Michael Batt Foundation

Michael Batt Foundation Domiciliary Care Services

Inspection report

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11 April 2018

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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

The inspection took place on 04, 06 and 11 April 2018 and was announced.

The service is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to older adults and younger adults who may have a physical or learning disability or a mental health need.

CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of this inspection, four people were being supported with personal care. The service supports these people on a 24 hour basis.

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 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.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service remains Good.

We visited and spoke to three people in their own homes and observed the interaction between them and the staff supporting them. People were not able to fully verbalise their views, so staff used other methods of communication, for example visual choices and sign language.

People remained safe using the service. People were protected by safe recruitment procedures to help ensure staff, were suitable to work with vulnerable people. Staff confirmed there were sufficient numbers of staff to meet people's care needs, and support them with additional support including activities.

People's medicines were managed safely. Medicines were stored, given to people as prescribed and disposed of safely. Staff received medicines training and understood the importance of safe administration and management of medicines. Where staff supported people to manage their finances, amounts of money spent on the person's behalf were carefully recorded and balances maintained and checked to help ensure people's finances were managed safely.

People's risks were assessed, monitored and managed by staff to help ensure they remained safe. Risk assessments were completed to help support and enable people to retain as much independence as

possible.

People continued to receive care from staff who had the skills and knowledge required to effectively support them. Staff had completed safeguarding training and the Care Certificate (a nationally recognised training course for staff new to care). Staff confirmed the Care Certificate training looked at and discussed the equality and diversity needs of people.

People's human rights were protected because the registered manager and staff had an understanding of the Mental Capacity Act 2005 (MCA). People's nutritional needs were met because staff followed people's support plans to make sure people were eating and drinking enough, and potential risks were known. People were supported to access health care professionals to maintain their health and wellbeing.

People were enabled and supported to lead fulfilling, independent and active lives. People were supported to reach their goals and ambitions. People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Risks associated with people's care and individual living environment were effectively managed to ensure their freedom was promoted. People were supported by consistent staff to help meet their needs. People's independence was encouraged and staff helped people feel valued by engaging in everyday tasks where they were able, for example helping prepare meals.

People continued to receive a service that was caring. Staff showed kindness and compassion for people through their conversations and interactions. If people found it difficult to communicate or express themselves, staff showed patience and understanding.

People received information in a format suitable for their individual needs. Throughout the inspection we saw evidence of how the provider and staff understood and promoted people's rights as equals regardless of their disabilities, backgrounds or beliefs.

The service remained responsive to people's individual needs and provided personalised care and support. People had complex communication needs and these were individually assessed and met. People were able to make choices about their day to day lives. The provider had a complaints policy in place and the registered manager confirmed any complaints received were fully investigated and responded to.

Staff adapted their communication methods dependent upon people's needs, for example using simple questions and information for people with cognitive difficulties and information about the service was available in an easy read version for those people who needed it.

The service continued to be well led. People used a service where the registered manager's values and vision were embedded into the service, staff and culture. Staff told us the registered manager was very approachable and made themselves available.

The provider had systems in place to monitor, assess and improve the service. There was an open culture, and people and staff said they found access to the office and management team welcoming and easy. Staff, were positive and happy in their jobs. There was a clear organisational structure in place.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**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 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 was a comprehensive inspection and took place on 04, 06 and 11 April 2018. The inspection was carried out by one adult social care inspector. We gave the service 48 hours' notice of the inspection visit because the location provides a supported living service. We needed to be sure that the registered manager would be available. We also wanted them to seek agreement with people that we could visit them in their homes.

Before our inspection we reviewed the information we held about the service. We reviewed notifications of incidents that the provider had sent us since their registration. A notification is information about important events, which the service is required to send us by law.

We reviewed the information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

On the first day of the inspection we visited the agency office where we spoke with the registered manager and met the provider. On the second day and third day of the inspection we visited three people in their homes. We also spoke to seven members of staff.

We looked at four records which related to people's individual care needs. We viewed four staff recruitment files, training records, and records associated with the management of the service. This included policies and procedures, people and staff feedback, and the complaints process.

Good

Is the service safe?

Our findings

The service continued to provide safe care. People who used Michael Batt Foundation domiciliary care services were unable to express themselves fully. However, they appeared to be very relaxed and comfortable with the staff who were supporting them. Staff said; "Yes people are definitely safe here" and "We keep people safe because we have enough staff on duty."

People had sufficient numbers of staff employed to help keep people safe and make sure their needs were met. People mainly received care from a regular staff team. We observed staff meeting people's needs, supporting them and spending time socialising with them. People were supported by staff that were safely recruited. Records showed that the necessary checks were undertaken prior to an applicant commencing their employment, to help ensure the right staff were employed to keep vulnerable people safe.

People's medicines were managed safely. People's medicines were administered as prescribed. Medicines were stored in people's own homes in locked cabinets. Staff kept accurate records of when people's medicines had been given. Staff had also ensured people's medicines were ordered on time. All staff had completed medication training.

