

Michael Batt Foundation (Valued Life Projects)

Michael Batt Foundation (Valued Life Projects) - 13 Longmeadow Road

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

Longmeadow Road provides accommodation and personal care for one person with a learning disability. There was a registered manager in place. 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 and associated Regulations about how the service is run.

Summary of findings

Although the service's registered manager was not based at the home the records demonstrated they visited the service regularly and staff reported that they were well supported.

The person using the service was well cared for and relaxed and comfortable in the home. They readily approached staff when they wished to be supported and their privacy was respected. They told us, "I am quite happy" and, "They are a very good team, I try and have a laugh with them".

Care records within the service and at the providers head office were up to date, had been regularly reviewed and accurately reflected the person's care and support needs. The care plans known as "guidelines" were highly personalised and included sufficient information to enable staff to provide appropriate and effective support. The service's risk assessment procedures were designed to enable people to take risks while providing appropriate protection.

Support was provided by a small, consistent, motivated and well trained staff team. The registered manager had recognised the importance of staff consistency to the person who used the service and had ensured their needs were met. Staff told us, "the manager makes sure people are constantly here as [the person's] behaviour will change with unusual staff" and, the "manager does a good job of keeping a consistent team".

The person was able to have unsupported time when they chose and there were appropriate arrangements in place to ensure their safety and well being.

The registered manager met with the person using the service regularly to review the care provided. The records of these meetings showed that where the person had requested changes to the service this had been appropriately addressed and action taken to the person's satisfaction.

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. There were sufficient staff available to meet the assessed care needs of the person using the service.

Recruitment procedures were safe and staff understood both the providers and local authority's procedures for the reporting of suspected abuse.

The risk management procedures were robust and designed to protect people from harm while enabling them to engage with the local community and their hobbies and interests.

Good



Is the service effective?

The service was effective. Staff were well trained and there were appropriate procedures in place for the induction of new members of staff.

The registered manager and staff understood the requirements of the Mental Capacity Act.

Good



Is the service caring?

The service was caring. The well-established staff team had developed caring and supportive relationships with the person using the service.

The person's privacy was respected and their achievements were recognised and applauded.

Good



Is the service responsive?

The service was responsive. Care plans were detailed and personalised. These documents contained sufficient information to enable staff to meet their identified care needs.

The person living at the home was actively encouraged and supported to engage with the local community, a variety of recreational activities, and part time employment.

Staff were able to support the person when they became anxious and records showed all incidents had been managed effectively.

Good



Is the service well-led?

The service was well led. The registered manager had provided staff with appropriate leadership and support and the staff were well motivated.

Quality assurance systems were appropriate and accidents and incidents had been effectively investigated.

The service was open and worked collaboratively with other professionals to help ensure the person's health and care needs were met.

Good



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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.

This inspection took place on 20 November 2014 and was announced. The provider was given 24 hour's notice of this inspection because the location provides care for one person and we wanted to ensure we would be able to speak with this person during the inspection. The inspection was conducted by one inspector. In order to minimise the disruption to the service, the inspection of care records, policy documentation and staff records was completed at the provider's headquarters.

Prior to the inspection we reviewed the Provider Information Record (PIR), previous inspection reports. The

PIR 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. We also reviewed the information we held about the service and 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 met and spoke with the person who used the service, three members of care staff, the registered manager and a health and social care professional who knew the service well. In addition we observed staff supporting the person within the home and inspected a range of records. These included care plans, two staff files, training records, staff duty rotas, meeting minutes and the service's policies and procedures.

This service provides support to one person. In order to protect this person's confidentiality this report will not make reference to any specific personal information.

Is the service safe?

Our findings

The person living at Longmeadow Road was comfortable and settled in the home. Staff had a detailed understanding of their role and there were effective procedures in place to ensure the person was safe. Staff told us, “everything is pretty good, [the person] is safe here” and, “we try to keep [the person] safe and healthy”.

On the day of our inspection there was one member of staff on duty. We inspected the staff rota and found care and support was provided by a consistent team of six members of permanent staff. Assessment documentation demonstrated that current staffing levels were sufficient to ensure the person’s care needs were met.

Staff recruitment practices at Longmeadow Road were robust and designed to protect people from the risk associated with the provision of care by unsuitable staff. The staff files we inspected included application forms, records of interviews, a minimum of two references and evidence that appropriate Disclosure and Barring Service checks had been completed. The registered manager explained that all recruitment of staff was handled centrally by the provider’s human resources team.

Staff understood both the provider’s and local authority’s arrangements for the safeguarding of adults. Staff were able to access appropriate contact details within the service and told us, “I’ve been fortunate enough never to have to use it” and, “I feel it’s pretty good here”. Staff training records demonstrated all staff had received appropriate training in the safeguarding of adults. This meant people were protected from the risk of abuse as all staff had been taught how to recognise abuse and knew how any potential incidents of abuse should be reported.

