

Maranatha Housing and Support Ltd

Ecton Brook

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This announced inspection took place on 22 June 2016. This supported living service provides support to people with their personal care. At the time of our inspection the service was supporting two people.

Following our inspection in November 2015, the service was rated Inadequate due to serious concerns about the systems that were in place to ensure people's safety. The Care Quality Commission placed the service into Special Measures and the provider was given a condition of their registration not to accept any new care packages.

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.

During this inspection we found that many improvements had been made but further work was required to strengthen the service people received and to ensure that all new systems and processes were continuously embedded into practice.

Improvements had been made to ensure people were protected from harm. Staff received training in safeguarding and understood the different types of abuse. The registered manager understood the requirement to report any concerns or allegations of harm to the local authority safeguarding team.

References and criminal background checks had also been completed on all staff however further improvements were required to ensure all measures were in place that suitable staff were employed by the service.

The risk assessment procedures in relation to supporting people to receive safe care had been improved with guidance to staff about how to manage people's known risks. However the registered manager needed to further consider and strengthen these to ensure all aspects of people's potential risks were recorded.

People were supported to safely have their medicines however the registered manager needed to ensure that the documentation regarding people's medication only contained current and accurate information.

Improvements had been made to ensure people were supported to provide their consent to the care they received. People who were unable to provide their consent had mental capacity assessments and best interest decisions made to consider the needs and wishes of people and to provide them with safe care. However further action was required to ensure these were formalised in accordance with the Mental Capacity Act 2005 and the Court of Protection.

Staff received support and guidance from their manager on a daily basis and also as part of regular

supervision meetings. However the registered manager needed to ensure that appraisals were arranged and completed for all staff.

Improvements had been made to people's care plan to ensure they contained current information. New care plan formats had been introduced and these provided guidance to staff. Further action was required to strengthen these to ensure they contained sufficient detail and information about all aspects of people's care.

Since the last inspection the manager had made improvements to the systems and processes in place to ensure that people's care and support was in line with regulatory requirements. However further action was needed to ensure that these systems were embedded into practice and could identify any shortfalls. The registered manager would also benefit from working with external agencies and organisations to ensure people care and support specific to their needs was in accordance with best practice.

Improvements had been made to the providers record keeping. People's care plans, staff files and the policies and procedures were stored in separate files and were easily accessible when required. The management had also implemented regular health and safety checks to ensure the environment and food storage was appropriate.

There were sufficient and flexible staff to meet the needs of people that used the service and to respond when they required assistance. Improvements had been made to ensure that staff were suitably skilled, knowledgeable and received support from the registered manager. A training package for each member of staff had been completed and staff were knowledgeable about how people required their care.

People's healthcare needs were supported with health action plans which documented their previous involvement with healthcare professionals. People's nutritional needs were met by staff and people were able to eat food they enjoyed.

People were supported by staff that cared about them and about providing person centred care. Staff were knowledgeable about each person's care needs and understood what was important to them. People were encouraged to make their own choices and to maintain relationships with their family.

People were encouraged and supported to participate in activities they enjoyed. People were able to take on responsibilities for animals and were praised when they independently identified activities they needed to complete. No complaints had been received and people and their relatives provided good feedback about the service. A suitable complaints procedure was in place.

Improvements had been made to the running of the service with policies and procedures in place which provided adequate guidance to staff.

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 not always safe.

Risk assessment procedures in relation to the care people received had improved however further action was required to ensure all elements of care had been considered and recorded.

Improvements had been made to ensure staff of suitable backgrounds were employed by the service however further action was required to strengthen this.

People's medicines were handled safely however improvements were required to ensure that all of people's records in relation to their medicines were consistent.

Improvements had been made to ensure staff understood their obligations to identify and report any suspicions or allegations of harm.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Improvements had been made to ensure people were supported to provide their consent to the care they received. However further action was required to ensure this was formalised in accordance with the Mental Capacity Act 2005 and the Court of Protection.

Staff received support and guidance from their manager on a daily basis and also as part of regular supervision meetings. However the registered manager needed to ensure that appraisals were arranged and completed for all staff.