Staff, had received safeguarding training and were confident they knew how to recognise and report any safeguarding concerns. Policies and procedures had been established in relation to safeguarding and whistle blowing. There was an out of hour's service to support staff safety, and ensure people receiving visits received them.

People were supported and encouraged to take an active role in keeping their own homes clean. Staff were trained in infection control and protecting people from the risks associated with this.

People had their finances looked after safely by family members or appointees. People were supported to spend their money as they wanted. Where staff supported people to manage their finances, all money spent on the person's behalf was carefully recorded and running balances had been maintained and were regularly checked.

People's records held information relating to the management of risks associated with their care. Risk assessments were detailed and provided staff with specific information on all areas where risks had been identified. This included environmental risks within the person's own home, as well as risks in relation to their care and support needs, and any behavioural needs to help keep people safe. Any updated risk assessments were read and followed by staff.

Incidents and accidents were monitored and actions were taken to prevent the problems occurring again. Regular reviews and quality monitoring checks ensured procedures were followed. Staff had received fire training and were aware of the emergency procedures to follow in the event of a fire.

The provider worked hard to learn from mistakes and ensure people were safe. The registered manager and

provider had an ethos of honesty and transparency. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

Good

Is the service effective?

Our findings

The service continued to provide people with effective care and support. Staff, who worked regularly with the same people to provide continuity, had a good knowledge of people they supported and were competent in their roles which meant they could effectively meet people's needs.

People were supported by staff who received regular updated training. Staff said training was provided in subjects which were relevant to the people who used the service, for example epilepsy training and the Care Certificate (a nationally recognised training course for staff new to care). Staff confirmed the Care Certificate covered equality, diversity and human rights. Staff completed an induction which also introduced them to the provider's ethos and policy and procedures. Staff, were well supported. They received monitoring of their practice, and this included formal and informal face-to-face supervisions, spot checks and competency checks. Most staff confirmed team meetings were held. Staff confirmed the management had an open door policy.

The registered manager and staff understood their responsibilities in relation to the legislative framework, The Mental Capacity Act 2005 (MCA). 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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and the least restrictive option available. Where people lacked the capacity to understand the implication of decisions about their care, best interests decisions were taken with appropriate health professionals, an advocate and care staff who knew them well.

People's right to make decisions about their lives was respected and supported by staff. People's records included communication guidelines. Staff used appropriate communication methods for people to help ensure, people had their right to have control over their care and treatment respected. The person's chosen communication method and their physical response was written in their care records. This showed they were working within the principles of the Accessible Information Standard. The provider was continuing to look at how they could meet this fully for the benefit the service and the people who lived in it.

The service had policies and systems to support people in developing their relationships with each other and those outside the service. This included identifying the right training for staff. The registered manager was aware how to support people to maintain their personal relationships. This was based on staff understanding of who was important to the person, their life history, their cultural background and their sexual orientation.

People's nutritional needs were met. Staff knew what foods people liked and disliked and foods they were unable to eat. People were supported to plan and cook healthy meals of the person's choice. Staff understood each person's ability and rights to make choices and decisions.

Good

Is the service caring?

Our findings

People continued to receive a service that was caring. One staff member said; "Since starting work here I have never seen anything but people receiving lovely care from staff."

People who used the service had done so for a number of years, and had built strong relationships with the regular staff team working with them. People we visited all appeared happy and comfortable with the staff working with them. Staff, were cheerful, friendly and positive. Staff knew each person well. Staff understood the importance of treating each person equally, and as an adult and a valued individual.

People were supported by staff who were both kind and caring, and we observed staff treated people with patience and kindness. People were chatting with staff about their plans for the day and the conversations were positive. We heard and saw laughter and smiles. People with difficulties communicating were given time to make choices about what they wanted to do to. Staff, were attentive to people's needs and understood when people needed reassurance, praise or guidance. For example, people unsure about our visit were provided with additional support, and staff were attentive and provided reassurance to each person throughout our visits.

People had their own living areas and staff, were observed respecting when people wanted time alone. Staff struck a balance of people having privacy and being checked to make sure they were safe. This was especially important when the person had a medical condition such as epilepsy and may become unwell. Staff, were observed knocking on people's doors and checking people were fine if they had not seen them for a while.

People's care plans detailed family and friends who were important to them. This helped staff to be knowledgeable about people's family and enabled them to be involved as they wished. People and their relatives were encouraged to be involved in all aspects of care. Regular reviews with people and those that mattered to them were in place.

People's independence was respected. For example, staff encouraged people to participate in household tasks including preparing their own meals. Staff did not rush people, and offered support at each person's own individual pace. Staff understood people's individual needs and how to meet those needs. They knew about people's lifestyle choices and how to help promote their independence.

The values of the organisation ensured the staff team demonstrated genuine care and affection for people. This was evidenced through our conversations with the staff. People received care from a regular staff team. This consistency helped meet people's behavioural needs, and gave staff a better understanding of people's communication needs. It supported relationships to be developed with people so they felt they mattered.

