

Field Lane Foundation(The)

The Field Lane Domiciliary Agency - Southend-on-Sea

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Field Lane Domiciliary Agency Southend-on-Sea is registered to provide personal care. The people using this service are living with various types of learning disabilities. They are supported by the agency to live as independently as possible in a supported housing environment. The agency is currently supporting people living in two separate premises in the Southend area. Both houses are staffed 24 hours a day.

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.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff always worked hard to promote people's independence through encouraging and supporting people to make informed choices.

Right Care:

People were cared for and supported by staff who had received the appropriate training.

There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents. Medication was dispensed by staff who had received training to do so.

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.

People were supported to eat and drink enough to ensure they maintained a balanced diet and referrals to other health professionals were made when required. The environment was well maintained and suitable for people.

Staff cared for people in an empathetic and kind manner. Staff had a good understanding of people's preferences of care.

Right Culture:

The provider had processes in place to check staff were safely recruited; however, not all relevant information was documented for new applicants.

We have made a recommendation about the provider's recruitment processes.

The registered manager responded to complaints received in a timely manner. People were supported to make plans for the end of their life. However, these were not fully documented.

We have made a recommendation for people to have detailed end of life care plans in place.

People and their relatives and advocates were involved in the planning and review of their care. Care plans were reviewed on a regular basis. People were supported to follow their interests and participate in social activities.

The registered manager had systems in place to monitor and provide good care and these were reviewed on a regular basis.

Rating at last inspection

The last rating for this service was Good (last report published 02 August 2019).

Why we inspected

We received concerns in relation to people unable to make choices about the activities they took part in and people not being encouraged to live an independent life. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service is good based on the findings of this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective and well-led sections of this report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Field Lane Domiciliary Agency – Southend-On-Sea on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well led

Details are in our well led findings below.

The Field Lane Domiciliary Agency - Southend-on-Sea

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

The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has experience of this type of service. We inspected on 02 November 2022. Telephone calls to people's relatives for feedback took place on 04 November 2022.

Service and service type

This service provides care and support to people living in two 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

Before the inspection, the provider completed a Provider Information Return (PIR). We used the information

the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service must let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority. We used all of this information to plan our inspection.

During the inspection

We communicated with 3 people and 6 relatives and observed interactions with staff. We spoke with the registered manager, 2 project managers and 4 care workers. We reviewed 4 care files, medication records and information held in relation to the running of the service such as audits, training matrix, meeting minutes and a staff file.

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 as Good. At this inspection this key question has remained Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- People received care from a consistent staff team who had the skills to deliver high quality care. The manager told us they were in the process of recruiting for staff and did not need to use agency. Staff told us, "The people we support need consistency they would not respond well to different staff." And, "We work as a team and cover any shifts if staff are off sick."
- People appeared happy with the staff. One person said, "I like the staff they help me."
- The provider had processes in place to ensure staff were safely recruited. However, not all applicants had full documentation in their personnel files in line with guidance for the safe recruitment of staff.

We recommend the provider reviews their processes to ensure all information required to safely employ staff are in place.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them. Staff were able to explain what they would do in different scenarios to protect people from abuse.
- The registered manager clearly displayed safeguarding guidelines for staff to follow if they had a concern and these detailed how staff could report concerns to external authorities.
- Staff told us, "I would speak to my manager if I had any concerns with them I would go higher to and speak to [name]. If I was not happy with the actions I would go to the local authority or CQC."

Assessing risk, safety monitoring and management

- Risk assessments had been completed to provide staff with guidance on how to keep people safe and minimise risks. For example, accessing the community on their own.
- These were regularly reviewed to ensure they remained up to date.
- Care plans contained detailed information which ensured staff understood the needs of the people they supported.

Using medicines safely

- Medicines were received, stored, administered and disposed of safely.
- Staff received training to support people with medication.
- The registered manager had put systems in place to closely monitor medication to ensure people received their medication safely. We looked at Medication charts and these were completed accurately.

Preventing and controlling infection

- Staff had received training in infection control and had access to personal protective equipment (PPE) such as gloves and aprons.
- The service had cleaning schedules in place and appeared clean throughout. Staff told us, "We try and encourage people to take part in the cleaning of their home but at the end of the day it is our responsibility to ensure it is kept clean." Both homes were clean and staff were observed using PPE.

Learning lessons when things go wrong

- The registered manager had systems in place to learn from risks, significant incidents or accidents at the service.
- Incidents were fully investigated and learning points were discussed at staff meetings and staff handovers.

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 as Good. At this inspection this key question has remained the same Good. This meant people's needs were met through good organisation and delivery.