Improvements had been made to ensure that all staff had received appropriate training to meet people's needs.

People received support to meet their healthcare needs.

Requires Improvement ●

Is the service caring?

The service was caring.

Good ●

People were supported by compassionate and caring staff.

Staff had a good understanding of people's needs and preferences and these were respected and accommodated by staff.

Staff promoted people's independence in a supportive and collaborative way.

People were supported to spend time with their family and friends when they wished to.

Is the service responsive?

The service was not always responsive.

Improvements had been made to people's care plan to ensure they contained current information. However, further action was required to strengthen these to ensure they contained sufficient detail and information about all aspects of people's care.

People were supported to participate in activities they enjoyed when they wanted to.

People were encouraged to take on responsibility for animals and were supported by staff when they needed it.

An appropriate complaints system was in place.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Improvements had been made and further action was required to ensure new quality assurance systems could identify and respond to shortfalls in the service.

Policies and procedures were in place which provided adequate guidance to staff.

A registered manager was in post and they were active and visible in the service. They worked alongside staff and offered regular support and guidance.

People, relatives and staff were encouraged to provide feedback about the service and it was used to drive continuous improvement.

Requires Improvement ●

Ecton Brook

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 inspection took place on 22 June 2016 and was announced. We gave the provider 48 hours notice of the inspection as we needed to be sure that somebody would be at the service when we arrived. The inspection was completed by one inspector.

As part of our planning for this inspection we reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. We contacted health and social care commissioners who place and monitor the care of people living in the home, the local authority safeguarding team, Healthwatch and the local fire service.

During our inspection we spoke with two people who used the service, two relatives, and three members of care staff including the registered manager.

We looked at care plan documentation relating to two people, and three staff files. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Is the service safe?

Our findings

At our inspection in November 2015 we found that the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulation 19: Fit and proper persons employed. This was because staff did not have appropriate background checks completed before they started working at the service.

During this inspection we found that improvements had been made since the last inspection, however further improvements were required to ensure staff had appropriate risk assessments in place. Since the last inspection the service had not employed any new staff however we reviewed two staff files and the registered manager's file. We saw that the staff had positive references which supported a career in care and all staff files had a criminal background check with the Disclosure and Barring Service (DBS). However, where the DBS showed previous misdemeanours the registered manager had failed to record a risk assessment. We discussed this with the registered manager and there was an appropriate rationale in place and we were assured that the person was appropriate to provide care and support to people. We reviewed the recruitment policy and saw this was sufficiently detailed and recorded that staff criminal background checks would be renewed every three years.

At our inspection in November 2015 we found that the provider was in breach of Regulation 13: Safeguarding services users from abuse and improper treatment. This was because staff did not fully understand their responsibilities to safeguard people from harm.

During this inspection people told us that staff treated them well and they felt safe around them. We found that all staff had received training in safeguarding. One member of staff said, "If someone was hurt or harmed in some way, or I was worried about how they were treated I would tell the manager first and they would have to report it." Staff were able to explain the different types of abuse and understood they had a responsibility to report any concerns immediately. Staff knew they could contact the Care Quality Commission (CQC) directly if they were concerned about people's care. The registered manager was aware of their responsibility to report safeguarding concerns to the local authority and to CQC, and could explain how they would do this.

At our inspection in November 2015 we found that the provider was in breach of Regulation 12: Safe care and treatment. This was because the provider had failed to assess the risks to each person and provide adequate guidance to staff to support people with their known risks.

During this inspection we examined people's risk assessments. We saw that improvements had been made and new risk assessments were in place. They detailed most of the known risks to people. However not all risks had been identified, for example, how to support people with their bathing and washing whilst reducing the risks of their medical conditions. The risk assessments that were in place gave adequate guidance to staff. For example one risk assessment identified the risk of objects, particularly toys being broken. Staff were required to be proactive to ensure that objects that were accidentally broken by people were removed to prevent them from hurting themselves. We spoke with the staff and registered manager and they were knowledgeable about how they needed to keep people safe whilst maintaining their

independence. Risk assessments had dates of when they needed to be reviewed.