Good

Is the service responsive?

Our findings

The service continued to be responsive. People received personalised care that was responsive to their needs. People's care plans were person-centred, and detailed how they wanted their needs to be met in line with their wishes and preferences. People's care plans also detailed their social and medical history, as well as any cultural, religious and spiritual needs. Staff monitored and responded to changes in people's health or behavioural needs. All the care plans included detailed 'hospital passports'. These documents help inform hospital staff about people's preferences and how they communicated if they need to go into hospital. This was particularly important for one person who was due to be admitted to hospital for a planned operation.

People's likes, dislikes and their aspirations had been identified. For people with limited verbal communication skills care plans identified ways of facilitating communication with the use of pictures, photos and symbols. Care plans held information on personal choice and the importance of supporting maximum independence. For example, people were given as much choice as possible on how they like to spend their day. There was no information regarding sexuality or sexual health. However, the registered manager was aware what needed to be recorded if this was required.

The service undertook their own assessment of people's strengths and needs. Comprehensive, individualised care plans were then developed based upon people's physical, emotional and social needs. If people had protected characteristics under the Equality Act the registered manager assured us the provider's policies reflected people be treated equally and fairly. The company's website recorded; "MBF (Michael Batt Foundation) is committed to promoting equality and diversity and anti-discriminatory practice both internally and externally."

People had a timetable plan and noticeboard of daily activities if they wished to attend. People able to when asked said they enjoyed the activities they attended, which included walks and a local disco. People were also supported to have holidays accompanied by staff who regularly supported them. Social clubs were attended by people so they could meet friends.

The company had a complaints procedure for people and visitors to access, and this was available in an easy read version to assist people. The registered manager understood the actions they would need to take to resolve any issues raised. They explained they would act in an open and transparent manner, apologise and use the complaint as an opportunity to learn. Staff told us that due to most people's nonverbal communication, they knew people well and worked closely with them and would monitored any changes in behaviour to determine if they were unhappy. People had advocates when needed to help ensure people who were unable to effectively communicate, had their voices heard.

At the time of this inspection there were no people close to the end of their life. However, the registered manager who regularly worked on shift with people understood ways of ensuring people would receive appropriate care at the end of their lives, with dignity and as much independence as possible. This meant that any people who needed end of life care in the future they could be confident their needs would be met.

Good

Is the service well-led?

Our findings

People continued to receive a service that was well-led. Staff spoke highly of the registered manager and of the service. One member of staff said; "I can go to [….] (The registered manager) at any time." Another said; "Very approachable and they work with people so they know each person well."

There was 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.

People received a service whereby the provider's caring values were embedded into the leadership, culture and staff practice.

The provider's website recorded: "Michael Batt Foundation (MBF) believes that the people it supports should participate as active and equal citizens both economically and socially. MBF is committed to providing support to individuals, which maximises their choice and control and offers people the opportunity to live the life they want in the community with a level of support that is suited to them." The registered manager ensured these visions were embedded into the culture and practice within the service, and incorporated them into staff training. Staff received a copy of the core values of the service. As a consequence of this, people looked happy, content and well cared for.

The provider had systems in place to monitor, assess and improve the service. Checks were carried out regularly on all areas of the service, including visits to people's homes where they completed detailed checks on all aspects of the service people received. The provider had worked with the local authority commissioning team to ensure they met the local authority's required standards. They also had a range of checks and audits in place to ensure they met all relevant legal requirements and good practice.

The provider's governance framework, helped monitor the management and leadership of the service, as well as the ongoing quality and safety of the care people received. For example, there were process and systems in place to check accidents and incidents, environmental, care planning and other safety audits. These helped to promptly highlight when improvements were required.

The registered manager was respected by the staff team. They were open, transparent and person-centred. The registered manager was committed to the company and the service they oversaw, the staff, but most of all the people. They told us how effective recruitment was an essential part of maintaining the culture of the service. People benefited from a registered manager who kept their practice up to date with regular training, and worked with external agencies in an open and transparent way fostering positive relationships.

Staff, were hardworking and very motivated. They shared the philosophy of the management team. Staff meetings, appraisals and supervisions were seen as an opportunity to look at current practice. Staff spoke positively about the management of the company.

Staff spoke of their fondness for the people they cared for and stated they were happy working for the company, but mostly with the people they supported. Senior management were available and monitored the culture, and the quality and safety of the service. They did this by meeting with the people and staff, to ensure they were happy with the service.

People had a service which was continuously and positively adapting to changes in practice and legislation. For example, the registered manager was aware of, and had started to implement the Care Quality Commission's (CQC's) changes to the Key Lines of Enquiry (KLOEs), and was looking at how the Accessible Information Standard would benefit the service and the people who lived in it. This was to ensure the service fully meet people's information and communication needs, in line with the Health and Social Care Act 2012.