John-Edwards Care Homes Ltd

Bobbins

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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 20 February 2017 and was unannounced.

Bobbins is a residential home providing care to children and young adults with learning disabilities. The accommodation is a detached house in the town of Swindon. There is a parking area in front of the building secured by electric gates and an enclosed garden at the rear. The home is registered to provide care for up to 6 people. There were five people living in the home at the time of our visit.

At the time of our inspection the service did not have a registered manager in post. 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. The service was managed by a nominated individual. The nominated individual has overall responsibility for supervising the management of the regulated activity, and ensuring the quality of the services provided.

Statutory notifications had not always been sent to the CQC by the provider. A statutory notification is information regarding specific incidents that have occurred and is required by law to be shared with the commission. These include safeguarding alerts, serious incidents and deaths of people receiving a service. However, this had no impact on people's health and well-being. All safeguarding notifications had been reported to the local safeguarding team. The nominated individual took immediate action and sent statutory notifications retrospectively.

Staff understood what protecting people from harm or abuse was, and had received training in safeguarding. Staff understood their roles and responsibilities in keeping people safe and took actions when they were concerned about people's safety.

Risks of harm to people were assessed and action was taken to minimise the risks through the effective use of risk management plans. Staff knew people's risks and followed their risk assessments and management plans.

There was a sufficient number of suitably trained staff to keep people safe and meet their needs in a timely manner. Staff had been recruited in line with safe recruitment procedures to ensure they were of good character and fit to work with people who used the service.

Staff helped people manage their medicines safely. Staff had been trained to administer medicines with regard to safety regulations and precautions. Staff's competence was reviewed regularly to ensure the medicines were administered safely.

Appropriate checks and maintenance of people's living environment were carried out. Contingency plans

were in place to ensure safe delivery of people's care in the event of adverse situations such as large-scale staff sickness or accommodation loss due to fire or floods.

Staff understood the importance of gaining people's consent to the care they were providing to enable people to be cared for in the way they wished. The home complied with the requirements of the Mental Capacity Act 2005 (MCA).

People's needs in relation to nutrition and hydration were documented in their care plans. People received appropriate support to ensure that they received sufficient amounts of food and drink. Meals, drinks and snacks provided to people suited their dietary needs and preferences.

People received regular health care support and were referred to other health care agencies for support and advice if they became unwell or their needs changed.

People who used the service were supported by caring and attentive staff who understood their individual needs and knew their preferences for how care and support should be delivered. Staff explained things in a way that people could easily understand. They remembered to make eye contact and treated people with dignity and respect.

Staff provided people with personalised and respectful care based on the guidance included in people's care plans. The care plans contained detailed information enabling staff to provide care in a manner that respected each person's individual requirements. People were encouraged and supported by staff to make choices about their care. For example, people were asked how they wished to spend their day, whether they wanted to spend it within the home or in the community.

The service was responsive to people's changing needs. Reviews of people's care took place on a regular basis. People and their appointed representatives were involved in the initial and ongoing planning of their care. Care plans had been developed which focused on supporting people to maintain and develop daily living skills whilst remaining safe. People took part in a range of activities and attended social events.

The service had a complaints procedure in place. The complaints policy was available in an 'easy-to-read' version to help people understand how to raise any concerns they might have.

Regular quality and risk audits had ensured that the issues affecting people's care had been identified. As a result, appropriate actions were taken to drive improvements to the quality of the care people received.

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.

There were risk assessments in place, and staff followed guidance to protect people from the risk of harm.

Staff understood the safeguarding procedures and how they should report any suspicion of abuse.

Medicines were managed safely and given as prescribed.

Is the service effective?

Good

The service was effective.

People were cared for by staff that had the knowledge and skills to carry out their roles and responsibilities effectively.

Staff had received appropriate training, and understood the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were supported to eat and drink enough to maintain their nutritional and hydration needs.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect.

Staff were compassionate and caring in their approach to people and supported them in a kind and sensitive manner. Staff had developed companionable and friendly relationships with people.

Staff promoted people's independence as much as possible.

Is the service responsive?

Good

The service was responsive.

People had personalised support plans which reflected their care needs and preferences.

People were supported to take part in a range of activities based upon their personal preferences.

