Michael Batt Foundation

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection on 18 November 2017.

46 Grenville Road provides care and accommodation for up to three people with learning disabilities. On the days of our inspection there were two people living at the care home. Each person had their own living area.

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. At the last inspection on the 8 October 2015, the service was rated Good. At this inspection we found the service remained Good.

Why the service is rated good:

We met and spoke to both people during our visit and observed the interaction between them and the staff. People were not able to fully verbalise their views and used other methods of communication, for example electronic tablets and symbols.

People were asked if they felt safe. One person said; "Yes, because I'm happy." Staff said; "People are safe because there is always enough staff and staff know people well."

People remained safe at the service. People had one to one staffing at all times. People were protected by safe recruitment procedures to help ensure staff were suitable to work with vulnerable people. Staff confirmed there was sufficient numbers of staff to meet people's needs and support them with activities and trips out.

People's risks were assessed, monitored and managed by staff to help ensure they remained safe. Risk assessments were completed to enable people to retain as much independence as possible. People received their medicines safely by suitably trained staff.

People continued to receive care from staff who had the skills and knowledge required to effectively support them. Staff had completed safeguarding training. Staff had also completed the Care Certificate (a nationally recognised training course for staff new to care). Staff said the Care Certificate training looked at and discussed the Equality and Diversity policy of the company.

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. People's end of life wishes were not currently documented, however the provider had arranged end of life training for staff. People's healthcare needs were monitored by the staff and people had access to a variety of

healthcare professionals.

People's care and support was based on legislation and best practice guidelines, helping to ensure the best outcomes for people. People's legal rights were up held and consent to care was sought. Care plans were person centred and held full details on how people's needs were to be met, taking into account people preferences and wishes. Information held included people's previous history and any cultural, religious and spiritual needs.

People were treated with kindness and compassion by the staff who valued them. The staff had built strong relationships with people. People's privacy was respected. People or their representatives, were involved in decisions about the care and support people received.

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 would be fully investigated and responded to.

The service continued to be well led. People lived in 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 approachable.

The registered manager and provider had monitoring systems which enabled them to identify good practices and areas of improvement.

People lived in a service which had been designed and adapted to meet their needs. The service was monitored by the registered manager and provider to help ensure its ongoing quality and safety. 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 were receiving.

However, not all audits were documented to show areas requiring maintenance and updating. Though people were protected from the spread of infections the kitchen environment required work to ensure people were protected from any health risk. The registered manager told us they would ensure this was done.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? This service remains good	**Good**
Is the service effective? This service remains good	**Good**
Is the service caring? This service remains good	**Good**
Is the service responsive? This service remains good	**Good**
Is the service well-led? This 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 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.

The inspection was undertaken by one inspector on 18 November 2017 and was unannounced.

We visited the office location on 28 November 2017 to see the registered manager and office staff and to review other records including policies and procedures. We also emailed health and social care professionals involved with people living in the service to gain additional information.

Prior to the inspection we looked at other information we held about the service such as notifications and previous reports. 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. At our last inspection of the service in September 2015 we did not identify any concerns with the care provided to people.

During the inspection we met both people who lived at the service. The people living at the service had complex needs that limited their ability to communicate and tell us about their experience of being supported at 46 Grenville Road. Therefore we observed how staff interacted and looked after people and we looked around the premises. We received information from one healthcare professional and spoke to three members of staff.

We looked at records relating to the individual's care and the running of the home. These included care and support plans and records relating to medication administration for both people living in the home. We also looked at quality monitoring of the service.

Good

Is the service safe?

Our findings

The service continued to provide safe care. One person when asked if they felt safe said; "Yes, because I'm happy."

People were protected from abuse and avoidable harm as staff understood the provider's safeguarding policy. Staff undertook training in how to recognise and report abuse. Training covered what action to take if staff suspected people were being abused, mistreated or neglected. Staff said they would have no hesitation in reporting any concerns to either the registered manager or external agencies, such as the local authority.

People did not face discrimination or harassment. People's individual equality and diversity was respected because staff had completed training and put their learning into practice. Staff completed the Care Certificate and confirmed they covered equality and diversity and human rights training as part of this ongoing training. People had detailed care records in place to ensure staff knew how they wanted to be supported. The company, Michael Batt Foundation (MBF) website states; "MBF is committed to promoting equality and diversity and anti-discriminatory practice both internally and externally."

People had one to one at all times. There were sufficient numbers of staff employed to help keep people safe and make sure their needs were met. We observed staff meeting people's needs, supporting them and spend time socialising with them. Risks of abuse were reduced because the company had a suitable recruitment processes for new staff. This included carrying out checks to make sure new staff were safe to work with vulnerable adults. Staff confirmed they were unable to start work until satisfactory checks and employment references had been obtained.

People who had risks associated with their care, had them assessed, monitored and managed by staff to ensure their safety. Risk assessments were completed to make sure people were able to receive care and support with minimum risk to themselves and others. People identified at being of risk when going out in the community had up to date risk assessments in place. For example, where people may place themselves and others at risk, there was clear guidance in place for staff managing these risks. People had risk assessments in place regarding their behaviour, which could be challenging for staff.

