were supported to express their views and where possible be involved in making decisions about their care and support. In discussion with people we heard how they were supported to express how they felt. Care staff knew when people were unhappy and tried to find solutions to enable people to make decisions about their future. For example, one person was unhappy about living in the home and both the staff and the registered manager were actively supporting them to make decisions about where they might live. This had given the person confidence.

People were treated with respect and had their privacy maintained at all times. Care staff supported people during the day to make decisions about small decisions such as going shopping or making a cake. They were also respected when they said they wanted to be alone or sit listening to music. Staff engaged people in conversation and spent time listening to their concerns but also respected when they had indicated that they needed space.

## Is the service responsive?

### Our findings

People were supported to participate in activities outside of the home. One person liked trains and liked to go out for coffee. Another person told us that they were supported by the registered manager to find a job and they had had a recent interview and were waiting to hear the outcome. One person told us that they liked to see family and friends and that going out was the best part of the day.

People received consistent, personalised care and support. People's care plans had detailed information on how they needed to be supported. There was also information on their preferred way of communicating. Care plans were focussed on promoting independence and gave clear guidance to care staff on how this should be achieved. We spoke with agency staff who worked regularly in the home and knew people well and found the care plans supported a consistent approach. For example, one person had specific guidance around their behaviour and all the care staff working on the shift were consistent in their approach to the behaviour ensuring that person stayed safe.

People's care plans and risk assessments included specific plans for their health conditions and how to support them if they became unwell. These were explained in sufficient detail for staff to understand people's conditions and what it meant for the person concerned. People's care plans and risk assessments were relevant to their individual circumstances and were reviewed and updated regularly. People were also supported to see the people that were important in their lives such as family and friends. One person told us that their family came to see them each week. another person told us that they wanted to make new friendships and that care staff were supporting them to meet new people.

The complaints procedure was in a prominent position and one person told us that when they were unhappy about something the registered manager had listened to them and taken action. they told us they were happy about being taken seriously.

## Is the service well-led?

### Our findings

People living in Forty4 said the registered manager was very easy to talk to. One person told us that the registered manager was helping them find somewhere else to live and helped them with relationships. Care staff told us that the registered manager was very supportive.

The registered manager encouraged a culture which placed people at the centre of everything that happened at the home. There were three care staff on duty during the inspection and their focus was on the people living in the home and their choices. People were able to go out and care staff adapted plans to people's changing needs and choices. One member of staff said " If we provide care that meets people's needs and makes them happy we are doing our job right."

There was a robust system in place to monitor the quality of the service people received through the use of regular provider and registered manager audits and observing staff in their role. The registered manager completed spot checks in the home including during the night. There was an on going problem with the lift in the home, which had broken down a number of times. The registered manager had put measures in place to ensure people were safe and this had involved one person sleeping in the lounge until a temporary repair was made. The registered manager was working closely with the provider and lift company to find a solution that met people's needs.

The registered manager has a clear understanding of how the service runs. The registered manager monitored staff competency and ensured they know how shifts run both day and night. People living in the home who were able to tell us said that they could speak to the registered manager about their worries. They ensured that staff could express their views at meetings and took the opportunity encourage open and transparent communication.