A complaints policy and procedure was in place in a format that was accessible to people.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The service had failed to submit the notifications of notifiable incidents as required by the regulations. The notifications were submitted retrospectively at the time of the inspection.

There was good leadership and a strong staff team. The nominated individual was approachable to everyone including both people and staff.

There were systems in place for monitoring the quality of the service.

Bobbins

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 February 2017. The inspection was unannounced which meant the provider did not know we were coming. The inspection team consisted of two inspectors.

Before the inspection we reviewed the information we held about the service, including information obtained from the Local Authority. We also checked for notifications received from the registered provider. A notification is information about important events which the service is required to send us by law.

Some of the people who used the service had communication and language difficulties and because of this we were unable to fully obtain each of their views about their experiences. We relied mainly on observations of care and our discussions with people's relatives and staff to form our judgements. We spoke with three people who used the service who were able to share their experiences of the service. We also spoke to the nominated individual and three members of staff. After the inspection we obtained feedback from two people's relatives. We pathway-tracked the care of four people. Pathway tracking is a process which enables us to look in detail at the care received by each person in the home. We reviewed medication records relating to people who used the service. We received one written comment from a relative of a service user. We saw four staff recruitment files and supervision records. We looked at all staff training records and a training record for the year 2016. We considered how information was gathered and quality assurance audits were used to drive improvements in the service. We also looked at records relating to the management of the service, such as health and safety files, risk assessments, staffing rotas and business continuity plan.

Good

Is the service safe?

Our findings

When we asked people if they felt safe living at the service, they confirmed. One person told us, "I feel alright here". One person's relative said, "[Person] appears to be settled at Bobbins".

Where people were assessed as behaving in a way that may be seen as challenging to themselves or others, care records provided strategies staff should follow to support the person when they were displaying this behaviour. For example, it was noted that a person needed firm boundaries which helped them feel safe and calm. The person needed one-to-one staffing at all times to ensure their safety and the safety of other people in the service. The registered provider explained to us how the service ensured positive behaviour guidelines and the use of rewards were appropriate for an adult person.

People were supported by staff who were able to recognise signs of potential abuse and knew how to protect people from harm. Staff had received training in protecting people from the risk of abuse. Staff knew how to escalate concerns to the nominated individual or to external organisations such as the local authority. Staff were confident that any concerns they raised with the nominated individual would be dealt with straight away. A member of staff told us, "I would report to the deputy if I was concerned, and higher up if necessary. I know about the whistleblowing procedures if necessary".

Risks to people were recorded and reviewed with control measures in place to manage any assessed risks. We saw a risk assessment relating to a person with epilepsy. Staff had signed to confirm they had read and understood the assessment. It stated that only staff appropriately trained by a nurse could use the rescue medication and records confirmed this had actually taken place. This medication was to always go with the person. There was guidance in place for staff not trained to call emergency services instead.

We also saw a risk assessment in relation to risks involved in eating and drinking. For example, we saw a person had eating and drinking guidelines in place to manage their swallowing difficulties and reduce the risk of choking. The guidelines contained detailed information and photographs of objects such as the thickening powder and spoons used. This helped to ensure that the person could eat and drink safely as the risk of choking was safely managed.

Environmental risk assessments and control measures were in place to ensure people's safety in relation to their surroundings. For example, there were risk assessments in respect of fire risks, cleaning products, gym equipment, cooking and the trampoline. The service had safe infection control procedures in place.

A thorough recruitment policy and procedure was in place. We looked at the recruitment records for staff and saw that they had been recruited safely. Records included application forms (including employment histories, with any gaps explained), interview records, references, proof of identity and evidence of a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals. This helps employers make safer recruiting decisions and employ only suitable people who can work with children and vulnerable adults.

People's medicines were administered safely by staff who had been trained and assessed as competent to do so. Medicines were stored appropriately within locked cabinets in the utility room. We looked at the medicine administration records (MAR) for four people, and found that there were unexplained gaps in the logs from the previous day. The nominated individual addressed the issue and organised a meeting with a local pharmacy. All staff were re-assessed using fake medication charts and medication blister packs. Protocols were in place for people to receive medicines that had been prescribed on an 'as and when needed' basis (PRN) and homely remedies. Staff understood and followed these protocols.