The care plan we inspected included detailed and informative risk assessments. These documents were individualised and provided staff with detailed guidance on how the person should be supported in relation to identified risks. We saw staff had completed and appropriately documented the variety of daily checks identified by the risk assessment procedures. A professional we spoke with told us there were “good risk management procedures” in place at Longmeadow Road.

We saw there were appropriate emergency evacuation procedures in place and that weekly fire drills had been completed in the home. Records showed the service was compliant when recently inspected by officers from Cornwall Fire and Rescue and we found fire extinguishers had been appropriately maintained.

Medicines were managed safely at Longmeadow Road. All medicines were stored appropriately and detailed records kept of the support the person had received in relation to the management of their medicines. Medicines Administration Record (MAR) charts were fully completed and appropriate medication audits had been conducted. When a medication error had occurred appropriate guidance had been sought from health care professionals and the incident had been investigated by the registered manager.

We saw there were effective systems in place to help the person manage their finances. Regular audits had been completed by members of the provider’s finance team and any disparities investigated and resolved.

Is the service effective?

Our findings

Staff were knowledgeable and well trained. Staff records showed they had completed all training identified as required by the provider and had received additional training in a variety of topics which were specific to the needs of the person. Staff were well supported by the registered manager and the providers on call manager system. Comments included, “The manager is on the ball here and the team is well supported” and on call managers, were “available any time I need them”. Staff members received supervision from the registered manager each month and staff meetings were held regularly. The person who used the service said, “They are a very good team, I try and have a laugh with them”.

The provider had robust procedures for the induction of new members of staff. This included visiting a number of different services while shadowing experienced members of staff. New members of staff were then assigned to individual locations based on the relationships they had developed with people who used the service during the induction process.

Staff completed the Common Induction Standards (CIS) training during their 12 week probationary period. Care plans included specific documents for new members of staff to provide them with a brief but informative introduction to the person’s care needs. Staff told us these documents were “very good” and provided an accurate picture of the person’s needs.

The registered manager and staff had a good understanding of the requirements of both the Mental

Capacity Act and associated Deprivation of Liberty Safeguards. Staff recognised some of the support measures in place could represent a deprivation of liberty if the individual concerned had not given their explicit consent to these arrangements. The care records we inspected included records of the person’s consent to their current support arrangements and they told us, “I am very happy here”. Staff explained, “Everything we put in place we talk through with [the person]”.

We saw a weekly shopping list and menu plan was developed collaboratively by the person and the staff. The person told us, “I choose what food I buy” and staff said, “On Wednesday we do menu planning. It’s about including [the person] and trying to reach compromises” and, “we try to encourage a healthy and balanced diet”.

The person was free to leave the service and their support staff, at any time. Occasions when they chose to be unsupported were documented in care records, and there were appropriate plans in place to provide guidance to staff on how they should respond if the person did not return to the service.

Care records demonstrated the person using the service had been supported to attend clinics and access a variety of health care services. A hospital passport had been developed to share important information about people’s likes and wishes with other care providers in the event that hospital admission was necessary. The service had worked collaboratively with external professionals to help ensure the person’s care needs were met.

Is the service caring?

Our findings

The person living at Longmeadow Road told us, “I am quite happy” and, “I get on pretty well with [staff]”. We saw they were relaxed and comfortable in the environment. Staff told us “I have grown to love [the person’s] sense of humour”, “I know [the person] extremely well, [the person] has a good banter with us and keeps us on our toes” and, “I treat [the person] as a friend, I think that’s the only way to do it”.

Care planning documents indicated that it was important to the person to receive support from staff they knew well in order for their care needs to be met. Staff told us, “I like having the relationship and consistency that [the person] needs”, “the manager makes sure people are constantly here as [the person’s] behaviour will change with unusual staff” and, the “manager does a good job of keeping a consistent team”. We saw the provider had demonstrated a significant degree of flexibility in order to maintain well developed relationships between the person and their regular support team. Staff and managers had worked well together in order to ensure support was provided by a consistent staff team as this meant the person was more likely to engage with activities.

Staff knew the person they supported well and spoke warmly and compassionately about them. Interactions were friendly, relaxed and humorous. Staff told us, “I very much enjoy this kind of work. It is nice to be able to make a difference to someone’s life” and, “I feel a responsibility to make sure [the person] is alright”.

We saw staff valued and respected the person’s privacy. During our inspection staff encouraged the person to engage with a variety of activities and tasks but respected their wishes when they chose to spend time alone. The person’s achievements were valued and applauded by staff and the registered manager.

The person was involved in making decisions about their care. The registered manager met with them every month to review the care provided and discuss any proposed changes to the operation of the service. The person was also invited to attend staff team meetings but this offer was frequently declined. We saw that where the person had requested changes to their planned care these requests had been reviewed by the staff team, registered manager and if appropriate external health and social care professionals. Where the requested change was in the person’s best interest, care plans had been altered in accordance with the request.

Is the service responsive?

