Michael Batt Foundation

Michael Batt Foundation Domiciliary Care Services

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

Overall summary

The inspection took place on 4 and 11 December 2015 and was announced. The provider was given notice because the location was a domiciliary care agency (DCA) and we needed to be sure that someone would be in. We also gave notice to enable the agency to arrange home visits with people's consent.

Michael Batt DCA provides a personal care service to people living in their own home. On the day of the inspection five people were being supported by Michael Batt with their personal care needs.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 protected by safe recruitment procedures to help ensure staff were suitable to work with vulnerable adults. There were sufficient numbers of staff employed to support people safely. Staff received an induction programme. Staff had completed training and had the right skills and knowledge to meet people's needs. Staff described the management as very open, supportive and approachable. Staff talked positively about their jobs and felt motivated to provide quality care.

Care records contained information that described what staff needed to do to provide individual care and support. Staff responded quickly to people's change in needs. Where appropriate, friends, relatives and health and social care professionals were involved in identifying people's needs. People's preferences, disabilities and abilities were taken into account, communicated and recorded**.**

People's risks were managed well and monitored. The service had policies and procedures in place and these were understood by staff to help protect people and keep them safe.

People were encouraged and supported to maintain a healthy balanced diet.

People's medicines were managed safely and people and staff told us people received their medicines as prescribed.

People, their relatives and staff were encouraged to be involved and help drive continuous improvements. This helped ensure positive progress was made in the delivery of care and support provided by the service.

The service sought verbal feedback from people and encouraged people to share their concerns and complaints. The registered manager investigated any complaints or concerns thoroughly and used the outcome as an opportunity for learning to take place.

The registered manager and staff had completed training in the Mental Capacity Act. The registered manager displayed a good understanding of the requirements of the act, which had been followed in practice.

People were kept safe and protected from discrimination. All staff had undertaken training on safeguarding from abuse and equality and diversity. Staff understood the principles, had a good knowledge on how to report any concerns and described what action they would take to protect people against harm.

There were effective quality assurance systems in place to help drive improvements and ensure positive progress was made in the delivery of care and support provided by the service.

Summary of findings

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 safe.

People were protected by safe recruitment practices and there were sufficient numbers of skilled and experienced staff to meet people's needs.

People were protected by staff who understood and managed risk. People were supported to have as much control and independence as possible.

People had their medicines managed safely.

Good

Is the service effective?
The service was effective. People received care and support that met their needs and reflected their individual choices and preferences.

Staff had good knowledge of the Mental Capacity Act, which they put into practice.

People were supported to maintain a healthy balanced diet.

Good

Is the service caring?
The service was caring. People were supported by staff that respected their dignity and maintained their privacy.

People were supported by staff who showed, kindness and compassion.

Positive caring relationships had been formed between people and staff.

Good

Is the service responsive?
The service was responsive.

People received personalised care treatment and support. Staff knew how people wanted to be supported.

People's needs were reviewed and change in need was identified promptly and care altered accordingly.

Good

Is the service well-led?
The service was well-led. There was an open culture. The registered manager was approachable and kept up to date with best practice.

The registered manager and staff shared the same vision and values that were embedded in practice.

Staff understood their role and were motivated and inspired to develop and provide quality care.

Good

Michael Batt Foundation Domiciliary Care Services

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 was undertaken by one inspector and took place on 4 December 2015 and was announced. The provider was given 24 hours' notice because the location was a small domiciliary care agency and we needed to be sure that someone would be in. We also gave notice to enable the agency to arrange home visits with people's consent.

We reviewed information we held about the service. This included any notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with the registered manager and seven members of staff. We also met and spoke with four people who received care. We observed how staff interacted with people.

We looked at five records related to people's individual care needs. This record included support plans, risk assessments and daily monitoring records. We also looked at four staff recruitment files and records associated with the management of the service, including quality audits.

Good

Is the service safe?

Our findings

People had complex individual needs and could display behaviour that could challenge others. We spent time observing how staff supported people to be safe. One staff member said; “The whole vision of the company is to keep people safe.” Another staff member said; “They (people who used the DCA) are all absolutely safe here!”

People were supported by sufficient numbers of staff to keep them safe. The registered manager and staff confirmed there were always enough staff on duty with the right skills, knowledge and experience to meet people’s needs. People had a staff team providing care 24 hours a day. The registered manager informed us staffing levels were dependent upon people’s needs and consistent staff, who had been trained to meet people’s needs, were essential where people had complex care needs. For example one person had two to one staffing to help keep them safe.

