Care Quality Commission

Enable Care & Home Support Limited

Fisher Close

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection was unannounced and took place on the 17 September 2015.

Fisher Close provides accommodation, nursing and personal care for up to 15 adults with learning and physical disabilities. Accommodation is provided within three separate bungalows at Fisher Close, all of which were fully occupied at the time of visit. There was a registered manager at this service. 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 in June 2014 people were not fully protected from the risk of receiving care without appropriate consent or authorisation and their views about their care were not always sought or acted on. These were breaches of Regulations 18 and 10 of the Health and Social Care Act (Regulated Activities)

Summary of findings

Regulations 2010. Following that inspection, the provider told us what action they were going to take to rectify the breach and at this inspection we found that improvements were made.

At this inspection people were happy living at the service and they were protected from the risk of harm or abuse. People received safe care from a consistent staff team, who were properly recruited and fully understood people's care and safety needs. Sufficient staff were consistently provided in two of the three bungalows at the service and often but not always in bungalow number two. The registered manager told us about the action they were taking to address this, which helped to mitigate the risk of people receiving unsafe care.

Staff supported people safely when they provided care and people's medicines were safely managed and given to them when they needed them. Staff understood risks to people's safety from their health conditions, their environment and from people's behaviours that may challenge others and followed recognised care practice to mitigate these.

The home was clean, safe and mostly generally well maintained and a planned programme of redecoration, repair and renewal was being progressed throughout the service. Emergency contingency plans were in place for staff to follow in the event of emergencies in the home, such as a fire alarm and regular checks were made of the environment and equipment for people's care and safety. A recent report from Derbyshire Fire and Rescue Service showed there were satisfactory arrangements for fire safety at the service.

People were supported to maintain and improve their health and nutritional status. Staff received the training they needed and they fully understood people's health conditions, disabilities and related care needs.

People accessed external health professionals when they needed to and staff sought and followed their instructions for people's care when required. People's health related care plans were regularly reviewed in consultation with external health professionals when necessary, to check if they were working or revised when needed.

Staff understood and followed the Mental Capacity Act 2005 (MCA) to seek people's consent or appropriate authorisation before they received care. This included authorisation by the relevant authority for any restrictions to people's freedom that were deemed as necessary to keep them safe; known as Deprivation of Liberty Safeguards (DoLS).

People received care from helpful, kind and caring staff who knew them well and treated them with respect. Staff communicated well with people and promoted their rights, dignity and privacy when they provided care. People and their relatives were informed and involved in their care and daily living arrangements. People were supported to make decisions about this in a meaningful way, which met their needs. The provider's arrangements helped to provide a voice for and represent people's views about their care

People were supported to influence, engage and participate in home life and relevant social and recreational activities and to access the local and extended community. The service routinely sought, listened and responded to people's experiences and concerns or complaints made about the service.

The home was well managed and run and people's relatives, professionals and staff were confident about this. The provider's arrangements to regularly check the quality and safety of people's care helped to make sure that people received safe and effective care and improvements were made when required. Staff understood their roles and responsibilities and they were appropriately supported to share their views or raise any concerns about people's care.

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 happy living at the service and their relatives were content they were safe there. They lived in a safe environment, where improvements were being made to decoration, repair and renewal throughout the service.

People were protected from harm and abuse and their medicines were safely managed and given. Staffing levels were mostly sufficient to provide people with safe and consistent care. Mitigating actions were being taken to address staffing deficits.

Requires improvement

Is the service effective?
The service was effective.

People's health and nutritional needs were being met. They were supported to access external healthcare professionals and staff consulted with and followed their advice for people's care when required. Staff received the training they needed and understood people's health conditions, disabilities and related care needs.

Staff understood and followed the Mental Capacity Act 2005 (MCA) to seek people's consent or appropriate authorisation for their care.

Good

Is the service caring?
The service was caring.

People received care from helpful, kind and caring staff, who knew them well, promoted their rights and treated them with respect. Staff communicated with and supported people to make decisions about their care in a way that was meaningful to them.

The provider's arrangements helped to provide a voice for and represent people's views about their care.

Good

Is the service responsive?
The service was responsive.