At the previous inspection we were concerned that people were restricted from leaving the service as the doors were kept locked at all times. We were also concerned about fire safety procedures and referred these to the fire service to make an assessment. During this inspection we saw that improvements had been made and people were able to leave the service if they wished. The locks on the doors had been changed so people could open the doors independently if they so wished. We also saw that staff had received training in fire safety and fire drills had been practiced since the last inspection. In addition regular checks were made of fire safety equipment and when concerns were identified, action was taken to ensure equipment was suitable and safe in an emergency. For example, regular checks were made of smoke detectors and carbon monoxide alarms and when it was identified that batteries were running low, they were replaced. Each person also had a personal emergency evacuation plan in place which gave guidance to staff about how people would be supported to evacuate if necessary.

At the last inspection there were concerns that staff did not know what to do in an emergency to support people. At this inspection we saw that all staff had completed practical first aid training. One member of staff confirmed they had found this useful and they felt it would help them in an emergency. Staff recorded accidents and incidents and took appropriate action when necessary.

There were appropriate arrangements in place for the management of medicines. One person said "The staff keep my medicines for me and give them to me when I need them. They never run out – I always get my medicines and if I've got a headache I can tell them and they'll get me a pill." Staff were knowledgeable about people's medicines and when they were required. Staff had received training in the safe administration, storage and disposal of medicines and they were knowledgeable about how to safely administer medicines to people. One person's care plan documented one medication which was used as pain relief when people required it however the registered manager confirmed this was no longer used and was not available and the care plan required amending to reflect this.

There were enough staff to keep people safe and to provide the support for people when they required it. One person said, "The staff help me when I need them and take us out if we want to go out." One relative confirmed that staff were always available, even if plans changed at the last minute. They said, "They're very flexible – sometimes we have to change our plans and it's never a problem. They can help transport [name of person who uses the service] if we need them to – they're great." People were provided with consistent and constant support and staff showed flexibility to meet people's needs.

Is the service effective?

Our findings

At our inspection in November 2015 we found that the provider was in breach of Regulation 11: Need for consent. This was because staff did not understand the full requirements of the Mental Capacity Act 2005 (MCA 2005).

The 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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. During this inspection we found that mental capacity assessments had been completed with the involvement of people and their relatives. This considered people's ability to manage their finances and receive staff support whenever they were out in the community for example, having a walk or going to the shops. We saw that when it had been determined that people did not have the mental capacity to make a decision about their care a best interests meeting had been arranged. It was clearly recorded the rationale for people's support and this was determined on an individual basis. We saw that the provider was working with the local authority to apply for an authorisation from the Court of Protection to provide support to one person when they spent time in the community however at the time of our inspection this application had not been submitted.

At our inspection in November 2015 we found that the provider was in breach of Regulation 12: Safe care and treatment. This was because staff had not received appropriate training to support people with their care needs.

During this inspection we saw that the staff had completed a comprehensive training package which covered all aspects of providing safe and effective care. This included mental capacity, deprivation of liberty, fire safety, infection control, handling medication, food hygiene, safeguarding and first aid training. In addition, staff had received training specifically to meet the needs of the people that used the service which included epilepsy and dealing with behaviour that challenges others. Staff told us they had enjoyed the training, particularly the elements that had a direct impact on people's care.

Staff received regular support and guidance from the registered manager who often worked alongside staff or provided care and support to people. This facilitated open and knowledgeable conversations between staff about what had worked well or not so well with the people they were supporting. Staff received supervision meetings with the registered manager however staff had not received an annual appraisal. The registered manager confirmed that they understood they needed to arrange these quickly. Staff told us they felt well supported by the management and received advice and guidance when it was needed.

People were supported with their healthcare needs. One person said, "If I need to go to the hospital or doctors [name of the registered manager] usually takes me. The hospital does my checks and the staff help

me." People had an easy read health action plan which documented their health needs in a way that people could understand. People's full range of healthcare requirements were recorded and any contact with healthcare professionals was documented. When necessary, people were supported to have regular input from healthcare professionals.

