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Faircross 102

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 

Overall summary

The inspection took place on the 30 December 2015 and was announced. This was the first inspection of the service since it was registered with the Care Quality Commission in March 2015.

The service is registered to provide accommodation and support with personal care to a maximum of three adults with learning disabilities and mental health needs. Three people were using the service at the time of our inspection.

The service had a registered manager in place. A registered manager is a person who has registered with

the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

The service had appropriate safeguarding procedures in place which staff understood. Risk assessments were in place which included information about how to support

Summary of findings

people in a safe manner. There were enough staff working at the service and robust staff recruitment procedures were in place. Medicines were stored, administered and recorded safely.

Staff were well supported and received regular training and supervision. The service was operating within the Mental Capacity Act 2005 and people were able to make choices about their daily lives. This included choices about what they ate and drank. People had routine access to health care professionals.

People told us they were treated with respect and in a caring manner by staff. The service promoted people's independence and privacy. People's communication needs were met.

People's needs were assessed before they moved into the service. Care plans were in place which set out how to meet people's individual needs. The service had a complaints procedure in place and people knew how to make a complaint.

People and staff told us they found the registered manager to be approachable and helpful. The service had various quality assurance and monitoring systems in place. Some of these included seeking the views of people that used the service.

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. Staff understood their responsibility with regard to safeguarding adults and systems were in place to help protect people from the risk of abuse.

Risk assessments were in place which set out how to support people safely and there were guidelines about supporting people who exhibited behaviours that challenged the service.

There were enough staff working at the service to meet people's assessed needs. Robust staff recruitment procedures were in place.

Medicines were managed in a safe manner.

Good



Is the service effective?

The service was effective. Staff undertook regular training and received one to one supervision from a senior member of staff.

The service operated within the Mental capacity Act 2005. No one living at the service was subject to a DoLS authorisation and people were able to make choices about their daily lives. This included choices about food.

People had regular access to health care professionals.

Good



Is the service caring?

The service was caring. People told us staff treated them well and we saw staff interacting with people in a friendly and respectful way. Staff demonstrated a good understanding of people's communication needs.

The service promoted people's dignity, privacy and independence.

Good



Is the service responsive?

The service was responsive. People's needs were assessed prior to them moving in to determine if the home was able to meet people's needs. Care plans were in place which were personalised around the needs of individuals and staff were aware of how to meet people's needs.

The service had a complaints procedure in place and people knew how to make a complaint.

Good



Is the service well-led?

The service was well-led. There was a registered manager in place. People and staff told us they found the registered manager to be approachable and helpful.

The service had various quality assurance and monitoring systems in place. Some of these included seeking the views of people that used the service and their relatives.

Good



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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 December 2015 and was announced. The provider was given 24 hours' notice because the location was a small care home for younger adults who are often out during the day and we needed to be sure that someone would be in. The inspection team consisted of two inspectors.

Before the inspection we examined information we already held about the service. This included details of its

registration, feedback from stakeholders and any notifications the provider had sent us. We contacted the relevant local authority with responsibility for commissioning care from the provider to gain their views.

During the inspection we spoke with two people that used the service and we observed how staff interacted with people. We spoke with three members of staff, the registered manager, the business manager and a support worker.

We examined various documents. These included three sets of care records relating to people, three sets of staff recruitment, training and supervision records, medicines records, quality assurance documentation, minutes of staff and residents meetings and various policies and procedures.

Is the service safe?

Our findings

People told us they felt safe using the service and that staff would help them to keep safe.

The provider had a safeguarding procedure in place. This made clear their responsibility for reporting any safeguarding allegations to the local authority and Care Quality Commission. There was also a whistleblowing policy which made clear staff had the right to whistle blow to outside agencies if appropriate. The registered manager was aware of their responsibility for reporting any safeguarding allegations but told us there had not been any since the service was first registered with the Care Quality Commission in March 2015. Staff had a good understanding of safeguarding issues and were aware of their responsibility to report any safeguarding allegations to their manager.

The service held money on behalf of one person that used the service which was kept in a locked container. Records were maintained of any monies spent as were receipts. Staff signed when they spent money on behalf of the person. We checked the money and found the amount held tallied with the amount recorded.