People had a Personal Evacuation Emergency Plan (PEEP) to be used which detailed how the person should be assisted to maintain their safety and how much support would be needed. The service also had an emergency evacuation plan in the event of the building being damaged by, for example, fire or flooding.

Staff followed the colour coding system for their cleaning equipment. Colour coding is the process of designating colours to cleaning equipment in certain areas of a venue, reducing the spread of germs across areas and increasing hygiene throughout a service. As a result, the spread of a potential infection was reduced because, for example, toilet cleaning equipment was not used for cleaning bedrooms and communal areas. Staff wore protective plastic gloves and aprons when delivering personal care so as to reduce the risks of cross contamination. We observed that staff washed their hands and used hand cleansing products before performing various tasks.

Regular checks and tests, such as weekly fire alarm tests and external checks of firefighting equipment, were completed to promote and maintain safety in the home. All electrical portable appliances had been tested within timescales. As a result, people were protected from potential risks caused by faulty equipment.

The service took appropriate action to reduce potential risks relating to Legionella disease. When staff reported any maintenance requirements and issues, these were resolved in a timely manner.

There were robust contingency plans in place in case of an untoward event. The contingency plan assessed the risk of such events as fire or bad weather conditions and how the service would continue in the event of these occurring.

Good

Is the service effective?

Our findings

When staff started working for the service, they had a 22 week probationary period. They were supported to gain national qualifications in social and health care. The nominated individual explained that part of the interview process was gauging the reaction from people in the service to potential staff. During each interview questions were asked about how the potential staff member would deal with different scenarios. This helped to ensure that staff who were selected had the right approach and held relevant values. The registered provider said "You can train people to do the job, but the values have to be right first".

Staff spoke positively both about the training they were receiving and the training they had already undergone. Staff training records showed that staff had received training in topics related to the promotion of people's health, safety and welfare along with training focused on meeting the specific needs of people using the service. Staff confirmed that when they had started working at the home, they had been provided with induction. The induction process included working with an experienced staff member in accordance with the personal development program.

Staff received regular supervision and appraisals (one to one meetings with their manager). Supervision was focused on staff members' training needs and gave them feedback on how well they performed. It also identified areas for improvement. Staff told us that the supervisions were helpful. A member of staff stated, "My one-to-one is due in a few days. I have it once a month and find it useful. I gain lots of knowledge and my manager knows what she's talking about". The staff member gave an example of seeking advice on using a hoist. They said, "I was told to ask as many times as I needed".

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 nominated individual and staff had a good understanding of the Act. One staff member said, "People have the right to make decisions, even risky ones". We saw that where people had been assessed as lacking capacity, a best interest decision had been made and documented. Meeting records were available to us to review. For example, we saw that a best interest meeting had been held where one person's weight and their need for a surgical intervention were discussed. The service had also arranged for an Independent Mental Capacity Advocate to help this same person represent their views. The registered provider said the person enjoyed the taste of food and therefore they would ensure surgical intervention would go ahead so that the person would not have to miss flavours and textures of food.

We found people were offered healthy food and supported to manage their weight if necessary. For example, a person was provided with access to a local slimming group as they had expressed their desire to lose weight. Staff told us the person enjoyed going to the group and took healthy recipes for other people to try. They were encouraged to join in with choosing meals and cooking where possible.

Care records confirmed people had access to external health professionals when required. The provider had

made appropriate referrals for people. People had a hospital passport. This meant that if a person was admitted to a hospital, the hospital staff would have immediate information about the kind of support the person needed. For example, there was information about how a person communicated if they were unable to vocalize their needs or emotions. For example, one person simply laughed when they were pleased or happy, and cried if something upset them. The hospital passport also detailed non-verbal gestures to indicate how people could choose things.

Good

Is the service caring?

Our findings

When we asked one person if they were happy, they expressed their satisfaction with the service by saying, "Yes, they are kind to me". Another person nodded, smiled and verbalised they were pleased with care and assistance provided at Bobbins. One relative commented on staff, "I think they are fabulous". Another member of family complimented the service, "I have observed positive planning and interactions between him and the staff and vice versa. I have seen him treated with warmth and respect. He seems relaxed leaving them and returning". Another relative told us, "I am pleased to say that my son is very fortunate to be in a position with his care providers who are exceptional and really understand him and work with me to ensure that his needs are fully met".