People were supported to eat well. One person told us "They [the staff] make my meals for me – sometimes I do a bit of stirring but they usually make everything. It always tastes good." Staff confirmed that they made meals that people enjoyed, and often this meant people ate different foods from each other. People's care plans contained information about people's dietary requirements and staff were knowledgeable about how people required their food to be prepared.

Is the service caring?

Our findings

People appeared relaxed and comfortable in the company of staff and people told us that the staff treated them well. One person said, "They're all lovely and they never moan." One person's relative said "They treat [name of person] like a part of their own family. They go out to parties and church together. When [name of person] comes home he can't wait to get back there." We saw that the staff had developed strong relationships with people and people were happy to see the staff.

Staff demonstrated a good knowledge and understanding about the people they cared for. The staff showed a good understanding of people's needs and they were able to tell us about each person's individual choices and preferences. People had developed positive relationships with staff and they were able to share good times together. One person had a particular passion for animals and we saw that they were supported to have pets within the home. Staff supported the person to care for their pets and interact with them.

People were involved in personalising their own bedrooms so that they had items around them that they treasured and had meaning to them. One person showed us their bedroom and we saw that it was decorated to their own choice with posters on the wall that had special meaning to them. Staff used their knowledge of people to support them to have a bedroom which reflected their interests. For example, one person had pictures of animals they liked on their wall.

People were encouraged to express their views and to make their own choices wherever possible. People were supported to wear clothes they liked and were offered guidance if they became stained. People were able to make their own choices and staff respected this, for example, if they chose to remain in stained clothes. There was information in people's care plans about what they liked to do for themselves. This included how they wanted to spend their time or if they had preferences about how to receive their care.

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was placed in a confidential document or discussed at staff handovers which were conducted in private. Staff respected people's privacy and ensured that all personal care was supported discreetly and with the doors closed. Staff supported people to maintain their dignity and offered support to people to adjust their clothing when this was compromised.

We observed staff provide personalised care which supported people's individual requirements. Staff were encouraging and attentive. We observed staff offer explanations and reassurance to people about how they would be spending their day and what would happen next. Staff made sure people were comfortable and were available when people needed them.

There was information on advocacy services specifically relevant to people who used the service within the safeguarding and adult protection policy. This included information about two charities which supported people with learning disabilities. People had the support and involvement of their family with their care and there was no current need for advocacy services.

People were encouraged to spend time with their friends and relatives. One person told us they were able to invite their friends and family to the home when they wanted to. One relative told us they saw their relative regularly and staff helped to facilitate this. People were supported to visit their relatives at their homes on a regular basis independently or with staff support.

Is the service responsive?

Our findings

At our inspection in November 2015 we found that the provider was in breach of Regulation 12: Safe care and treatment. This was because people's care plans were not updated regularly or provide guidance about how staff could support people with complex behaviours.

During this inspection we saw that the care plans had been reviewed and updated to contain information about people's current needs. They contained information about the help and support each person required, and contained guidance to staff about how this could be provided. Care plans had review dates however the registered manager needed to take action to ensure the care plan was kept current and up to date as people's needs changed. At the time of the inspection the care plans contained information about people's current needs.

Staff had received training in supporting people with behaviour that might be challenging for others and this had been put into practice. Care plans contained guidance for staff when people displayed behaviour which may put themselves or others around them at risk of harm. Staff confirmed that they could not always identify a trigger or repeated pattern regarding some behaviours but were knowledgeable and consistent about how best to support people during these difficult times.

Since the last inspection the registered manager had implemented a new care plan format. This incorporated all aspects of people's care and gave an overview of people's care and support needs and provided guidance to staff about how people should be supported. However some aspects would benefit from additional detail. For example, relevant information about people's previous medical history. This would help to support staff to identify if people's care needs had changed and if they required additional support or input. Care plans also incorporated an easy read picture format to encourage and support people to identify their needs and be involved in the decision making around their care.

