

Mrs Linda Joyce Fennell

Mrs Linda Joyce Fennell - 17 Wheatfield Drive

Inspection report

17 Wheatfield Drive
Cranbrook
Kent
TN17 3LU

Tel: 01580715249

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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?	Requires Improvement ●

Summary of findings

Overall summary

Mrs Linda Joyce Fennell -17 Wheatfield Drive provides personal care and accommodation for up to three people with a learning disability, with autistic spectrum disorders and/or sensory impairment. People required a range of support in relation to their learning disability, autism and care needs. The home is a three bedroom house with a communal lounge and dining area where people are supported to access drinks and snacks throughout the day.

There were three people living in the home at the time of the inspection.

This was an announced inspection that took place 18 and 20 May 2016.

Mrs Linda Joyce Fennell 17 Wheatfield Drive had a registered registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like 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.

Systems to monitor the risks to people's safety and welfare were not effective. The registered manager completed monthly checks which identified health and safety checks had not been completed for three months but no action was taken, for example there was no evidence of Legionella or water temperature checks or portable appliance testing (PAT). Fire evacuation plans and procedure information was in place in event of an emergency evacuation.

The registered manager did not have oversight of staff training needs. However staff received training which they felt was effective and supported them in providing safe care for people which included medication and health care procedures, emergency first aid, epilepsy awareness, and moving and handling. We have made the recommendation that the registered manager has an active role in identifying staff training needs.

The care people received was personalised and they were included in deciding how and when they wanted their needs to be met. Care plans and risk assessments had been completed to ensure the safety and well being of people using the home. We have made a recommendation about risk assessments and care plans. The majority of documentation relating to care was accurate and up to date but in some areas there was conflicting information or information was missing.

There were policies in place for giving people their medicines and evidence that this was being followed. There was regular auditing of medicines and staff competencies were checked to ensure high standards were maintained.

The people using the home have capacity to make decisions about the care they receive and the activities they want to do. Staff were aware of the mental capacity act and used this knowledge appropriately to support people to make their own decisions.

There was a programme of supervision and appraisals for staff. Staffing levels were reviewed regularly with on-going recruitment to fill the current vacancy. Robust recruitment checks were completed before staff began work.

People were encouraged to participate in community activities as well as pursuing their interests at home. People were given choices about their day to day activities and daily routines were flexible around their needs and preferences. People were asked for their consent before care was provided and had their privacy and dignity respected.

People's nutritional needs were monitored and reviewed. People had a choice of meals provided and staff knew people's likes and dislikes. People gave positive feedback about the food and said that they were involved in menu planning and shopping to ensure their needs and preferences were met.

Referrals were made appropriately to outside agencies when required. For example GP visits, dentists and Occupational Therapists.

On inspection we found one breach in Regulations. You can see what action we told the provider to take at the back of the full version of the report.

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 was safe.

People were protected from abuse by staff who recognised signs of abuse and how to report any concerns.

People's medicines were administered in accordance with prescription guidelines and the home's medication policy.

Risk assessments were comprehensive and enabled people to engage in a variety of activities.

Is the service effective?

Good ●

The service was effective.

Staff felt supported and that they had the training they needed to meet the needs of people living at the service.

Staff had a good understanding of Mental Capacity Assessments (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were supported to be as independent as possible with meal and drink preparation. People were able to choose their weekly menus and they were encouraged to maintain a balanced diet.

People were supported to have access to healthcare services and maintain good health.

Is the service caring?

Good ●

The service was caring

People were involved in day to day decisions and given support when needed.

Staff knew people well and displayed kindness and compassion when assisting people with activities of daily living.

Staff treated people with patience and dignity.

Is the service responsive?

The service was responsive.

Documentation was personalised and included specific information about people's backgrounds, important people and events.

Staff had access to care plans and were familiar with people's needs and preferences.

People were able to access activities at home or in the community to allow them to spend time doing things they enjoyed.

Good 

Is the service well-led?

The service was not consistently well led.

Systems to monitor the risks to people's safety and welfare were not effective. The manager did not keep accurate and contemporaneous records of safety checks.

The manager had comprehensive knowledge of the people being cared for and shared this with the staff, enabling them to use this knowledge to deliver care and support that was individual and person centred.

Requires Improvement 

Mrs Linda Joyce Fennell - 17 Wheatfield Drive

Detailed findings

Background to this inspection

This inspection took place on 18 and 20 May 2016 and was announced.

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 home, and to provide a rating for the home under the Care Act 2014.

The provider was given 24 hours' notice because the location was a small care home for adults who are often out during the day. The inspection was carried out by two inspectors.