We observed caring and considerate interactions between staff and people during the inspection. There were friendly, caring and warm conversations with people. For example, when a staff member was talking to us, they were joined by a person who wanted to have a conversation with us. The staff member ensured the person could talk to us and supported them to remain patient until they finished. They discussed what the person was going to do that evening and validated their contribution to the conversation.

People were cared for by staff who knew people's needs well. People were treated with dignity and respect. Staff told us how they ensured people had privacy while receiving care. For example, staff remembered to keep doors and curtains closed when providing personal care, explained to people what was happening and gained people's consent before helping them.

People were provided with information in a format that was meaningful to them. We saw that information was offered in a variety of formats, including signs, symbols and photos. For example, some parts of the care plans were completed with people or their relatives when appropriate and prepared in an easy-to-read format.

Staff supported people to meet their choices and preferences. Each prospective staff member was introduced to people to observe their response to the person as part of the recruitment process. This meant that the service took all measures to ensure they recruited suitable staff that would respond well to people in the service and their needs.

People had chosen their own decoration for their bedrooms. We saw these had been individually decorated and styled to reflect what the person liked. People had chosen their own bedding and had photographs and other personal belongings important to them. We saw that one person liked to collect certain articles. Although these possessions seemed trifling and unimportant to others, the registered provider said the person would know if someone moved them. Therefore, they respected this person's choice to keep them. The walls of the communal areas were decorated with photographs of people. People had chosen which pictures were to be displayed.

We saw that the service had worked closely with family members to make sure they felt included. One

person's relative had helped to plan a birthday celebration and had been fully involved in helping the person to choose what to wear on that occasion. This meant that the service recognised the importance of helping people remain in touch as much as possible with their relatives and also ensured the relatives felt included.

Staff were aware of their responsibilities in confidentiality and preserved information securely. They knew they were bound by a legal duty of confidence to protect personal information they may encounter during the course of their work. The nominated individual had high regards for confidentiality and said they were always trying to ensure that staff knew how to access and how to share any personal information safely at all times.

Good

Is the service responsive?

Our findings

People's needs had been assessed before and after their admission to the home. The registered provider took measures to ensure that when people moved into the service, this was done gradually. For example, when the service had first started operating, only one person had been admitted. The service had waited until the person had been settled before introducing the next person. Another person had moved in recently and the registered provider explained there would be no more admissions until the person was settled. They said, "It's not about the money. It needs to be right for the person". The nature of the service was mostly focused on transitioning young adults from children's services. With this in mind, they worked closely with services such as education and the children's adolescent mental health service (CAMHS).

Each person had support plans that were tailored to meet their individual needs. There was detailed information about each person's routine. For example, how a person liked to be woken up and what to do to support the person properly. In another example, a person liked watching DVDs.
We saw there was advice included in the person's support plan suggesting that watching DVDs could be used as distraction while providing the person with unpleasant or painful medical care, for example during dental treatment. Staff said they felt the support plans covered all the areas of support required. People were involved in developing support plans and a staff member gave an example of sitting and reading it through with the person after completion.

People's support plans were reviewed on a regular basis to reflect any changes in support and ensure staff had the most up-to-date information. Staff had identified instances when changes had been needed. For example, a person had displayed a behaviour involving seeking out sensory opportunities from items that may harm them. The registered provider had sought advice from an occupational therapist and a sensory assessment had been undertaken. As a result, the person had been provided with a weighted blanket to reassure them. Strong smells were used to help meet the person's sensory requirements and help avoid seeking this in a more harmful way. The registered provider had ensured that the bed was suitable and this had been ordered from another country so that it met the person's requirements.