People were involved in their care and daily living arrangements in a way that was meaningful to them and met their needs. People's disability, communication and equipment needs were met in a way that helped them to stay as independent as possible.

People were supported to influence engage and participate in home life and relevant social and recreational activities and to access the local and extended community. The service routinely sought, listened to and responded to people's experiences and concerns or complaints made about the service.

Good

Summary of findings

Is the service well-led?
The service was well led.

Good

The service was well managed and run and staff were confident in and understood their roles and responsibilities. The quality and safety of people's care, was regularly checked and people's views were often sought to also inform this. Findings were analysed and used to plan and make improvements when required.

Record for the management and running of the service and people's care were accurately maintained and securely stored. The provider notified us of any important events, which happened in the service when required.

Care Quality Commission

Fisher Close

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.

We visited the home on 17 September 2015. Our visit was unannounced and the inspection team consisted of one inspector.

Before this inspection, the provider completed a Provider Information Return (PIR). This 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 looked at all of the key information we held about the service. This included notifications the provider had sent us. A notification is information about important events, which the provider is required to send us by law. We also spoke with local health and care commissioners responsible for contracting and monitoring people's care at the home.

During our inspection we spoke with six people who lived at the home and three relatives. We spoke with two nurses, including the registered manager six care staff and one housekeeper. We also spoke with one of the company directors. We observed how staff provided people's care and support in communal areas and we looked at five people's care records and other records relating to how the home was managed. For example, medicines records, meeting minutes and checks of quality and safety.

Most people at Fisher Close were living with a range of learning disabilities. We used staff and information in people's care plans to help us communicate with them and to understand the experiences of people who could not talk with us

Requires improvement

Is the service safe?

Our findings

People were happy living at the service. People's relatives were all confident that people received safe care in a safe environment from staff who knew what they were doing. One person's relative said, "I have no doubts; they are completely safe; staff are vigilant and know how to keep her safe and well."

Information we received before our inspection told us there were not always sufficient staff at the service. At our inspection, we found there was a consistent staff team, who fully understood people's care and safety needs. Sufficient staff were consistently provided in two of the three bungalows at the service and often but not always in bungalow number two.

Care staff told us that all of the people living in bungalow two had significant physical disability needs and that most had complex learning disability needs. People's care plans showed that each person living in bungalow two required two care staff to assist them with their mobility needs at all times. Staff said that sometimes there were only two instead of three care staff to provide people's care, which they felt was insufficient. One person required regular checks by staff because of potential risks to their safety from their health condition. Staff said this compromised the time they could spend with other people when they needed assistance to get up in a morning, which affected morale. They were aware that attempts to recruit additional staff were underway.

We looked at staff duty rotas worked from 3 August 2015 to the date of our inspection. They showed there were nine occasions, including seven mornings, when there were two instead of three care staff in Bungalow number two due to unplanned staff absence. The registered managed told us about the action they were taking to address this. A suitable staffing tool was being used inform staff deployment arrangements. Staff rotas from 21 September to 11 October were sufficiently planned. Recruitment was also underway to recruit to care and nursing staff vacancies and interviews for this were imminent. This helped to mitigate the risk of people receiving unsafe care.

Staff supported people safely when they provided care. For example, supporting people with behaviours that may challenge others. This was done in a way that met with recognised practice. Staff were trained to use the least restrictive care interventions possible, to ensure the safety of the person and others receiving care when required. Risks to people's safety were assessed before they received care. People's care plans showed the care interventions that staff needed to follow to provide safe care and mitigate any risks to people from their health conditions or their environment.

People's medicines were being safely managed and given to people in a way that met with recognised practice. They were safely stored, accurately recorded and safely accounted for. Staff gave people their medicines safely. They gave people time to understand what they needed to do when they offered people their medicines and supported them patiently and discreetly.

Staff, were safely recruited and understood how to keep people safe. This included the provider's procedures for recognising and reporting the witnessed or suspected abuse of any person receiving care at the service. Records showed that recognised staff recruitment procedures were followed, which included recognised employment checks that staff were fit to work at the service and provide care to the vulnerable people who there. This helped to make sure that people were safe and protected from harm and abuse.

