

Feore Support Limited

Brook Drive

Inspection report

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23 February 2018

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on the 30 January 2018 and 23 February 2018 which was unannounced, the inspection team consisted of one inspector.

Brook Drive is a small domiciliary care agency that provides 24 hour support and personal care to people who live in their own homes in Wickford, Essex. The service has three bungalows which are owned by the provider and rented out to people using the service. These bungalows have been adapted to each individual's needs. People supported by the service may have a learning disability or multiple/complex needs. At the time of our inspection there were three people using the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. Registering the Right Support CQC policy.

The service was safe. The service's recruitment process ensured that appropriate checks were carried out before staff commenced employment. There were sufficient staff on duty to meet the needs of people and keep them safe from potential harm or abuse. People's health and wellbeing needs were assessed and reviewed to minimise risk to their health. People's medicines were managed well and records of administration were kept up to date.

The service was effective. People were cared for and supported by staff who had received training to support people and to meet their needs. The registered manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. People were supported to eat and drink enough as to ensure they maintained a balanced diet and referrals to health and social care services was made when required.

The service was caring. Staff cared for people in an empathetic and kind manner and had a good understanding of people's preferences of care. Staff always worked hard to promote people's independence through encouraging and supporting people to make informed decisions.

The service was responsive. Records we viewed showed people and their relatives were involved in the planning and review of their care. Care plans were reviewed on a regular basis and also when there was a change in care needs. People were supported to follow their interests and participate in social activities. The service responded to complaints received in a timely manner.

The service was well-led. Staff and people spoke very highly of the registered manager and the provider who they said were very supportive and worked hard to provide an exceptional service. The service had systems

in place to monitor and provide good care and these were reviewed on a regular basis.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Brook Drive

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.

Inspection site visit activity started on 30 January 2018 and ended on 23 February 2018 and was carried out by one inspector. It included checking the progress of the service since the last inspection. We visited the office location on 30 January 2018 and 23 February 2018 to see the registered manager and office staff; and to review care records and policies and procedures. As part of the inspection, we carried out home visits to people who used the service to speak to them and observe, where possible, their care to ensure that information kept in people's homes was reflective of the records stored in the office.

Before the inspection, we reviewed the information we held about the service including previous reports and notifications. We also reviewed safeguarding alerts and information received from a local authority and other Commissioners. Notifications are important events that the service has to let the Care Quality Commission know about by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with the registered manager and two of the specialist support staff. We reviewed three people's care files. We also looked at quality monitoring, audit information and policies held at the service and the service's staff support records for five members of staff. Some people were unable to communicate with us verbally to tell us about the quality of the service provided and how they were cared for by staff. We therefore used observations, speaking with staff, reviewing care records and other information to help us assess how people's care needs were being best met.

Is the service safe?

Our findings

At this inspection we found the same level of protection from abuse and harm and risks to people's safety as at the previous inspection and the rating continues to be Good. The service provided care and support to people in a safe and caring environment and welcomed visitors.

People living in the service told us they felt safe. We observed and heard staff listening to people's wishes, needs and then proceeding to support people accordingly as to ensure that their needs were met in a caring manner. One person told us, "I am always safe as the staff support me when I am at home and when we go out in my car". Staff we spoke with knew how to recognise the signs of possible abuse and how and who to report it to. One member of staff informed us, "We are aware as staff that we need to monitor the change in people's moods as this may signify that abuse maybe occurring". Staff felt reassured that the manager would act appropriately in the event of any concerns. Records showed that, where issues or concerns had been reported in the past, they had been addressed appropriately.

Clear information was available to people on how to report any concerns. The service had a policy for staff to follow on 'whistle blowing' and staff knew they could contact outside authorities, such as the Care Quality Commission (CQC) and social services. Information was also available to people and relatives should they wish to raise concerns externally.

Support plans and risk assessments had been recently reviewed in order to document current knowledge of the person, current risks and practical approaches to keep people safe when they made choices involving risk. There were robust systems in place to reduce the risk of people being harmed. Any potential risks to each person had been assessed and recorded and guidelines put in place so that the risks were minimised with as little restriction as possible to the person's activities and independence.

