

John-Edwards Care Homes Ltd

Bobbins

Inspection report

623 Cricklade Road
Swindon
Wiltshire
SN2 5AB

Tel: 01793728644

Website: www.johnedwardscarehomes.co.uk

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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

About the service

Bobbins is a residential home providing care to children and young adults with learning disabilities. The accommodation is a detached house in the town of Swindon. There is a parking area in front of the building secured by electric gates and an enclosed garden at the rear. The home is registered to provide care for up to six people. There were six people living in the home at the time of our visit.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

People's experience of using this service and what we found

People received safe care and treatment. Risks associated with people's care needs were assessed, planned for and monitored. Staff were knowledgeable about risks and had detailed guidance on the action required to manage and reduce risks.

Staff understood their safeguarding responsibilities and knew how to report their concerns. People were supported by staff who had been recruited safely. There was a process in place to for learning from accidents, incidents and safeguarding concerns.

Medicines were managed and stored safely. The service was clean and care workers followed good infection control practices to minimise the risk of infection.

People's needs were assessed before they started using the service. Staff asked for people's consent before they provided care or support. Staff received training and support to meet people's needs effectively.

People were supported to have maximum choice and control of their lives and staff provided them with care in the least restrictive way possible and acted in their best interests; the policies and systems in the service encouraged this practice.

People's health was supported as staff worked with other health care providers when needed to meet people's healthcare needs.

People were supported by care staff that were caring, showed compassion and expressed genuine interest in the people they cared for. People received person-centred care and support based on their individual needs and preferences. People's communication needs were known and understood by staff. People were involved in a range of activities that they enjoyed at the service and within the community

People's relatives, staff and professionals spoke positively about the new management of the service. The service actively sought feedback from all involved in people's care and used this to improve the service. Quality assurance systems were effective to check people were receiving care that was of high quality.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was inadequate (published 22 May 2019).

The provider completed an action plan after the last inspection to show what they would do and by when they were going to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations. This service had been in Special Measures since 5 April 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Bobbins

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Bobbins is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took these pieces of information into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

None of the people present at our inspection was able to provide us with verbal feedback. Instead, we used our

observation to determine how people are supported by staff. We spoke to the registered manager and two members of staff. We reviewed four care plans and a range of records related to the management of the service such as medicines records, staff recruitment records and minutes of meetings.

After the inspection

We continued to seek clarification from the provider to validate the evidence found. We looked at training data and we spoke with three relatives of people and two external professionals who regularly visit the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated inadequate. At this inspection this key question has now improved to good. This means the new management had made sufficient improvements that ensured people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we found that systems and processes did not always operate effectively to prevent abuse of service users. Systems and processes were not always operated effectively to investigate, immediately upon becoming aware of, any allegation or evidence of abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made by the time of this inspection and the provider was no longer in breach of regulation 13.

- We observed that people were comfortable with the staff members supporting them. People's relatives told us that people were safe. One person's relative told us, "We were worried about his safety at one point because of another person entering his room and throwing his toys. A safety measure of a door alarm has been put in place since and [person] seems comfortable with it too. He laughed last time I was there and heard the alarm go off."
- Staff were aware of the policy and procedure to follow if they suspected or witnessed abuse. A member of staff told us, "I would report any incident of abuse to [the registered manager] or an area manager."
- Staff received training in safeguarding people from abuse. Regular refresher training was undertaken to ensure staff knowledge was kept up to date.

Assessing risk, safety monitoring and management; using medicines safely

At our last inspection the provider had failed to ensure care and treatment was always provided in a safe way. Risks to health and safety of service users were not always recognised or appropriately managed. Medicines were not always managed safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made by the time of this inspection and the provider was no longer in breach of regulation 12.

- Risks were mitigated to help keep people safe. The registered manager had completed risk assessments for every person and they had detailed guidance for staff to reduce risks. These included risks associated with manual handling, eating and drinking, epilepsy, falls and accessing the community.
- Possible risks to people in relation to the environment were managed through a series of internal checks and external servicing. For example, water temperature checks were carried out routinely as well as checks

on electrical equipment.

- The provider had arrangements in place to deal with emergencies. Records confirmed that the service carried out regular fire drills. People had personal emergency evacuation plans (PEEPs) in place. Those plans gave guidance for staff and the emergency services on the support people would require to evacuate them from the service safely.
- People received their medicine on time and in a safe manner.
- Staff received training on the administration of medicines and had their competency to administer medicines assessed to ensure they continued to use safe best practice. Staff understood their roles in the safe management of medicines.
- Since our last inspection medicines cupboards were moved to the office where the temperature of medicine storage was monitored.