Our findings

The care plans, known as guidelines at Longmeadow Road, were highly personalised and included detailed specific instruction for staff on how to meet the person's care needs. For example the guidelines said, "staff team must ask [the person] what leisure activities they wished to undertake. This must be done in a positive and enthusiastic way. If [the person] is unable to choose an activity staff should offer a choice of two activities". Staff told us, "The guidelines are quite dry but if you read the folders you have a good idea of who [the person] is and what they like".

The guidelines included detailed information about the person's life history, hobbies and interests and had been developed in collaboration with the person. They were reviewed and updated during bi-monthly team meetings to which the person who used the service was also invited. This meant they were able to contribute to any discussion or decision about how their care and support was delivered. The guidelines included clear detailed information for staff on how they should respond to a variety of situations and included sufficient information to enable staff to meet people's care needs. Staff told us, "they cover just about everything".

Staff were provided with information on how to support the person to manage their anxieties both within the home and in the local community. The guidelines provided staff with a structured, stepped approach which helped them to support the person consistently when they became stressed. This approach included providing a clear explanation of what was happening or about to happen and giving time for the person to reflect on the information they had been given. We saw that when the person's anxieties had escalated, resulting in staff having to intervene in situations in order to keep people safe, this had been appropriately documented. The incidents were then investigated by the registered manager and discussed

with the person during their regular meetings with the registered manager. Staff told us, "It's all about distraction, seeing it before it arises. We don't use restraint at all. Staff were able to explain in detail how they had previously responded to a variety of incidents."

Staff at Longmeadow road actively encouraged the person living there to engage with the local community. One commented, "I'm always trying to find new opportunities and broadening [the person's] horizons." The person told us, "They do encourage me to do things". Care records showed the person engaged with a variety of activities including local walks, shopping trips, cinema trips and visits to local tourist attractions. They were also responsible for a number of household tasks and were supported to maintain part time employment. This meant they were able to maintain independence in their daily life. The professional we spoke with told us, "I have always been impressed with their (the staff) creativity in supporting [the person]".

A copy of the provider's complaints policy was available within the service. No formal complaints had been received and where issues had been raised with the registered manager during their regular monthly meetings, these had been resolved to the person's satisfaction.

The service worked effectively with health services to help ensure the person's health needs were met. They had been supported to access a variety of services including GP and dentists and various other outpatient clinics. In addition they were also able to access additional support from the provider, this included support from the provider's Speech and Language Therapist.

The person's bedroom was decorated to reflect their individual tastes and interests. There were a variety of games consoles and recreational activities available within the service, which meant the person was able to spend leisure time in a way which interested and engaged them.

Is the service well-led?

Our findings

The service was well led and all of the staff were highly motivated and keen to ensure the care needs of the person they were supporting were met. Staff told us, “the manager is extremely good, very knowledgeable and keeps us up to date” and, “the manager is great actually, if I say something it gets done”.

We saw regular staff team meetings were held. The minutes of these meetings demonstrated that, where staff had raised issues with the registered manager, these issues had been appropriately investigated and resolved. Staff told us these meetings were constructive and, “the manager listens and addresses your concerns”.

The person using the service was comfortable with and actively sought the company of the registered manager during our inspection. Although the registered manager was not based at the service full time, care records showed they visited regularly and staff told us, “the manager is here two or three times per week”. We found the arrangements for providing support to the individual members of staff on duty were appropriate and that management support was available using the telephone 24 hours every day. Staff told us the on call arrangements were “good” and told us managers were, “available any time I need them”.

The culture at the service was open and supportive. Staff and the registered manager explained all issues we enquired about in full, and shared detailed examples of how the service had learnt from challenging situations. We saw that the service had made timely referrals for support from external health professionals and the professional we spoke with said, “they are very proactive and communicate well”.

Records showed the registered manager met face to face with the person that used the service every month to

review care guidelines and discuss any changes people would like to make in the home. This ensured the manager was aware of people’s individual experience of care. Our review of the minutes of these meetings showed that where people had requested changes to the service provided, action had been taken.

Where incidents or accidents had occurred these had been documented in the home and forwarded to the registered manager for investigation. We found all accidents and incidents had been appropriately investigated and staff told us they were always ‘debriefed’ after incidents, and any points of learning identified during the investigation process, were shared with the wider staff team.

The registered manager received regular formal supervision from the provider’s chief executive and said, “I feel confident and very supported”. In addition they were actively involved in a number of local manager peer support groups to help ensure they were aware of any changes to best practice. The provider had made arrangements for the registered manager to receive clinical supervision from a suitable trained health professional.

The registered manager completed a variety of regular audits to assess and monitor the quality of care provided at Longmeadow Road. These included the provider’s Quality Evaluation Tool, designed to monitor the service’s compliance with the regulations and drive improvements in the delivery of care and support. Regular audits of medicines, infection control processes and health and safety procedures had been completed by the registered manager. Records demonstrated issues identified by audits, had been further investigated and resolved. In addition we saw the service’s financial records were regularly checked and had been recently audited and approved by the provider’s finance manager.