Before our inspection we reviewed the information we held about the home which included the previous inspection report, information shared with us from the local authority and looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We met and spoke with the three people who lived at the home and two of their relatives. They were able to tell us about their experiences of living at the home. We carried out observations in communal areas and looked at three care documentation to see how care was provided. We also looked at daily records, risk assessments and associated daily records, charts and Medicine Administration Records (MAR). We looked at policies and procedures, accidents, incidents, quality assurance records, recruitment, meeting minutes, maintenance and emergency plans. Recruitment files were reviewed for two staff and records of staff training, and supervision.

We spoke with three staff including two care staff, and the registered manager.

A previous inspection took place on 7 February 2014; the service had met the standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Is the service safe?

Our findings

People told us they felt safe at the home saying "I know I am safe living here" and "I feel safe with the staff at home and when we go out." One relative told us "She is safe there, it is a lovely place."

Staff understood the various types of abuse to look out for to make sure people were protected from harm. A staff member said "There is a protocol for me to follow to report a safeguarding concern and I would record it in the handover". They knew who to report any concerns to and had access to the whistleblowing policy. Staff had access to the providers safeguarding and other policies which detailed the process staff should follow. Staff told us they knew where policies were stored and that they were asked to read them when changes occurred to ensure they were aware of correct working procedures.

Medicines were managed safely. Staff signatures were recorded on medicines administration records (MAR) and the tablets left in packets matched the records. There were photographs on all MAR charts to help staff identify the correct person when giving medicines. Staff said "We do medication after breakfast. We do it one to one and we check the MAR chart, and the name on the medication." There was a system in place for monitoring PRN or 'as required' medications. Staff showed us the documentation they completed and the procedure they used for checking and recording medicines which was effective. Medicines were labelled, dated on opening and stored in a locked cupboard. Medicines were ordered regularly and when no longer needed were disposed of safely and appropriately.

Accidents and incidents were reported and documented appropriately. Staff told us "When the back of a residents foot was hit by a gate I completed the accident incident form, recorded it in the daily notes and informed other staff verbally at the handover." The registered manager had oversight of accidents and incidents that had occurred; the registered manager said "When an incident occurs I review the previous incidents to identify patterns and triggers." Accidents and incidents were infrequent and no trends or patterns had been identified.

Comprehensive individual risk assessments were in place that took into consideration the impact of people's complex learning disabilities. This ensured the staff were aware of the risks involved when undertaking activities. This enabled staff to support people's independence in a safe way. The risk assessments were reviewed and amended every 12 months. Risk assessments were used to support people to maintain or increase their independence. For example, staff had enabled people to go on holiday, to go swimming, and to use kitchen facilities. One person said "Me and (another resident) go on holiday to a caravan for 4 days." A risk assessment had been completed for every holiday which included such activities as crossing the road and action to take to keep people safe. People were not prevented from taking part in activities as any potential risks were managed and appropriately assessed.

People were safe and their care needs continued to be met by consistent staff who knew them well. Staff told us that they were working more shifts than they wanted but due to ongoing recruitment it was only a temporary arrangement. We could see from the rota the existing staff and the registered manager had covered all the shifts between them.

The provider had a thorough recruitment system. Staff recruitment files showed relevant checks which had been completed before staff began work. For example, disclosure and barring service (DBS) checks. A DBS check is completed before staff began work to help employers make safer recruitment decisions and prevent unsuitable staff from working within the care environment. Application forms included information on past employment and relevant references had been sought before staff were able to start employment.

Monthly smoke alarm tests had taken place. Fire drills were held regularly and staff were aware of fire assembly points. Staff were familiar with supporting people to evacuate the premises to maintain their immediate safety in the event of an emergency.

Is the service effective?

Our findings

People were supported by staff who had the training and knowledge of complex learning disabilities to meet their support needs. The registered manager shared guidance from people's psychologists and information accessed from the National Autistic Society to support people at the home. Staff training included medication and health care procedures, emergency first aid, epilepsy awareness, and moving and handling. The registered manager was kept informed of training opportunities which staff were able to access to ensure they had the right skills, knowledge and qualifications necessary to give people the right support and care. The registered manager said "The Grange tell me when staff need training. All training took place at The Grange either in house or another training provider." We have recommended that the registered manager has an active role in identifying and monitoring staff training needs, including access to the staff training matrix. Following the inspection the registered manager now has access to the staff training matrix and oversees staff training.

Staff confirmed they received a good induction when first taking up post within the home. This consisted of training before starting as well as shadowing an experienced member of staff before being able to support individuals on their own. One member of staff told us they had been provided with suitable training to meet people's needs and said, "The induction was good and thorough and I have a handbook to refer to."