Risk assessments were in place for people which included information about how to mitigate any risks. Risk assessments included supporting people that exhibited behaviours that challenged themselves and others. Staff told us the service did not use any form of physical restraint with people and this was in line with information provided in risk assessments. Risk assessments included information about seeking to use distraction techniques when people were becoming agitated such as going for a cigarette or for a walk. Other risk assessments we looked at included risks related to self-neglect, financial matters and the risk of harm when out in the community. For example, the risk assessment for one person included a section on using public transport and stated staff should synchronise their arrival at the train/bus station with the departure time of the transport so as reduce time spent waiting which caused the person anxiety.

The risk assessment for one person stated that due to diabetes their blood glucose levels were to be regularly checked. Records showed they were checked and recorded weekly. The registered manager told us they had been informed by the district nurse what constituted safe blood

glucose levels and what action to take if levels were too high or too low. However, this information was not recorded anywhere. We discussed this with the registered manager. After our inspection they sent us an updated risk assessment which contained the required information and how it had been developed in conjunction with relevant health care professionals.

We saw an email dated the 2 April 2015 from the registered manager to a person's community mental health team. This described some concerning behaviour on the part of the person that potentially put them at risk. While it was positively noted that the service had sought professional support regarding this issue we also saw that the person's risk assessment had not been updated to reflect the behaviour. We discussed this with the registered manager. After our inspection they sent us an updated risk assessment which contained the required information and how it had been developed in conjunction with relevant health care professionals.

People told us there were enough staff working at the service to meet their needs. One person said, "Yes, there are always staff around." We saw that there was enough staff on duty during the course of our inspection to meet people's needs, including staff to support people to access the community. The registered manager told us there were usually two staff on duty during the day but that a third member of staff was available if there was anything planned that required extra staff support. The staff rota confirmed this.

The service had robust staff recruitment procedures in place. Staff told us and records confirmed that checks were carried out on them before they commenced working at the service. These included employment references, proof of identification and criminal records checks. This meant the service took steps to employ staff that were suitable.

Medicines were stored in a locked cabinet located inside the office. Most medicines were stored in blister packs which helped staff to identify which medicines were to be taken at the correct time. We found guidelines were in place for the administration of medicines administered on an 'as required' (PRN) basis. We saw that risk assessments were in place about supporting people that refused to take their medicines.

Medicine administration record charts were maintained. We checked these for a six week period leading up to the

Is the service safe?

date of our inspection and found them to be accurate and up to date. We checked the amounts of three medicines held in stock. We found accurate records for two of these but one person was prescribed paracetamol tablets on an 'as required' basis and there were no records of the amount of these held in stock. We discussed this with the registered manager who told us it was an oversight on their part and they would take steps to ensure accurate records were maintained of all medicines held at the service.

The provider had taken steps to maintain safe premises. We saw evidence of fire alarm testing and audits as well as accident and incident reports, which documented any relevant actions that were taken. Building checks were carried out and relevant certificates were seen by us.

Is the service effective?

Our findings

People and their relatives told us they were happy with the service provided. One person said, "I like it here, it's lovely." The same person said of the service, "There is not really anything I would want to change." Another person said, "I feel like it's my home, I've lived here for seven years." A relative said, "I think he [person that used the service] has never been happier."

Staff told us and records confirmed that they had undertaken training in areas such as safeguarding adults, first aid and infection control. One member of staff told us that they had worked at the service for ten years and that they had received regular training since the beginning of their employment and that they were encouraged to develop their skills.

One member of staff explained to us that they had been enrolled in a management course and that they were learning a "wide range of management skills." They told us that the registered manager had been "encouraging" them to attend the course and that they were supported with enhancing their skills and broadening their knowledge. This member of staff told us that they aspired to having a managerial role at the service and that they were supported in this goal. In addition, we saw evidence of staff taking part in a 'Training Development Plan', whereby they were enrolled in a local college to develop skills in Health and Social Care. One member of staff told us that they were finding the course "relevant and useful."

Supervision was taking place on a regular basis and staff told us that they found supervision effective. We saw that any issues that were raised in supervision notes were revisited in the following supervision session, for example "excessive use of mobile phone while on duty." Evidence of an action plan was apparent in the notes and a follow up action was also documented.

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.

We checked whether the service was working within the principles of the MCA and found that they were.