The home was clean, safe and mostly generally well maintained. A planned programme of redecoration, repair and renewal throughout the service was in progress. Bungalow one was almost completed and work was due to commence in Bungalow two, to include the repair and upgrade of installed specialist bathing and mobility equipment. Interim measures were in place to help to ensure safe bathing arrangements for people whilst this work was being progressed. Emergency plans were in place for staff to follow in the event of any emergency in the home. For example in the event of a fire alarm. Routine fire safety checks and staff fire drills were being regularly undertaken and recorded. A recent report from Derbyshire Fire and Rescue showed there were satisfactory arrangements for fire safety at the service

Good

Is the service effective?

Our findings

At our last inspection in June 2014, people were not fully protected from risk of receiving care without appropriate consent or authorisation. This was a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2010. Following that inspection, the provider told us what action they were going to take to rectify the breach and at this inspection we found that improvements had been made.

People were supported to maintain and improve their health. People had access to external health professionals and staff sought and followed their instructions for people's care when required. This included routine health screening, such as eyesight or dental checks and specialist advice. For example, relating to people's nutritional or behavioural needs.

People's relatives and visiting professionals told us that people received the care they needed and that staff understood their health needs. They were particularly impressed with and made positive comments about staffs' in depth knowledge and understanding of peoples care and treatment needs. One person's relative us, "She can't tell you if she is unwell or ill, the staff can always tell; they know her well and make sure she gets the right care."

Another person's relative told us about the person's complex nutritional and behavioural care needs. They praised the staff for the care and support they provided and felt this had led to considerable improvements in the person's health and wellbeing. The person's care plans were co-produced and agreed in their best interests with external health professionals concerned with their care. They were also regularly reviewed in this way and showed that staff understood and followed the instructions for people's care.

Staff were able to describe people's their health conditions and disabilities, how they affected them and their related nursing and personal care requirements. People's care plans provided detailed information about their care and treatment needs and showed their regular review. For example, this included people's mobility and medicines needs, risk of falls and from developing pressure sores. This showed that people were effectively supported to improve and maintain their health.

People's consent was sought before they received care. Where people lacked capacity to consent to their care, records showed that appropriate authorisation was sought.

Staff had received training and they were aware of the key principles of the Mental Capacity Act 2005 (MCA) and followed this. The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves to their care, or make specific decisions about this. Most people were not always able to consent to their care because of their conditions. People's care plans showed an appropriate assessment of their mental capacity and a record of any decisions about their care and support, made in their best interests.

Most people's freedom was being restricted in a way that was necessary to keep them safe, known as a Deprivation of Liberty Safeguard (DoLS). For example, they were not able to independently choose whether or not to live at the home. Records showed that DoLS were formally authorised when required by the relevant local authority, which the provider notified us about.

People's nutritional needs were being met and they received a balanced diet. Food menus showed variety, choice and healthy eating. Many people at the service were out for lunch at the time of our inspection. For those who remained, lunchtime was relaxed and sociable. One person said about their food, "Like; yes; good." Staff consulted with people about their meal choices and involved them in meal planning and food shopping. We saw that staff offered people a choice of food and drinks with their meal and gave them the assistance and support they needed. Staff knew people's dietary needs and preferences and followed instructions from relevant health professionals concerned with people's nutrition, where required. For example, the type and consistency of food to be provided, where risks were identified to people's safety from choking, due to swallowing difficulties.

One person who was not able to eat and drink because of their medical condition received their nutrition by enteral feeding. This is the delivery of a nutritionally complete feed directly into the stomach, through a surgically fitted device. Staff responsible for administering the person's nutrition in this way had received specialist training for this to ensure that is was given safely. A written care plan provided clear instructions for staff to follow to ensure the person received

Good

Is the service effective?

their nutrition correctly. Discussions with one staff responsible for this aspect of the person's care and supporting records, showed that the person's nutritional needs were being properly met.

Staff received a comprehensive introduction to their role and they were provided with the training they needed to provide peoples' nursing and personal care. All staff were positive about the training and support they received which they described as 'brilliant,' 'really good, 'relevant' and 'always kept up to date.' Records showed that staff received the training and support they needed to perform their role and responsibilities. Staff received regular one to one supervision and an annual appraisal from a senior staff member.

