

Maranatha Housing and Support Ltd

Ecton Brook

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 26 September 2018 and was announced.

This was the fourth comprehensive inspection carried out at Ecton Brook since they registered with CQC on 2 November 2015.

Ecton Brook is a domiciliary care agency. It provides personal care to people living in supported living accommodation. On the day of our visit, they were providing care for two people.

The service had a registered manager. 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 and associated Regulations about how the service is run.

People received care from a regular group of staff who knew them well. People received care from staff that had received training and support to carry out their roles.

Staff understood their roles and responsibilities to safeguard people from the risk of harm. People were supported to access relevant health and social care professionals. There were systems in place to manage medicines in a safe way.

Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA). Staff gained people's consent before providing personal care. People were involved in the planning of their care which was person centred and updated regularly.

People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted. People had access to their information through easy read formats and audio. Staff had a good understanding of people's needs and preferences.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a complaints system in place where complaints would be responded to appropriately.

The registered manager had systems and processes in place to assess and monitor the quality of the service. Staff had access to updated policies and guidance.

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's risks assessments were reviewed regularly.

There were enough staff deployed to meet people's needs.

The provider followed safe recruitment procedures.

People received care from staff that knew how to safeguard people from abuse.

Staff followed safe medicines management and infection control procedures.

Is the service effective?

Good ●

The service was effective.

Staff that received the training and support they required to carry out their roles.

People were supported to eat and drink enough to maintain a balanced diet.

People's consent was sought before staff provided care.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and respect by staff.

People were supported to be involved in planning their care.

People's privacy and dignity were maintained and respected.

Is the service responsive?

Good ●

The service was responsive.

People received care that met their needs.

People had information on how to make complaints and the provider had procedures they followed to manage complaints.

People had not yet discussed their needs relating to end of life care.

Is the service well-led?

Good ●

The service was well led.

There was a registered manager who understood their roles and responsibilities.

Quality monitoring systems had been effective in identifying areas for improvement and actions taken to improve the service.

Ecton Brook

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This announced comprehensive inspection took place on 26 September 2018 and was carried out by one inspector. We gave the service notice of the inspection as the service provides a domiciliary care service and we needed to be sure that someone would be available at the office.

This was the fourth comprehensive inspection. The last inspection was on 14 June 2017 where the service was rated Requires Improvement.

We checked the information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law.

Before the inspection, we asked the provider to complete a Provider Information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and took this into account when we made our judgements.

During this inspection we spoke with two people using the service. We spoke with the registered manager, and three care staff. We also contacted the local authority that commissioned people's care who told us they had no concerns.

We looked at the care records for two people who used the service including their daily records and medicines charts. We also examined other records relating to the management and running of the service. These included two staff recruitment files, training records, supervisions and appraisals. We looked at the staff rotas, complaints, incidents and accident reports and quality monitoring information.

Is the service safe?

Our findings

During our last inspection 12 June 2017, we identified areas that required improvement in risk assessments, recruitment and medicines. During this inspection we found the provider had made improvements in all areas.

People told us they felt safe receiving care from staff from Ecton Brook. One person told us, "I am looked after, I feel safe here." Staff had received training in safeguarding vulnerable adults, one member of staff told us, "I would report anything I was worried about to my manager." The registered manager had raised safeguarding alerts promptly and followed their systems and policies to investigate any concerns as required to do so by the local safeguarding authority.

People's risks had been assessed and these had been reviewed regularly. People's care plans provided staff with clear instructions on how to reduce the known risks. For example, staff had instructions and training to manage people's behaviour that challenged others. Staff supported people to gain independence in a safe way; for example, one person had been supported to run their own bath in a safe way.

One person who was blind was at risk of hazards such as open cupboard doors, or stumbling over unexpected items. Staff understood the importance of ensuring furniture and belongings were kept in the same place to assist them to mobilise independently around their home.