People's accidents and incidents were recorded. For example, people had been referred to the learning disability team for advice and support when there had been changes in their behaviour that could put them at risk.

People's finances were kept safe. People had appointees to manage their money where needed, including advocates.

People received their medicines safely from staff who had completed appropriate medicine training. Medicines audit were carried out daily and people were supported to help administer their own medicines. Medicine practices and clear records were kept to show when medicines had been administered. People

were prescribed medicines on an 'as required' basis. There were clear protocols in place to instruct the staff when these medicines should be offered to them and when additional support, for example further advice from the doctor was needed. Records showed that these medicines were not routinely offered but were only administered in accordance with the instructions in place.

People lived in an environment which the provider had assessed to ensure it was safe and secure. Equipment used by people, such as hoists were serviced in line with manufacturing guidelines. The fire system was checked, and weekly fire tests were carried out.

However, areas of the service required updating. Though people were protected from the spread of infections and staff understood what action to take in order to minimise the risk of cross infection, such as the use of gloves and aprons and good hand hygiene to protect people. The kitchen environment which required updating was seen to have walls tiles that had been painted and now the paint was peeling. This left pieces of flaky paint around the work surfaces where food was prepared. This could cause a health risk. The registered manager had not been aware of the kitchen tiles, however they had arrangements in place to carry out some repairs in the kitchen and would arrange for the tiles to be attended to.

The provider worked hard to learn from mistakes and ensure people were safe. The manager and registered 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. People were cared for by staff who had received training to meet their individual needs. The provider made sure the staff team completed training courses which they deemed as mandatory so people's needs could be met by staff who had the right skills and knowledge. Staff were complimentary of the training opportunities, telling us there was regular training offered. Training courses included, diabetes, moving and handling and the Care Certificate (a nationally recognised training course for staff new to care). New staff received an induction prior to commencing their role, to introduce them to the provider's ethos and policy and procedures. Staff received supervision and team meetings were held to provide the staff with the opportunity to highlight areas where support was needed and encourage ideas on how the service could improve. One staff member confirmed they were currently completing the Care Certificate and this covered Equality and Diversity and Human Rights.

People had a communication passport to assist staff in understanding how best to communicate with people. Staff demonstrated they knew how communicate with people and encouraged food choice when possible, including the use of pictures of meals. One person had an electronic tablet which held pictures of food they enjoyed and used this to communicate with staff if they had trouble getting staff to understand their request. Care records recorded what food people disliked or enjoyed.

People were supported to eat a nutritious diet and were encouraged to drink enough. People identified at risk of future health problems through poor food choices had been referred to appropriate health care professionals. For example, speech and language therapists. The advice sought was clearly recorded and staff supported people with suggestions of suitable food choices. People who required it had their weight monitored and food and fluid charts were in place when needed. This helped to ensure people received sufficient food and drinks.

People were encouraged to remain healthy, for example one person went out for daily walks to help maintain a healthier live.

People had access to external healthcare professionals to ensure their ongoing health and wellbeing. People's care records detailed that a variety of professionals were involved in their care, such as diabetic nurses, occupational therapists and GPs.

People's legal rights were up held. Consent to care was sought in line with guidance and legislation. The provider had understood their responsibility in relation to the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). People's care plans recorded their mental capacity had been assessed when required, and that DoLS applications to the supervisory body had been made when necessary. Staff had received training in respect of the legislative frameworks and had a good understanding.

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. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People were not always able to give their verbal consent to care, however staff were heard to verbally ask people for their consent prior to supporting them, for example before assisting them with their care tasks. People were heard to answer or make gestures in response to staff.

People lived in a service which had been designed and adapted to meet their needs. Specialist equipment in bathrooms meant people could access baths more easily. Each person had their own lounge area to spend time alone or with any visitors.

However, the environment of the home required updating and modernising. Some areas of the kitchen were in a poor state of repair, including cupboards with no door, or doors hanging off. Wall tiles that had been painted and now the paint was flaking off and the outside of the back of the house had very flaking paint in all areas. The registered manager said they would raise this with the provider and ensure this was addressed. The registered manager had plans to install a wet room for the use of one person whose mobility had deteriorated to assist them.

Good

Is the service caring?

Our findings

The staff continued to provide a caring service. One person when asked if the staff were caring said yes.

People were supported by staff who were both kind and caring and we observed staff treated people with patience and kindness. Each person had their own living area and each person was seen to be relaxed in a warm environment. People were being supported by their one to one carer and if people indicated they wished to be alone this was respected. People were chatting with staff about plans for the day and the conversations were positive and we heard and saw plenty of laughter and smiles. Staff were attentive to people's needs and understood when people needed reassurance, praise or guidance. One person was observed to become anxious at times. So staff spent time, listening, answering the person repetitive questions and reassuring them.