The home had appropriate fire safety arrangements in place. Each person had a personal emergency evacuation plan (PEEP) in place. This included clear instructions of what action to take in the event of an emergency. There was documented evidence that the fire alarm was tested weekly and fire drills had been carried out. The emergency lighting had been checked monthly and fire extinguishers had been checked by staff and an external organisation. Fire procedures were clearly on display in the home. We also saw documented evidence that all staff had received fire training. The home also had an emergency grab bag available for use if the home had to be evacuated in an emergency.

There were sufficient staff on duty to meet people's assessed needs and, when people accessed the community, additional staff were deployed. The registered manager informed us that staffing levels at the service were based on people's individual needs and that each person was supported on a one to one basis 24 hours a day. The manager informed that the service was in the process of recruiting more staff due to staff leaving for several reasons temporarily or permanently. This was confirmed by our observations of the care people received and the records reviewed.

People and staff told us that medicines were safely and securely stored and the service had a procedure in

place for their safe disposal, which involved contacting the pharmacist to arrange for unused medication to be disposed of safely. Where possible and deemed safe to do so, the service encouraged people to participate in the administration of their own medication. This could be in the form of being present when staff were obtaining medication from pots or blister packs. The manager informed us that they reviewed medication administration charts on a monthly basis and when they administered people's medication.

There was an infection control policy and measures were in place for infection prevention and control. A cleaning schedule was in place, which allocated cleaning responsibilities to staff to ensure that the home was kept clean and regularly monitored. On the day of the inspection, the premises were clean and there were no unpleasant odours.

Is the service effective?

Our findings

At this inspection we found staff had the same level of skills and the registered manager was looking at ways of developing staff knowledge, experience and support to enable them to effectively meet people's needs as we found at the previous inspection. People continued to have freedom of choice and were supported, where appropriate, with their health and dietary needs. The rating continues to be Good.

Staff told us they had attended training when they first started work and also attended refresher courses as and when required. This was regularly monitored by the management team to ensure all staff kept up to date with their training and they understood their role and could care for people safely. Records we reviewed confirmed this. Staff were encouraged to do additional training and development to continually develop their skills. Staff informed us they also received regular supervision and this gave them the opportunity to sit down with the registered manager to discuss any issues they may have on a one to one basis.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff were able to demonstrate how they helped people to make decisions on a day-to-day basis. We observed staff consulting with people about how they wanted their support to be delivered. If the person was unable to make an informed decision, staff would then make a decision in their best interests, taking into account their past and present wishes and feelings. The service had authorisations in place from the Local authority for the three people using the service.

People said they had enough food and drink and were always given choice about what they liked to eat. Staff supported people to access the community to carry out their food shopping. Throughout the day, we observed people being offered food and drink. We observed one person having a meal of their choice and eating at their own pace, a member of staff sat with them as they ate and the person appeared to be enjoying their meal.

People's healthcare needs were well managed. We noted that people were supported to attend doctors and hospital appointments. When required, the service liaised with people's GP and community nurses to ensure all their healthcare needs were being met.

Is the service caring?

Our findings

At this inspection we found people were as happy living at the service as they had been during our previous inspection. The rating continues to be Good.

Staff interacted with people in a respectful manner. Our observations during the inspection showed staff to be kind, caring and supporting people in a compassionate way. Staff provided a caring and supportive environment for people who lived at the service. People told us that the care provided was very good and all the staff and the registered manager were very caring and always looked at doing what's best for them. We observed staff verbally communicating with one person and gave them time to express their wishes, and for those who we verbally communicate we observed staff use pictures that contained images of a particular activity, e.g. bathing, eating and going for a drive.

People and their relatives were actively involved in making decisions about their care and support. The registered manager informed us that the service regularly reviewed people's support plans with each individual, their family and healthcare professionals, where possible, and changes were made if required. On reviewing people's care and support plans, we found them to be detailed and covered people's preferences of care.

The service used a key worker system whereby each of the people had a named care worker who took care of their support needs and was responsible for reviewing the person's care needs; this also included ensuring that people's diverse needs were being met and respected. For example, one was of Indian origin, his keyworker had spent time with the person's relatives compiling a list of words and phrases the person has been known to say when trying to express a particular need.