The service had safe recruitment processes in place. Required checks had been conducted prior to staff starting work at the home. For example, disclosure and barring service checks had been made to help ensure staff were safe to work with vulnerable adults.

People were supported by staff who had the knowledge and skills to help keep them safe. Policies and procedures were available for staff to advise them of what they must do if they witnessed or suspected any incident of abuse or discriminatory practice. Records showed staff had received safeguarding adults training. Staff confirmed they were able to recognise signs of potential abuse. Staff said; I have done safeguarding training and have another update planned” and “You wouldn’t get away with anything here- it is very, very safe.” Staff and the registered manager said they would have no hesitation in raising any alerts to protect people and keep them safe.

People identified as being at risk when they went out outside had clear risk assessments in place. People had guidelines on “keeping safe” which recorded what support people needed for everyday activities. For example, where people may place themselves and others at risk, there were clear guidelines and protocols in place for managing these. Staff told us they managed each person’s behaviour differently, according to their need, and this was recorded in individual care plans. The registered manager kept relevant agencies informed of incidents and significant events as they occurred. For example if people had an episode of behaviour that challenged the staff, this was discussed with professionals involved with people.

People’s medicines were well managed by staff. There were safe medicines procedures in place and medicines administration records (MAR) had been fully signed and updated. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines.

Good

Is the service effective?

Our findings

People received support from staff who knew them well, and had the knowledge and skills to meet their needs.

We observed staff involving people with their care, for example asking them for consent before providing any support.

Staff said they had opportunities for on-going training. Staff received an induction when they first started working at the service. Before staff worked on their own they spent time shadowing experienced staff and getting to know the person they would be supporting. There was a programme to make sure all staff received relevant training and training was renewed and kept updated. Training was also arranged to meet the individual specific needs of people the service agreed to support, for example, epilepsy training. The registered manager confirmed all new staff would complete the Care Certificate (a nationally recognised training course) as part of their training.

Staff confirmed they were well supported by the registered manager, colleagues and management of the service. All staff received regular supervision and appraisal of their work. This gave staff an opportunity to discuss their performance and identify any further training required.

The registered manager and staff had an understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides a legal framework for acting and making decisions, on behalf of individuals who lack mental capacity to make particular decisions for themselves. Staff had completed training in the Mental Capacity Act. Care records showed the service recorded whether people had the capacity to make decisions about their care. One staff member discussed a best interest meeting that had been arranged to discuss one person's finances.

People received support in relation to their meals and nutrition and staff provided people with all meals and snacks. People were supported and encouraged to maintain a healthy balanced diet as part of the support plan. People told us they did their shopping with staff support.

Staff understood how people communicated and when behaviours might escalate and place the individual or others at risk of harm. Individual behaviour management plans detailed the types of behaviour a person could display, ways to prevent the behaviour, and how staff needed to safely manage the situation should difficult behaviour occur.

Staff knew people well and monitored people's health on a daily basis. If staff noted any change they would discuss this with the individual if possible and with consent, either from people or their relatives seek appropriate professional advice and support. For example, staff said GP's would be contacted if any one became unwell. Each person had a "Hospital Passport", which included information about their past and current health needs. This was developed for each person to be used in the event of an admission to hospital. This information had been developed in line with best practice to ensure people's needs were understood and met within the hospital environment.

Good

Is the service caring?

Our findings

People who used the Michael Batt DCA were not able to fully verbalise their views therefore we spent time observing interaction, looked at care records and spoke to people about some aspects of the care they received. A staff member said; "If […] is unwell the staff team go the extra mile, for example they will collect a prescription for her so she doesn't have to go out. They do this because they care for her."

People received care, as much as possible from the same care worker or team of care workers. Rotas were well organised so people knew who would be supporting them and were kept well informed of any changes.

People were well cared for and treated with kindness and compassion. A staff member said; "We try to provide consistent people to care for individuals."

People's needs in relation to any behaviour issues were clearly understood by the staff team and met in a caring positive way. For example, when people became anxious, staff interacted and provided reassurance to people to help reduce their anxiety.

We observed people's privacy and dignity were respected and people were encouraged to be as independent as possible. We saw staff ensure people were respected, comfortable and had everything they needed. A recent survey returned to the company, when asked if people felt they were respected and had their dignity maintained recorded; "People treat me nicely."