One person, who had been unwell for a few days, wished to remain in bed. Staff clearly understood this person's nonverbal communication and explained to us how they understood their wish to remain in bed. Staff were able to explain each person communication needs, for example by the noises and expression they made to communicate whether they were happy or sad. People had their own accessible communication tools in place. For example, people had an electronic tablet with pictures on and also picture cards to show staff what they wanted or how they felt. Staff who had worked at the home for a number of years clearly understood each person's personal way of communicating.

People had access to individual support and advocacy services. This helped ensure the views and needs of the person concerned were documented and taken into account when care was planned.

People's independence was respected. For example, staff assisted one person to do their own laundry. Staff did not rush this person and it was all done at the person's own pace. The staff member was kind and gave the person time while supporting their independence.

People's privacy and dignity was promoted. Staff knocked on people's doors prior to entering their rooms. Staff used their knowledge of equality, diversity and human rights to help support people with their privacy and dignity in a person centred way. People were not discriminated in respect of their sexuality. People's care plans were descriptive and followed by staff.

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 team. People, where possible, received their care from the same staff members. 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's care plans were person-centred, detailed how they wanted their needs to be met in line with their wishes and preferences, taking account of their social and medical history, as well as any cultural, religious and spiritual needs. Staff monitored and responded to changes in people's needs, for example, there had been a decrease in one person's mobility and a specialist team had been contacted. Staff said they encouraged people to make choices as much as they were able to. Staff said some people were shown visual items to help make choices while others were given choices verbally.

The Michael Batt Foundation website states; "My Life guide is a detailed, comprehensive holistic tool which combines elements of person centred planning, person centred assessment, person centred risk assessment and management and includes detailed information about the way an individual wants and needs to be supported. The 'My Life' guide also acts as a tool to help individuals with their life skills development and provides an up-to-date assessment of the person's needs."

People received individual one to one personalised care. People's communication needs were effectively assessed and met and staff told us how they adapted their approach to help ensure people received individualised support. For example, picture cards were available to assist people. Staff took time when people spoke to them or showed them picture on their electronic tablet.

A complaints procedure was available, however people currently living in the service would not necessarily fully understand the procedure. 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 some people's limited communication they knew people well and worked closely with them and monitored any changes in behaviour. People, when asked if they had any concerns, said they would talk to; "[…]", naming the staff member they were working with that day. People had advocates appointed to ensure people who were unable to effectively communicate, had their voices heard.

Staff confirmed they had not needed to support people with end of life care, but were aware of issues relating to loss and bereavement. Staff had supported one person through a recent loss of a close relative and external support had been sought from specialist bereavement services. The provider had arranged end of life care training for staff in the new year.

People took part in a wide range of activities. One person had joined a local social group to join in activities where people of a similar age met. People's friends were able to visit. Staff recognised the importance of people's relationships with their friends and promoted and supported these contacts when appropriate. One person told us how they had regular contact with their girlfriend including phone calls and meeting at a local disco.

The PIR records; "Communication tools are specific to the individuals and used to ensure the needs/wants of the individuals are being met. Social Committee Meetings are held regularly for individuals to get together and maintain friendships as well as make new ones. These meetings are community based and encourage individuals to make valued community connections."

Good

Is the service well-led?

Our findings

The service remains well-led. 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 lived in a service whereby the provider's caring values were embedded into the leadership, culture and staff practice.

The provider's website records; "MBF promotes equality & diversity through the implementation of its comprehensive Equality & Diversity policy. And the 9 Protected Characteristics: age, disability, gender reassignment, marriage & civil partnership, pregnancy & maternity, race, religion & belief, sex & sexual orientation which covers: Equal opportunities, diversity, anti-discriminatory practice & harassment. Both people supported & employees. Recruitment & selection policy that aims to eliminate discrimination in recruitment." As a consequence of this, people looked happy and exceptionally well cared for.

The provider and registered manager 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 recruitment was an essential part of maintaining the culture of the service. People benefited from a registered manager who worked with external agencies in an open and transparent way and there were positive relationships fostered.

Staff were motivated and hardworking. They shared the philosophy of the management team. Shift handovers, supervision, appraisals and meetings were seen as an opportunity to look at current practice. Staff spoke positively about the leadership 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 monitored the culture, quality and safety of the service by visiting to speak with people and staff to make sure they were happy.

People lived in a service which was continuously and positively adapting to changes in practice and legislation. For example, the provider's website held information on how they support people with Assistive Technology and Assistive Information. This was to ensure the service fully meet people's information and communication needs, in line with the Health and Social Care Act 2012.

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 were receiving. For example, systems and process were in place to help such as, accidents and incidents, environmental, care planning and nutrition audits. These helped to promptly highlight when improvements were required.

However, not all audits were recorded to show what area had been monitored. The registered manager was

aware that the service premises required updating; however this was not recorded on any audits held. It was recorded on a monitoring visit that some kitchen repairs had been planned. The registered manager planned to discuss our findings with the provider and ensure the issues were addressed.