Good

Is the service caring?

Our findings

People received care from helpful, kind and caring staff who, treated them with respect and promoted their rights and their dignity and privacy at all times.

People's relatives felt that both they and people receiving care had good relationships with staff, who they described as kind and caring. One person's relative told us, "Staff are fantastic; they are so caring and they always keep me involved and informed." People's relatives also told us they were particularly impressed with the way staff 'really understood and cared for people' and 'as individuals in their own right.' One relative said, "The care is top notch, staff treat her properly and as an adult, with respect and kindness; They really understand her and support her choices."

People's care plans helped to informed staff how to understand and support people in ways that were known to be helpful to them, which staff understood and followed. For example, we saw that staff took time to support one person in a calm caring manner, when they became anxious and distressed. They did this in a manner that was sensitive to the person's rights and needs and their potential to demonstrate behaviours that may challenge others. They also gave the person time and space and approached them in a gentle and reassuring manner. The person became calmer and more relaxed, which resulted in the staff member gently putting a reassuring arm around them. The person then smiled and put their head on the staff member's shoulder for a short while. They then supported the person to carry on with their planned food shopping trip.

Staff we spoke with clearly knew people well and they spoke in a positive, kind and thoughtful manner when they referred to people and their care and daily living arrangements. They consistently referred to people's rights and the importance of promoting them and made many similar comments to us about this. For example, one staff member said, "This is their home and their life, not ours; we are here to help them make the very best of life and enjoy it."

People and their relatives were informed and involved in their care and supported to make decisions about this in a way, which met their needs.

People and their relatives were informed and involved in their care and supported to make decisions about this in a way, which met their needs. Staff understood and promoted peoples' rights and known choices for their care and daily living routines. Staff understood people's known wishes and goals for the future and helped them to set achievable goals in relation to these. All of this information was recorded in people's care plan records. This was done in consultation with them and others who knew them well, such as their relatives and friends and regularly reviewed with them.

Staff communicated well with people and supported them to make decisions about their care in a way that was meaningful to them. Staff, were able to tell us how they communicated with people to meet with their skills and abilities. For example, this included using Makaton or picture signs. Makaton is a language programme using signs and symbols to help people to communicate.

One person was an active representative member of Enable Forum. This operated independently across the provider's care services, to provide a voice for and represent the views of everyone who uses their services. The forum aimed to support people's involvement, independence and inclusion at local and national level. This was done through a range of activities, projects, training and accessible information. The person attended regular forum meetings and was actively helping to champion one of the Forum's inclusion projects. This aimed to help disabled people to get involved and take part in their local communities. Staff had recently supported the person to speak about this using their assistive IT equipment at a large local city conference event. This showed the provider had a proactive approach to promote people's involvement, independence and inclusion.

Good

Is the service responsive?

Our findings

People were involved in their care and daily living arrangements in a way that was meaningful to them and met their needs.

Staff told us that people were regularly supported to engage in a range of social, recreational and therapeutic activities to suit their needs and preferences. People were allocated key workers who were responsible for supporting and planning their known daily living and preferred lifestyle arrangements. People's care plan records reflected this and showed how their choices, preferences and needs were met. For example, one person enjoyed walking. Staff supported them to take regular walks, which also helped to support the person's healthy eating plan. This sometimes included a picnic lunch with this activity, which the person also liked to do. Another person particularly enjoyed using the bus and their key worker regularly supported them to do this when they went out into their local community.

People's care plan records also showed people's disability and communication needs, which staff understood and followed. People were provided with a range of specialist equipment to meet their sensory, learning and physical disability needs. For example, one person was provided with their health care plan and other service information in a suitable format. The format used is known as an 'easy read' format. This helped them to understand and agree their health care plan. This helped them to stay as independent as possible.

People were supported to engage and maintain friendships with other people who had similar needs and interests. This included people's regular attendance at day centres, clubs and friendship groups.