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

- Before people came to live at the service a full assessment was completed to ensure their needs could be met.
- Care plans were person centred and included information on people's background, hobbies and interests, likes and dislikes and preferences on how they wished to receive their care and support.
- Care plans were regularly reviewed to ensure staff had the most up to date and relevant information to support people.

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.

- Where people had communication difficulties, we saw they had support from speech and language therapist (SALT). We saw recommendations were embedded into care plans.
- Care plans clearly documented the different ways to communicate people. This include specific words, sounds and gestures they may use and what they are trying to communicate. Staff were able to tell us how people who did not communicate verbally, made them aware when they were not feeling well or did not want to do something. For example, go out on in the community or take part in an activity.
- Staff showed us how they had devised a document to show how they can identify when someone is in pain who could not verbally tell them. For example, they could be very quiet, worried, increased confusion, refusing to eat, perspiring, flushing or pale.
- Some people communicated using Makaton a form of sign language with staff. We saw one person used their own form of communication which staff had learnt to ensure they can communicate freely.
- Staff also used pictures and objects to help some people communicate.

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 were supported to maintain contact with friends and family. Care plans identified important people and dates in people's lives and how they would like to be supported to maintain contact. Relatives told us, "I go and see [name] regularly anyway. I just go. I don't feel the need to ring them, as I see [name] regularly, or try to, every week.
- Another relative said, "We do have constant contact with the care provider, and we visit twice a week, spend time there. We can't praise the staff highly enough. It was a hard decision for them to leave home, but

we are happy now as [name] couldn't be in a better place. We can't stress how good they are, rising above all the decisions on moving there and the work it took, we can see they're 24/7 there for them.

- Families and friends were able to visit people when they chose and if needed people were supported to talk with relatives by telephone. We observed one person using a tablet to contact their family.
- Each person had their own interest and activities they enjoyed doing. This included attending clubs regularly in the community, colleges and work placements. People had their own personalised timetables which had been devised with the support of staff. These included supporting people to do their own food shopping as well as other household tasks and community activities.
- Staff supported people to have trips out to places that interested them such as to the seafront, parks, cafes and pubs. People told us they were looking forward to going to a pantomime nearer Christmas. Staff told us they supported people to go on a holiday of their choice and we saw evidence of people going on different holidays.

Improving care quality in response to complaints or concerns

- There was a complaints system in place which was accessible for everyone. People and their relatives told us they would raise any concerns with staff. One person told us, "I talk to the staff if I am not happy, they know what to do." One relative told us, "I have never had cause to complain, any little niggles I have the staff on shift sort out straight away no problem."

End of life care and support

- Nobody was receiving end of life care at the service at the time of our inspection. The registered manager told us about someone who had recently passed away and how they had worked closely with the family to ensure the person was able to stay living in their home as they wished to. However, care plans did not contain detailed information about end of life wishes for people. We discussed this with the registered manager who told us they knew this conversation needed to take place but family members that had been approached had been reluctant to engage in a conversation about this subject.

We recommend the provider ensures people have their end of life wishes clearly documented.

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 as Good. At this inspection this key question has remained the same Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff placed people at the centre of the service. All care delivered was person centred and aimed to promote people's well being and independence. One relative said, " The staff definitely want the best for [name], they really do encourage them to be independent and make choices which is great."
- There was a positive culture at the service, one staff member said, "We try to enable people to be independent and live their lives to the full."
- People told us they were happy living at the service and we saw staff encouraging and supporting people to make choices they made throughout the day.
- Staff told us they felt very supported, comments included, "I never feel like I am asking a silly question I always feel listened to. I love my job." And, "There is always someone to give you support any time of the day."

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

- The registered manager was supported by two project managers.
- People benefited from a staff team that worked together and understood their roles and responsibilities. Staff told us they worked well together as a team to support people. They had handover meetings every day and had staff meetings which included discussing people's care needs therefore, everyone was kept up to date with any changes in peoples needs.
- The registered manager and provider understood their responsibility under duty of candour to be open and honest if things went wrong.

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

- People were actively involved in improving the service they received. Each month people and staff met to discuss the running of the service and any issues they wished to discuss. For example, activities, or any maintenance issues.
- The provider also asked for feedback from people, relatives, staff and other health care professionals through questionnaires to gain views and opinions across all their services.

Continuous learning and improving care; Working in partnership with others

- The registered manager had quality assurance processes in place. Regular audits were completed on all aspects of the service giving the manager and provider a good oversight.
- Spot checks at the service were also completed by other managers that worked for the provider as a way of ensuring the services were running as they should be.
- The registered manager and project manager supported staff to continuously learn and develop their skills. They worked in partnership with other healthcare professions to provide training for staff.
- Other health care professionals such as occupational therapist worked closely with staff at the service to monitor people healthcare needs to provide prompt support when needed.