People told us they were able to make choices about their daily lives, for example what clothes to wear. Staff told us that they did not use restraint and that they had received training in the Mental Capacity Act 2005 and DoLS. No one was subject to a DoLS authorisation at the time of our inspection.

Each person had a 'Contract of Residence' in place. This set out the rights and responsibilities of both the person that used the service and the provider. Both parties had signed the contracts. This meant people were clear about what they could expect from the service and what the expectations were of them.

During our inspection we observed one person going out shopping with staff support. A staff member advised the person they may want to put on a jacket or jumper as it was cold outside. The person made clear they were happy wearing what they already had on and staff respected the person's choice. (They were going to the shop in a car).

People told us that they had choices in relation to their food and meal times, one person said, "They will ask us what we want to eat." Staff told us that the people using the service made choices with their food. Staff explained that the menu was discussed on a weekly basis and those who wanted to take part in cooking were able to do so. We saw records of the weekly menu plans. One person using the service was particularly keen at being in the kitchen and they were supported on a weekly basis to cook for the service. They told us that they made "apple pie" and "chicken wraps."

We saw evidence that the service was seeking to meet people's health. For example, one person using the service had regular support from a physiotherapist and we saw documentation of this. We saw in all of the care plans that people had access to health care services ranging from psychiatrist involvement to dentist appointments and that they were all supported to attend appointments when necessary.

Care plans included contact details of next of kin and medical professionals so relevant people could be contacted in an emergency. People told us staff supported them with medical appointments. One person said, "They [staff] get in touch with the doctor."

Is the service effective?

The business manager told us the service had good relations with other agencies such as social services and

the community learning disability service. We found that they worked with them in a timely manner to develop risk assessments in relation to concerns we identified during our inspection.

Is the service caring?

Our findings

People and their relatives told us they liked the staff and that they were treated well. One person said, “They [staff] are good.” A relative said, “They are lovely, everyone. I’ve got no worries about any staff.” The same relative said, “It doesn’t feel clinical at all, it feels like a home. I don’t think he [person that used the service] could have found a better place.” People’s privacy and dignity was respected. One person told us, “I have privacy. I freely go and come.”

People had their own mobile telephones which meant they were able to make and receive telephone calls in private and also promoted their independence. Care plans also evidenced the service sought to promote people’s independence. For example, one care plan stated, “I sometimes forget to turn off the bath taps, staff should remind me.” Which meant the person was supported to do things for themselves. The care plan for the same person went on to state, “Staff should gently encourage me to do things for myself as I am inclined to expect things to be done for me . . . but staff should be consistent. Hand me the flannel/towel and ask me to wash/dry myself. You may need to use visual prompts to help me understand.” The care plan for another person stated, “[Person that used the service] is able to make his own drinks independently . . . he will participate in cleaning his room and doing his laundry.” One person told us, “We do our own washing and we do [clean] our bedrooms on a Wednesday and Saturday. I do the washing up with the staff help.”

Two people were able to communicate clearly using speech. One person had only very limited speech. The care plan for this person had a section titled ‘My Communication’ which set out how to support the person to communicate in a personalised manner based around their individual needs. For example, the care plan stated, “I take some time to process verbal communication,

therefore staff must remember to be patient with me and allow me the time I need to process what has been said before repeating themselves so as to avoid me becoming overloaded with information.”

Staff demonstrated a good understanding of how to communicate with this person. They explained that they used body language and gestures and that they were acquainted with that person’s moods, likes and dislikes. We observed this during the inspection and the member of staff and the person using the service communicated with ease and there was a rapport between them.

Two people showed us their bedrooms. We saw they contained people’s own possessions such as televisions and computers. People said they were happy with their bedrooms and liked the way they were decorated.

The provider had a confidentiality policy in place. This made clear that staff were not permitted to pass on confidential information about people to anyone they were not authorised to do so. This helped to promote people’s privacy.

We found the service was seeking to meet people’s needs around personal relationships. One person had expressed a wish to find a partner and the service was supporting them with this. For example, they had supported the person to join a dating agency and to attend singles nights for adults with learning disabilities. The service was also helping to meet this person’s needs around religion. They were supported to attend a place of worship and to buy religious CD’s and DVD’s.

We found that the bathroom did not have a lock on its door and the toilet had a lock without an emergency override device. We discussed this with the registered manager who said they would address this issue. They sent us evidence within five days of our inspection that they had installed appropriate locks to both doors.