On the morning of our inspection, two people went out to a local day centre and another person went out to a local community 'Friendship Group.' Staff supported another person to attend a regular hydrotherapy session at a local specialist community health facility. Staff told us the person particularly enjoyed and responded to this type of activity, which helped them with their sensory and health needs. Staff supported a few people, who lived together in one of the bungalows, to go out for food shopping and lunch. Menus were used to inform the shopping trip, which staff had planned with people to account for their choices, known preferences and needs. Throughout the day, people were supported to engage in a range of activities within the home or to take time out for rest and relaxation in their own rooms or communal areas. This included gardening activities, jigsaws, musical activity and picture books.

We saw that photographs were displayed around the home, which showed people engaged in and enjoying a range of social, recreational and leisure activities, both in and outside the home. This included seasonal and traditional celebrations. People's relatives told us they were made welcome in the home. They had enjoyed a recent 'get together' with people and staff there where entertainment was provided by an outside singer and Pimms drinks and scones were served.

Notice board provided people with information about activities through pictures, words and photographs. They showed an open invitation to one person's planned birthday celebrations, for a party night, with music and takeaway food. This person had also been involved in staff recruitment interviews to employ a care support worker for their regular access and engagement in the local and extended community.

The service routinely sought, listened and responded to people's experiences and concerns or complaints made about the service.

Many people were not able to communicate directly with staff to express how they felt or any concerns they may have because of their health conditions. People's care plans provided detailed information for staff to help them understand how people showed if they were happy, angry, sad or upset, which staff understood. Staff told us about one person who had shown staff that they were sometimes unhappy when they sat with others at mealtimes. Staff had found from this that the person sometimes liked to eat in their own room, which they were subsequently supported to do.

The provider also used a survey type questionnaire to seek people's views about their care. However, the format and some of the questions were not helpful to most people at Fisher Close. They were reliant on staff or others who knew people well, to complete the questionnaire in people's best interests. This meant they could not respond in a confidential manner. We discussed this with the registered manager who told us about action they were taking to improve this though the provider's local advocacy arrangements.

Good

Is the service responsive?

The provider's records showed two complaints about the service during the previous 12 months, were acted on and responded to in a timely manner.

Good

Is the service well-led?

Our findings

At our last inspection in June 2014, the provider did not have wholly effective systems to regularly assess and monitor the quality of services provided or to seek and use people's views to influence their care. This meant that people were not fully protected against the risks of receiving unsafe or inappropriate care and treatment. This was a breach of Regulation 10 of the Health and Social Care Act (Regulated Activities Regulations) 2010. Follow our inspection the provider told us about the action they were taking to address this and at this inspection we found that improvements had been made.

Relatives, professionals and staff were confident about the management and running of the home. One person's relative said, "There is a legacy of always striving to improve."

The registered manager carried out regular checks of the quality and safety of people's care. For example, checks relating to people's health status, medicines and safety needs. They also included checks of the environment, equipment and the arrangements for the prevention and control of infection and cleanliness in the home. Checks of accidents, incidents and complaints were monitored and analysed to help to identify any trends or patterns and used to inform any changes that may be needed to improve people's care.

Since our last inspection some improvements had been made to the quality and safety of people's care. This included fire safety and ensuring people's consent or appropriate authorisation to their care. Care improvements had been made through staff training, which helped to provide safe and consistent support to people with behaviours that may challenge others. Environmental improvements were in progress following consultation with people and their families.

There were clear arrangements in place for the management and day to day running of the home and external management support was also provided to inform and check the quality and safety of people's care. Staff said the registered manager was approachable and accessible and they were generally confident in the management and leadership of the home.

Staff said they were regularly asked for their views about people's care through meetings held with them. This included staff group meetings and one to one meetings. Staff understood their roles and responsibilities for people's care. They also followed the provider's aims and values for this and promoted people's rights. Staff understood how to raise concerns or communicate any changes in people's needs. For example, reporting accidents, incidents and safeguarding concerns. The provider's procedures, which included a whistle blowing procedure, helped them to do this. Whistle blowing is formally known as making a disclosure in the public interest. This supported and informed staff about their rights and how to raise serious concerns about people's care if they needed to.

Records relating to the management and running of the service and people's care were accurately maintained and they were securely stored. The provider had sent us written notifications telling us about important events that had occurred in the service when required.