People in the service were highly engaged with activities and interests. We saw that people had lots of activities to do during the day, such as attending college. Most evenings there were clubs available for people to go to, ensuring that they could be in contact with other young people, sharing activities and engaging in a social life. People had been enabled to pursue their hobbies and interests. For example, one person had a fire and rescue certificate as the local fire service had invited the person to spend a day with them. We saw another person had their rosettes from horse riding framed and on their wall. The person lost the rosettes before moving to the service. We were told these had been found and the service washed, ironed and framed them, making the person very proud of their achievements being displayed on the wall. We were informed that the person was on the waiting list for a place at Riding for the Disabled. We saw another person had been supported to achieve the Duke of Edinburgh Award. A staff member told us how important it was for younger people to be engaged and involved. They said the service was "Not a house, it's their home".

People had access to exercise equipment such as a running machine and an exercise bike. The service had ensured that a trampoline in the garden had been sunken into the lawn to ensure that a person with limited mobility could access this piece of equipment easily.

The service had arranged for a volunteer group to make some raised borders in the garden so that a person in a wheelchair could easily access these. The plan was to plant them up with fragrant plants such as lavender and lemon grass so that the person could touch and smell these from their wheelchair.

The service sought views of people and their relatives on the care and support provided. Surveys were sent yearly to people and their relatives asking for feedback. The feedback from relatives was complimentary, stating that staff were friendly and caring and people were happy.

The relatives we spoke with told us they felt they would be able to raise concerns if they needed to and had been given a copy of the complaints procedure. They said that if there were any issues, they were always resolved by the registered manager. The provider had systems in place to receive and monitor any complaints that were made. No formal complaints had been received since the service began operating.

Requires Improvement

Is the service well-led?

Our findings

Statutory notifications had not always been sent by the provider to the CQC. A statutory notification is information regarding specific incidents that have occurred and is required by law to be shared with the commission. These include safeguarding alerts, serious incidents and deaths of people receiving a service. However, this had no impact on people's well-being as the issues had been reported to the local safeguarding team and other professionals. The nominated individual addressed our observation and submitted all the notifications retrospectively to us.

There was no registered manager in the service. The nominated individual was managing the service on day-to-day basis at the time of the inspection. People's relatives were complimentary about the service provided. One person's relatives told us, "I am pleased to say that my son is very fortunate to be in a position with his care providers who are exceptional and really understand him and work with me to ensure that his needs are fully met". Another person's relatives told us, "I can only praise both the staff and management for keeping such a high standard home for my son to live in". A member of staff also praised the nominated individual, "[The nominated individual] is very knowledgeable and very supportive".

We observed staff working well as a team. They were efficient and communicated well with each other. They were supported by the nominated individual who assessed how well they were working through observations of their practice which resulted in competency assessments and further development if required.

Staff were clear about what was expected of them, and of their roles and responsibilities. The provider had a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely and effectively. Staff knew where to access the information they needed to enable them to deal with new situations and could seek advice and guidance from other staff and the management team.

Regular feedback was sought in relation to the care and support given to people. This was gained from people in the service, relatives and other stakeholders via informal discussions, meetings and surveys. The registered provider had not analysed the most recent feedback yet but we saw that in response to a request to improve communication, a regular email was sent to all families concerned. We found the registered provider was proactive in supporting staff. One member of staff said they valued the registered provider's presence in the service and how important it was to them. They said there was "Good communication and team work".

Audits and checks were carried out to monitor and improve the quality of care. The nominated individual had conducted detailed audits in various areas. For example, staff files, training or medicines documentation, care plans and risk assessments. After the audits had been completed, the nominated individual had used them to identify areas where improvements had been needed and a relevant action plan had been put in place. Due to the audits, the nominated individual had found out that staff had needed to complete a Care Certificate course. We saw that nominated individual had taken action to address the issues highlighted in the action plan and staff commenced their Care Certificate course.

Staff meetings were held monthly. Subjects discussed included changes in people's needs, development of the service and updating crucial information related to care delivery. Staff told us they could put items on the agenda to be discussed. A member of staff told us, "I find team meetings really useful. We can discuss things and ask for feedback".

Accidents and incidents at the service were recorded and monitored. The nominated individual reviewed these to detect any trends, patterns or possible causes of the incidents. Where needed, the service contacted healthcare professionals for advice. For example, we saw records that when people had suffered an incident or accident resulting from their health problems, they had been referred to GPs, mental health team or a dietician. This meant the provider had a system in place that identified risks to people who used the service.