Changes in people's needs were documented and discussed with staff to ensure people's needs were met. Staff received supervision as part of their probationary period and ongoing supervisions were planned. The Staff we spoke with had not been in post long enough to require annual appraisals at the time of inspection. The registered manager also arranged regular team meetings to ensure the staff could liaise with each other and share best practice. The notes of these meetings showed that important subjects such as how to respond to changes in people's needs, care planning and risk assessment were discussed. Staff said they felt able to approach the registered manager, one member of staff said "We can talk to her and she said we can speak to her about anything."

People were supported by staff who were familiar with their care plans and received person centred care. Staff signed all care plans as having read and understood them, so it was clear they knew and understood how the people liked to be supported. Staff had the skills and experience required to care for and support the people who lived at the home. People had a good relationship with staff and the staff knew them well. One person said "You can tell the staff what you would like to do. The staff are all nice." A relative told us "She has gained a lot of social skills there, she offers people a cup of tea when they visit."

People had access to a range of health care professionals to ensure the person received the best possible care. We saw records of appointments attended and staff said they assisted people to attend appointments and transported them in the staff car.

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 registered manager or staff were working within the principles of the MCA. The registered manager advised that there had not been a need for mental capacity assessments or best interest decisions and said "Our understanding is the residents have capacity and they can make decisions even if we think it is wrong." Staff understood the principles of the MCA they said "The Mental Capacity Act is to help protect individuals with decision making. A decision must be in their best interest if they are unable to decide for themselves" and "The Mental Capacity Act is about assuming someone has capacity and not to take their rights away." There was evidence that one person had refused dental treatment and because they had capacity they followed the dentist recommendation to use prescribed mouthwash instead.

There was plenty food and drinks available for people living at the home. People could ask for the food they wanted and were able to access snacks at any time. We observed encouragement being given around making healthy food choices and choosing meals they wanted on a daily basis. Easy read information on healthy foods was available in the kitchen to support people to understand and make appropriate choices when deciding their menu and shopping list for the week. One person said "I am a veggie, I can have all my veggie options."

Is the service caring?

Our findings

Staff knew people well and there was good communication between them with chatting and smiling. People were encouraged to carry out tasks to maintain and increase their independence. One person said "When I didn't have names on drawers I put things in different drawers. Now the labels make it easier I can out them in the same place and find them." We saw staff support a person preparing vegetables for their evening meal. Staff told the person "Be careful, do it gently.' They gave clear direction and asked "Do you mind if I help you with that bit." People were relaxed and confident in the company of staff. We saw staff supporting a person to use their computer tablet answering questions and providing explanations in a way that would be easily understood, repeating when necessary and checking their understanding.

People had complex learning disabilities and were involved in the planning and use of behaviour charts which were in place to reinforce positive behaviours. The registered manager explained "I have looked at National Autistic Society guidance and find that rewards work well. A psychologist also recommended using a rewards system for one of the residents and we make everything as positive as possible and achievable so she can gain rewards." Staff said "We use going to the pub as something to look forward to."

Relatives felt they were involved in planning and had good communication with staff, they told us "The registered manager there is brilliant she rings us and lets us know what is happening, she is really involved" and "The registered manager is good, she tells me what's going on and keeps me informed."

Important information such as a person's likes and dislikes, including their past and family history was comprehensively recorded. This included descriptive individual plans to ensure a focus on maintaining people's independence. Any new member of staff joining the team would be able to support people in the best way possible. People's privacy and dignity was respected by staff who understood what this meant and acted on it throughout our inspection. Staff said "I push doors closed to keep people's privacy and gently remind the other residents not to barge in as they often go in and out of each others rooms."

People had their own bedroom which was personal to their own taste, including colour and lots of personal items. The lounge area had personal items such as photographs and pictures giving a comfortable and relaxed atmosphere. One person said "I had my room decorated. I chose the butterflies, I found the mirror in a shop for my room and have had stars put on the ceiling." We observed people accessing all areas in the home with no restrictions, relatives could visit at any reasonable time they wished

People's personal information was stored in the dining area however one of the cupboards did not lock. The registered manager said that the records were only accessed by staff and visiting health professionals. The people that lived there knew where their records were stored and respected each others privacy. Following the inspection the registered manager has ordered a secure filing cabinet for the storage of all confidential documents.

Is the service responsive?

Our findings

The provider had a complaints policy on file which was clear and it contained the contact details of relevant external agencies, such as the Local Government Ombudsman and the Care Quality Commission. One relative told us "I have never had to complain but I know who to make a complaint to." but another relative was not sure. There had been no complaints in the last year.

People's likes and preferences were recorded in their care plans so that staff knew how to support them. One person enjoyed cooking and was seen to be supported by staff to prepare a meal, another person liked to exercise daily and said they were able to do 20 minutes a day. Staff were also seen to assist a person to keep their personal computer tablet up to date as specified in their care plan. Some information within care plans was not accurate or current. One person's file contained a risk assessment and care plan from 2010. The risk assessment said the person was unable to swim but the care plan identified they enjoyed swimming. The risk assessment had taken place before the review and was therefore out of date. The person had not been put at risk as staff knew the person well and it was a records issue only. We recommend that the service seek advice and guidance from a reputable source, about maintaining current and accurate risk assessments and care plans.