People's independence was promoted by a staff team that knew them well. Staff informed us that people's well-being and dignity was very important to them and ensured that people were well-presented, which was an important part of their supporting role.

People were supported and encouraged to access advocacy services. Advocates attended people's review meetings if the person wanted them to. Advocates are mostly involved in decisions about changes to care provision. Advocacy is about supporting, enabling, and empowering people to express their views and concerns and access information and services where needed.

Is the service responsive?

Our findings

At this inspection, we found staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating continues to be Good.

People's care and support needs were well understood by the staff working in the service. This was reflected in detailed support plans and individual risk assessments and in the attitude and care of people by the staff. The service encouraged people to have choice and control in relation to their individual preferences.

Each person had a support plan in place. Support plans included photographs of the person being supported with some aspects of their care so that staff could see how the person preferred their care to be delivered. These were fully person centred and gave detailed guidance for staff so that staff could consistently deliver the care and support the person needed, in the way they preferred. People's strengths and levels of independence were identified and appropriate activities planned for them. We saw from records that people's comments were recorded on their care plan when reviewed and their support needs were discussed with professionals and family at reviews. The support plan was regularly updated with relevant information if people's care needs changed. This told us that the care provided by staff was current and relevant to people's needs.

The service encouraged people to access activities in the community. The manager advised that staff encouraged and supported people to develop and sustain their aspirations. The service had a very strong, person-centred culture that was acknowledged by everyone we spoke with. For example, the manager informed us that each person using the service was supported to do individual activities such as going on holiday; the manager informed that all persons using the service were supported to achieve their personal life goals where possible. One person also spoke about staff taking them to stay in their favourite hotel close to the seafront. They added during they stay they would also spend time at the seafront playing on the beach. Staff informed of another person who enjoyed going for a drive around the local area. The service worked closely with all professionals and relatives to undertake specific ways of providing care for all the people using the service and this was all recorded in the care plans.

The provider complied with the Accessible Information Standard by identifying, recording, flagging, sharing and meeting the information and communication needs of people with a disability or sensory loss.

The service had policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised. Staff knew about the complaints procedure and, that if anyone complained to them, they would either try to deal with it or notify the registered manager or person in charge, to address the issue. The registered manager gave an example of a complaint they had received and how they had followed the required policies and procedures to resolve the matter. Complaints we reviewed confirmed this.

Is the service well-led?

Our findings

At this inspection, we found the service was as well-led as we had found during the previous inspection. The rating continues to be Good.

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 registered manager was visible within the service and informed us when they were absent and the deputy manager covered their role. Both kept each other informed and updated of all the activities within the service. The registered manager and deputy manager had a very good knowledge of all the people living in service and their relatives.

People benefited from a staff team that felt supported by the registered manager. Staff received regular supervision from the registered manager and a yearly appraisal, which was documented within individual staff files. Staff received positive feedback, encouragement and motivation from their manager through supervision and team meetings. The manager informed us that the service carried out surveys and questionnaires to find out from people and their relatives on how the service was performing, records we reviewed showed that most people and relatives were very complementary of the service. One compliment we viewed stated, "We are pleased with all the support that our relative has been provided with, this has truly changed their life for the better".

People and their relatives felt at ease discussing any issues with the registered manager and their staff. They informed us the service had a family feeling and this was due to the service being a family run business. The registered manager told us that their aim was to support both the person and their family to ensure they felt at home and happy living at the service.

The registered manager carried out a number of quality monitoring audits on a monthly basis to ensure the continued improvement of the quality of the service provided to people. For example, the service carried out audits on people's care files, medicine management and staff folders. Actions arising from the audit were detailed in a report and included expected dates of completion and these were then checked at the next monthly audit. The registered manager was keen to deliver a high standard of care to people and used information from the quality monitoring processes to keep the service under review and to drive any improvements. The management team also carried out staff meetings on a regular basis to listen and learn from staff's experiences and used this as another way to find ways to improve the service.

Personal records were stored in a locked office when not in use. The registered manager had access to up to date guidance and information on the service's computer system which was password protected to help ensure that information were kept safe.

The manager informed us that the service is continuously working with external organisations such the Local authority and Clinical Commissioning Group to ensure that people using the service are getting the best service.