Is the service responsive?

Our findings

People told us that they felt involved with their care, one person said, “[Staff member] talks to me, we make plans.” A relative told us their input was sought, telling us, “There is a lot of communication between us [the provider and the relative].”

We found that the service had carried out assessments of people’s needs prior to them moving in to the service. This was to determine if the service was able to meet the person’s individual needs.

Care plans were in place for people. These set out how to support people to meet their individual needs, for example in relation to personal care, community living skills, communication and health care needs. We saw care plans were personal to each person. For example, the care plan for one person stated, “I do not like to be woken in the morning, I will get up when I am ready.” We saw care plans were regularly reviewed which meant they were able to reflect people’s needs as they changed over time.

The registered manager told us the service had a settled staff team with low staff turnover. They said this meant that staff had got to know and understand the people they worked with well and had developed good relations with them. Throughout our inspection we observed staff supporting people in a way that demonstrated a good understanding of their individual needs. The business manager told us how the service had supported people to make progress over the time they had spent living there. For example, one person moved in to the home from a psychiatric hospital under section of the Mental Health Act

1983. The business manager told us the person’s mental health had been stable and they had not had to be re-admitted to hospital since moving in to the service. The person’s relative also told us this was the case.

People were supported to engage in various leisure activities of their choice. The care plan for one person stated, “Staff to ask [person that used the service] their preferred leisure activities.” People told us they participated in various leisure activities. One person said, “We went to London yesterday to look at the Christmas lights. We go to Southend three or four times in the summer.” Records showed one person went to the gym regularly and another was part of a local football team. People were supported to go on holiday earlier in the year. The holiday destination had been discussed at residents meetings and was based around the individual preferences and likes of people.

People told us they would talk to senior staff if they had any concerns. One person said, “[Registered manager] would listen if anything was wrong.” Another person said, “[Staff member] knows me well. If I am not happy I will tell them.” The same person said, “I’ve never had to make a complaint but if I wanted to I would fill in a form and ask [staff members].” A relative said, “If I had a problem I would contact the home first. They sorted out a problem they [person that used the service] had with medicine.”

The service had a complaints procedure in place. A copy of this was on display within the communal area of the home. The complaints procedure included timescales for responding to complaints and details of whom people could complain to if they were not satisfied with the response from the service.

Is the service well-led?

Our findings

People told us they were happy with the registered manager. When we asked one person about the registered manager they replied, “Yeah, she is great.”

The service had a registered manager in place who was supported in the running of the home by a business manager. There was 24-hour on-call telephone support which meant senior staff were always available to provide advice. Staff were aware of where to find the on-call number.

Staff told us that, “Management were always on call and accessible. They always check that everything is alright.” Staff told us that management were “approachable” and that the needs of the people using the service were paramount. Team meetings took place on a regular basis and staff told us that in-between meetings they were able to raise any issues either during supervision or as needed. Records showed that team meetings consisted of discussions on a wide variety of topics, including individuals using the service.

The service had a variety of quality assurance and monitoring systems in place. Some of these included seeking the views of people that used the service. People told us they attended ‘residents meetings’ at the service. One person said, “We talk about trips out and where we want to go. What we want for lunch, we had a talk about what we wanted for Christmas, all the food and that.” A

relative told us the provider asked for their feedback about how the service was run. They said, “They do ask for it [feedback] sometimes. I wrote a thing down to say how happy [person that used the service] is.”

The registered manager showed us audits that were carried out to check whether records were up to date and correct. For example, activity records were recorded as being checked daily, the fire record book was recorded as being checked weekly and care plans were last reviewed in April 2015.

Monthly questionnaires were given to people to express themselves and to provide feedback to management. Pictorial aids were used in these questionnaires which helped people to communicate their views and feedback was regular.

In addition, families were invited to provide feedback via questionnaires on a yearly basis. The registered manager advised us that they had recently sent out forms to families and were awaiting responses.

The registered manager told us that they had excellent connections within the community and that they had “great neighbours who have got to know the residents very well, they will come and have a cup of tea with us.”

A member of staff told us about a “Positive Behaviour Study” that had been carried out at the service with the local mental health team. They told us that this was very useful and encouraging for people using the service as it was a strength based approach to care and support and that they had seen improvements with people using the service since the study had commenced.