People's care records detailed the support people needed. For example one plan stated that a person liked to be left alone in the bathroom after staff had helped them. Staff confirmed they understood the importance of this for people. We saw that staff closed doors when supporting people with personal care. Staff said that even when they needed to support people on a 1:1 basis they were still able to respect and promote their dignity and privacy. For example, one person needed some help to bath and dress. The staff said they would help prepare the bath and check it was safe and would then give the person time on their own to relax and have some privacy. Staff said they regularly checked if people were OK. Comments included; "We try to give people as much personal space as possible but make sure they receive the care they need." Another staff member said; "We check if they want our company and if not, we go to a different part of the house so they can spend time on their own".

Staff confirmed they tried to improve people's lives by promoting their independence and well-being. We observed staff encourage people to do as much for themselves as possible. For example make their own hot drink and breakfast with staff prompts and support. One staff member said; "If I can make […] day happy then I go home feeling 100%."

Staff were clearly compassionate about making a difference to people's lives. Staff told us, "I have worked for them (Michael Batt Foundation) for many years and absolutely love my work."

Good

Is the service responsive?

Our findings

People were not fully able to be involved with planning and reviewing their own care and making decisions about how they liked their needs met. However the service used advocates to assist and respond to people needs. A survey returned to the company, when asked for any changes they wanted acted upon said; "If I don't like a support staff my manager will change them."

People with limited verbal communication were supported to make choices. Staff understood how people communicated and encouraged choice when possible.

People were encouraged to express their views and be actively involved in making decisions about the care and support they received. Care plans had been written from the person's perspective and included information about how they needed or wanted to be supported. For example, care plans held information how best to support people if they became anxious.

People had a "My Life" file which included information on what people enjoyed doing. Staff said they got to know people through reading their care plans, working alongside experienced staff members and through the person themselves. Staff understood what was important to people including their personal care needs. This helped ensure the views and needs of the person concerned were documented and taken into account when care was planned.

People's health needs, communication skills, abilities and preferences were known. Records held detailed information on what support was required and what people could do for themselves to help remain as independent as possible. The registered manager confirmed that people and, if appropriate, their family were regularly consulted to help ensure care records reflected a person's current needs.

People had their individual needs regularly assessed and updated to help ensure personalised care was provided. Arrangements were in place to review and update care records when changes in people's needs had been identified. For example, one person had regular contact with a specialist nurse to ensure their needs were being met by staff. Recommendations were recorded and acted upon.

People undertook activities that were individual to them and their social history was recorded. This provided staff with guidance as to what people liked and what interested them. People had planned holidays and visited local shops. Staff told us of other activities people attended, for example a local disco. People were supported to go out in the local area to ensure they were not socially isolated or restricted by their individual needs.

The service had a policy and procedure in place for dealing with any complaints. This was made available to people, their friends and their families. The registered manager confirmed they had received no written or verbal complaints. The registered manager said people were given the opportunity and encouraged to feedback their experience and raise any concerns or complaints. A recent survey returned to the company, when asked if they knew who to talk to if they were unhappy recorded; "I like meeting with […] (the registered manager)."

Good

Is the service well-led?

Our findings

There was a management structure in the service which provided clear lines of responsibility and accountability. A registered manager was in post who had overall responsibility for the service. They were supported by a management team who worked alongside individuals. A staff member said; “They (the management team) are very supportive.”

The registered manager was involved in all aspects of the day to day running of the service including working with individuals. The registered manager sought feedback from relatives, friends and health and social care professionals to enhance their service. The results of a recent questionnaire sent to people and families evidenced that they were satisfied with all aspects of the care and support provided.

The service had notified the CQC of all significant events which had occurred in line with their legal obligations. The provider had an up to date whistle-blowers policy which supported staff to question practice and defined how staff that raised concerns would be protected. Staff confirmed they felt protected, would not hesitate to raise concerns with the provider and were confident they would act on them appropriately.

The registered manager’s leadership inspired staff to provide a good quality service. Staff understood what was expected of them and shared the company’s vision and values. Staff received regular support and advice. Supervision and appraisals evidenced there were processes in place for staff to discuss and enhance their practice. Staff said supervision was beneficial. Constructive feedback was given on performance which helped staff to be accountable, reflect on their practice and encourage improvement.

Staff confirmed they were happy in their work, were motivated by the registered manager and understood what was expected of them.

The registered manager monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. The registered manager worked alongside staff and staff told us the management team were approachable.

There was an effective quality assurance system in place to drive continuous improvement of the service. The registered manager carried out regular audits which assessed the quality of the care provided to people.