Staffing and recruitment

- Staff told us they were satisfied with the current staffing levels, however, some of them told us they would benefit from more staff on shift. A member of staff told us, "We have a strong team at the moment, however, I think we could still do with a couple of staff."
- People's relatives told us they were happy about the regular staff members, however, they told us that agency staff employed by the service did not always provide people with quality care. One person's relative told us, "There seems to be a good mixture of staff. They just need a few more to get rid of the agency staff as the don't seem to abide by the rules."
- The provider informed us after the inspection they successfully reduced the use of agency staff and were recruiting permanent staff.
- We observed people were supported in a timely way throughout the day, with staff available to support people with their daily routine and activities of their choice and, or help them attend health appointments.
- Appropriate recruitment records including checks from the disclosure and barring service (DBS) and references were in place.

Preventing and controlling infection

- People were protected from the risk of infection. Staff received training to prevent and control the spread of infection and demonstrated a good understanding of best practice guidance.
- People were supported to help maintain cleanliness in their own personal space.
- Staff wore personal protective equipment such as single-use aprons and gloves when providing personal care, handling food or laundry and when cleaning. This protected people from the risk and spreading of infection.

Learning lessons when things go wrong

- The management ensured any accidents or incidents were reflected on to prevent the occurrence and monitor for any trends.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection we found that care and treatment of service users were not always provided with the consent of the relevant person. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made by the time of this inspection and the provider was no longer in breach of regulation 11.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Staff understood their responsibilities regarding the MCA and best interest decisions. Staff continuously sought people's permission before supporting them.
- We found people were treated in line with mental capacity legislation. Where people were subject to DoLS, details of the deprivation to keep them safe were stated in care records. This included mental capacity and best interests assessments and the duration for which the deprivations were valid.
- Where people lacked capacity and were subject to DoLS, the registered manager ensured they were supported by independent advocates.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff carried out a pre-admission assessment of each person's needs to see if the service was suitable and to determine the level of support they required.
- People, their relatives, health and social care professionals and staff were involved in assessing people's

needs.

- Where people displayed behaviours which may challenge, their needs were assessed and guidance was in place. This guidance included interventions to be used by staff which were in line with best practice.

Staff support: induction, training, skills and experience

- The provider supported staff through training to ensure they had the appropriate knowledge and skills to meet people's needs. Staff told us they completed comprehensive induction training when they first started work.
- Records showed the provider supported staff through regular supervision and yearly appraisals. Supervision included discussions about staff well-being, their roles and responsibilities, and their training and development plans.
- Staff told us they felt supported and could approach the registered manager at any time for support.

Supporting people to eat and drink enough to maintain a balanced diet

- The service assessed people's nutritional needs and supported them to have a balanced diet.
- Staff were aware of any specialist requirement or risks in respect of people's nutrition or dietary needs. Staff told us how they provided meals that catered for people's specific needs, for example, people who required soft foods due to the risk of choking.
- The service recorded people's dietary needs in their care plan to ensure people received the right kind of diet in line with their preferences and needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to access healthcare services as and when required. Staff worked with other health and social care professionals to ensure positive outcomes for people.
- People had 'hospital passports', so key information was available if a hospital visit was needed. We saw the hospital passports contained all relevant medical information including people's behaviours.
- A GP regularly reviewed people's health needs. We saw the contact details for external healthcare professionals and a GP in every person's care record.

Adapting service, design, decoration to meet people's needs

- Improvements were being made to the environment during our visit. Bedrooms and communal areas were re-decorated with colours and themes chosen by people.
- People's bedrooms were personalised and were individual to each person.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect, and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People indicated and their relatives confirmed they were positive about how staff treated and supported people. One person's relative told us, "I cannot thank the staff enough for all they have done to ensure [person's] needs are met. There have been truly difficult times which they have worked through and not given up on him, despite his sometimes aggressive behaviour."
- Staff demonstrated an insight into the importance of understanding and respecting people's background, needs and listening to what was important to them. As a result, they knew how people wanted to be supported.
- People's diverse needs were identified as part of their assessments and care plans. Staff showed an understanding of equality and diversity, and the need to support people's individual needs with regard to their protected characteristics.

Supporting people to express their views and be involved in making decisions about their care

- Staff respected the importance of people being involved in their care as fully as possible. Some people did not use verbal communication to express themselves. Staff had developed a great understanding of people by interpreting their body language, gestures, behaviours and vocal sounds.
- The service utilised advocacy services to ensure people's voice was heard and opinions represented. They supported people by ensuring their fundamental human rights and independence were respected and upheld at all times.
- Staff understood how people communicated. Support plans set out how staff should offer people choices in a way they would understand so they could make decisions about their care and support.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their independence. Support plans were clear about the tasks people could manage themselves and what support or encouragement was needed from the staff team.
- Staff treated people with dignity, and people's privacy was respected. A member of staff told us, "We always protect people's dignity, for example, during personal care we shut the door and close the curtains".
- The provider followed data protection law. Information about people was kept securely so confidentiality was maintained.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated requires improvement. At this inspection this key question has now improved to good. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection we found out that the care and treatment of service users did not always meet their needs, and not always reflected their preferences. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made by the time of this inspection and the provider was no longer in breach of regulation 9.