There was an activity plan in place for each person that included activities at home and in the community for example going to college, the library and swimming. The activity plans met each person's individual need based on their complex learning disability. Staff told us "They have activities they can use when they want like the magnetic sketcher and tab. The magnet sketcher is used for noughts and crosses, letter practice which we try and reinforce from college. They can also play bingo, board games and do jigsaws" and "Meal times are flexible around activities they want to do. It is more relaxed, it isn't regimented." A relative said "I think the activities are very good and they can go to a club once a month."

People were also supported to maintain important family relationships. One relative told us that the person is supported to visit them regularly and on special occasions, another relative said "I pick them up once a month to spend the weekend with us, it is reassuring that they are always pleased to return home."

Residents meetings were held. We looked at the last meeting records and saw evidence that dog walking as volunteer for Cinnamon Trust had been discussed with the residents and risk assessments to be done. This had been acted upon and was in place at the time of inspection, one person said "The past few days we have been taking the dog for a walk. It belongs to an old woman who can't walk it so we volunteered to do it for her." People were able to contribute to the meeting and to make suggestions concerning their welfare and future home provision. People were asked if they were happy living in the home, all those present said they were and had no complaints. People had been asked for feedback during meetings and received support to express their views.

Is the service well-led?

Our findings

People, relatives and staff spoke positively about the manager. One person said "If I have a problem I can speak to the [registered manager] about it." A relative told us "I think [registered manager] is very good. She always tells me what's going on and keeps me informed." and "The [registered manager] is brilliant, she is very involved." Staff said about the registered manager "We can talk to her and she said we can speak to her about anything."

The registered manager had comprehensive knowledge of the people being cared for and their complex learning disabilities. The registered manager shared this knowledge with the staff, enabling them to deliver care and support that was individualised and person centred. The registered manager told us "We are truly person centred everything revolves around the residents. There is give and take as they are all so different. They all get to do what they want. Our person centred approach is our strength." There were handovers at the beginning of each shift and the registered manager had a system in place of leaving memos for staff to sign to confirm they had received the information.

People's records were not an accurate and contemporaneous reflection of people's care. People had been seen by health professionals including the optician, dentist, and chiropodist but this had not been reflected in the care plans. However the registered manager told us all healthcare appointments were recorded in a separate health care folder. There was also a specific chart in place to record information about a person's health but it had not been completed and there was not a key or explanation of its purpose within the file. Systems to monitor the risks to people's safety and welfare were not effective. The registered manager had not taken action when they identified checks had not taken place. This meant that there was a potential risk to people because health and safety concerns were not being identified and responded to in a timely way. For example there was no evidence of Legionella or water temperature checks or portable appliance testing (PAT). The registered manager at The Grange contacted the handyman who said he had provided reports to the registered manager of 17 Wheatfield Drive. However, the registered manager had not exercised oversight of the health and safety checks and could not produce evidence that they had taken place.

There was a failure to operate an effective quality monitoring system which recognised areas for improvements and led to action. Along with a failure to maintain accurate and up to date records relevant to each person and the operation of the home is a breach of the Health and Social Care Act 2008 Regulation 17 (2)(b)(c)(f) (Regulated Activities) Regulations 2014.

The registered manager told us they acted in the dual role of a support worker and following the inspection they had discussed and agreed with the provider to have additional time at the beginning and end of each shift to accommodate time to monitor and carry out the necessary checks and associated documentation. Since the inspection the registered manager has taken responsibility for the monthly premises checks, a complete copy of the complaints policy is on display for residents and visitors, and policies and procedures have been reviewed and updated. The registered manager said "I was able to ask the provider for additional time and I feel I have enough time now. If I needed more time I would be able to approach the provider again to request it."

The registered manager and the staff team were aware of their roles and responsibilities, which was evident

from speaking to them and observing their day to day practice. They were able to describe the culture of the home and what was expected of them. The registered manager said "Our person centred approach is our strength. The support and activities revolve around what people want to do. Supporting people's independence and choice is at the centre of what we do." Staff were aware of their role in supporting people's independence saying "For example when supporting a person to make drinks I will remind them the next step so they can do it themselves" and "We have used labels to help people put their clothes in the same place. They were very pleased because they can find what they are looking for without needing support from staff."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The person had not established effective systems and processes to assess, monitor and mitigate risk relating to the health, safety and welfare of service users. They did not maintain an accurate, complete and contemporaneous record in respect of each service user. They did not evaluate and improve their practice in respect of their audit and governance systems. Regulation 17 (2)(b)(c)(f).