People were encouraged and supported to participate in activities they enjoyed. People regularly attended a day centre and one person told us they liked going there. Staff supported people to go if they wished and ensured people were supported with all their personal care needs before they needed to leave. People told us they enjoyed going out for walks and they were able to do this with staff when they wanted to. One person particularly enjoyed playing an electric organ and the person's records showed that they were able to do this regularly and had gained pleasure from doing so.

People were encouraged to maintain some independence and take on responsibilities. For example one person had their own pets at the home and were supported to make sure they were fed and kept in a clean environment. Staff gave praise and encouragement when people remembered to do this without staff support but gave assistance when necessary. One person was proud of their pets and the responsibility they had to look after them.

People were supported to maintain relationships with their family and friends. One person told us, "I can have my family come to the house whenever I like. And I go and visit my [name of relative] quite often with

the staff." Another person's relative told us that they felt welcome to see their relative when they wished but chose to have regular times the person could visit them at their house. They told us that the staff liaised with them to ensure appropriate travel arrangements were in place if the person needed transport and staff were willing and able to help however they could.

People and relatives gave very positive feedback about the service and the support that they received. They told us they had no complaints but felt comfortable to raise questions or concerns with the registered manager if needed and these were considered and dealt with effectively. Staff had good relationships with people and people were relaxed and comfortable with the registered manager and understood they were in charge. There was a complaints policy in place which outlined the actions and timeframes for complaints to be investigated and responded to.

Is the service well-led?

Our findings

At our inspection in November 2015 we found that the provider was in breach of Regulation 17: Good governance. This was because the registered manager had failed to embed systems and processes to effectively oversee the way in which care and support was being provided and to ensure that this was in line with expectations and regulatory requirements.

During this inspection we saw that improvements had been made but further work was required to ensure systems were embedded into practice and could identify where improvements were required. For example, by ensuring reviews of people's care were completed on a regular and timely manner and the action to improve them was completed. The registered manager would also benefit from working with external agencies and organisations to ensure people care and support specific to their needs was in accordance with best practice. Policies and procedures had been put in place and had been reviewed to provide guidance and instruction to staff about how to ensure people were supported safely with their care. This included a safeguarding policy, recruitment policy and complaints policy. Staff understood the policies and procedures and worked to the guidance they had been given.

Improvements had been made to ensure that all staff had effective skills and knowledge to provide safe care. The registered manager had obtained a training program for all staff to complete which covered all aspects of care. At the time of the inspection all staff had recently completed all aspects of their training.

The registered manager had taken steps to improve the record keeping structure. Each person had individual files which contained their care plan and relevant information and staff each had an individual file with evidence that the recruitment procedures had been adhered to. Records were organised and easily accessible in a stored cupboard.

Improvements were also seen to ensure people received their care safely. We saw that the registered manager had taken steps to introduce quality monitoring processes into the service. This included auditing of the service in relation to health and safety matters, including how food was stored. The registered manager was knowledgeable about how to ensure food was stored correctly and safely.

People's relatives told us they were regularly asked for their feedback about the service and felt fully informed and involved about what was happening, or if any changes were being considered. One relative said, "[Name of the registered manager] tells us about everything that's going on and asks us for an opinion. We talk to her quite regularly." Relatives also told us they had recently received a survey to complete but they had no concerns and were pleased with the progress their relative had made since receiving support from the service.

People reacted positively to the registered manager and staff commented that they had confidence in the management. One person told us "I get on well with [name of registered manager] and they listen to me." Staff felt confident to speak with the registered manager and told us that the management were really trying to improve and to do their best for people that used the service. They told us that the manager was

responsive and acted on suggestions and requests. For example, one person with a particular passion for animals had asked for an animal picture in their bedroom. The person proudly showed us their room which had animal pictures within it. Staff spoke passionately about their job and enjoyed supporting people

The culture within the service focused upon providing people with person centred care. The registered manager and the staff that worked at the service clearly had people's best interests at heart and worked to support them with their interests and daily routines. Staff worked well together as a team and to ensure that each person's needs were met. Staff clearly enjoyed their work and told us that they received regular support from their manager.