- Support plans were in place covering a range of people's health and social needs. They contained detailed guidance for staff on how these needs should be met to ensure people received the care and support they wanted and needed.
- People's likes and dislikes were clearly documented together with goals people had achieved or wanted to achieve. For example, one person's goal was to start their employment. At the time of the inspection we found this person had already commenced their employment.
- Care plans were regularly reviewed with people to ensure they reflected people's current support needs and preferences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and identified in their care plans. People had a hospital passport in a pictorial format to guide staff and help people understand aspects of daily living.
- Staff were knowledgeable about people's communication support needs and people were given information in accessible ways.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People led active and fulfilling lives, they were supported to participate in activities, and pursue interests and hobbies they enjoyed. People accessed the community regularly to join activities such as local trips, dining out and going to college. One person's relative told us, "He has been on trips mountain climbing, kayaking and to Lego land and the beach".

- Since our last inspection the service had worked hard to enable a person to access the community a lot more and reduce their social isolation. This person was now accessing the community on regular basis.
- The service operated a key working system. Key workers are members of staff with specific responsibilities for individual people including planning activities and arranging appointments. People and key workers met regularly, and key workers wrote regular reports about people's progress.
- People were supported to maintain relationships that mattered to them, such as family and friendship. Staff encouraged social contact and supported people to engage in activities which helped protect them from the risk of social isolation and loneliness.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and process which the registered manager monitored to identify any learning. The policy was in accessible formats when needed.
- Records showed complaints were investigated and lessons learnt to improve the service.
- Staff were aware of the provider's complaints procedure and knew what to do if anyone raised a concern.

End of life care and support

- None of the people currently living at the home required support with end-of-life care at the time of the inspection.
- The registered manager told us they would respond to any wishes or advance wishes they were made aware of should they support anyone with end of life care. They also said as needed contact would be made with other appropriate services.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated inadequate. At this inspection this key question has now improved to requires improvement. This is because we need to ensure that the improvements made are well embedded into the service and that they are sustainable.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection we found out that the provider did not have effective systems and processes in place to make sure they assessed, monitored and improved their service to ensure people received safe care. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made by the time of this inspection and the provider was no longer in breach of regulation 17.

- There were a range of checks and audits to monitor the quality and safety of the service and to help drive improvements. These included checks on incidents and accidents, medicine administration records (MARs) and health and safety checks. Action was taken to address any identified issues.
- Staff demonstrated a good understanding of the responsibilities of their roles. There were regular staff meetings, handovers and a communication book was used to support effective communication.
- The service had a registered manager in post. They had in-depth knowledge about people living at the home and made sure they kept staff updated about any changes in people's needs. People's relatives and staff praised the registered manager. One person's relative told us, "I felt Bobbins was going downhill before the new company took over but it did go very low when they first took over and I was worried for [person]. But I feel that [the registered manager] has it well under control now and things are looking up and [person] seems very happy there."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff and people's relatives told us the service was well managed, and the care and support was meeting people's needs.
- People were at the centre of the service. The registered manager ensured people chose how their care and support were provided and how the care home was arranged. For example, each person's bedroom was unique with separate colour schemes, furnishings and artwork in line with their preferences. Similarly, people chose the photographs of themselves which were displayed within the service.
- The service involved people and their families in day-to-day discussions about their care and support. People's family members told us that they felt reassured and comfortable with the registered manager

running the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At our last inspection we found out that we were not always notified about incidents occurring at the service. This was a breach of regulation 18 (Notifications of other incidents) of the Registration Regulations 2009.

Enough improvement had been made by the time of this inspection and the provider was no longer in breach of regulation 18.

- The registered manager understood the 'Duty of Candour.' This regulation sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.
- The registered manager told us and records confirmed they were open in informing people's relatives where appropriate when any incidents or accidents had occurred.
- Systems were in place for accidents and incidents to be reviewed for consideration of what lessons could be learnt to reduce incidents from reoccurrence.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were involved in monthly service users meetings where they discussed menu ideas and upcoming activities.
- The provider sought people's views through the use of satisfaction surveys. We found the responses were positive. One person's relative commented in the survey, "Things have improved massively. Bobbins have worked really hard to turn round a service that wasn't supporting [person] well to a service that strives to meet the needs of all service users".
- The registered manager held meetings with staff where staff shared learning and good practice, so they understood what was expected of them at all levels. This included details of any changes in people's needs, guidance to staff about the day to day management of the service and discussions about co-ordinating with health and social care professionals.

Continuous learning and improving care; Working in partnership with others

- The registered manager and staff had developed good working relationships with health professionals and the local authority, and worked to implement any recommendations they made.
- The provider had a service improvement plan, which included actions identified through internal audits and checks. This told us the provider had procedures and systems in place to continually drive forward service improvements
- The registered manager effectively assessed and monitored service audits to ensure identified improvements to people's care were implemented.