There were enough staff to provide people with the care they required in their supported living accommodation. People required 24-hour care; where people wanted to take part in specific activities, staff were allocated to ensure they could take part. The rotas showed people received care from a regular group of staff that knew them well. Staff had access to the registered manager who was on-call to provide advice and guidance.

The registered manager followed safe recruitment and selection processes. Staff recruitment files contained all relevant information to demonstrate that staff had the appropriate checks in place. These included written references and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

There were appropriate arrangements in place for the management of medicines. Staff had received training in the administration of medicines and their competencies had been checked at spot checks. Staff recorded when they had administered people's medicines. Where an error had been made the registered manager had identified how it had occurred and took immediate action to prevent any errors being made again.

Care staff knew people well, they recognised when people showed signs of ill-health which could indicate an infection. Staff had received training in infection prevention. People were encouraged to wash their hands to help prevent infections, for example before preparing meals and after looking after their pets.

The registered manager strived to make improvements to the service. They had sought advice and researched how they could improve the quality of the care and assessments. The improvements were evident in all areas of the service and communication with staff during staff meetings reflected how they worked together to understand how to continue to make improvements.

Is the service effective?

Our findings

People received care from staff that had the skills and knowledge to meet their needs. One person told us, "They know how to look after me." New staff received training, guidance and support from the registered manager and were supervised until they were confident and competent to work alone. One newer member of staff told us they felt supported by the registered manager. Staff received training in health and safety, managing challenging behaviour and food hygiene and in specific areas to meet individual needs such as epilepsy. Staff received supervision where they could discuss areas they wish to develop. For example, one member of staff had suggested they wanted to improve their cooking skills.

People were supported to eat and drink enough to maintain their health and well-being. One person had started to try new foods which helped to increase their pleasure in food and increase the variance and nutrition in their diet. Staff supported people to plan their meals, shop and prepare their food. Staff supported one person by cutting up their food when required.

People had health action plans to help staff support people to maintain their health. Staff supported people to express when they felt unwell. Staff told us and the care plans showed that people were encouraged to point to the part of their body if they had pain. Staff were vigilant to look out for changes in behaviour which may indicate ill-health and reported any concerns to the registered manager; who then contacted people's GP. People had been supported to attend the dentist to have dental procedures. People were supported to have an active lifestyle including going out for walks which people enjoyed. Staff had received basic training in first aid. Staff had information about the signs and symptoms to look out for with people's medical conditions, for example people living with epilepsy.

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.

The registered manager understood their roles in assessing people's capacity to make decisions and people told us they were always asked about consent to care and treatment. The registered manager had ensured there were best interest meetings for any interventions; for example, in March 2018 for supervision with road safety. People told us they had given their consent to staff. One person told us, "They [staff] always ask me first [before giving care]."

Is the service caring?

Our findings

During our last inspection 12 June 2017, we identified areas that required improvement in referring to people's behaviours in documents. During this inspection we found improvements had been made in the way staff referred to people in records.

People were relaxed in the company of staff; they had developed good relationships which had helped them to set goals to become more independent. One person told us, "I like living here, [staff] are very good, they're nice."

People were supported to maintain family relationships. One person visited their parent in a care home, staff told us, "Two of us take [Name], he takes flowers."

Staff respected people's privacy and dignity. They supported people with their personal care; one person told us they felt respected, they described how staff ensured their personal care was carried out in private. Staff respected people's personal space; they asked people's permission before entering their accommodation. People were supported to increase their independence including the laundering of their clothes.

People chose how their rooms were decorated. One person showed us their room, which reflected their personality. The registered manager had acted on advice about room colour schemes from a charity specialising in support for people living with autism because some colours are known to have sensory benefits for people.

One person was helped to look after their pet; they told us this was important to them.

People had access to independent advocates who were able to advise people about their rights and support them. We saw that people had been supported by advocates that had been arranged by the person's social worker.

People's care plans contained information about what was important to them and demonstrated how they had been involved in developing the care plans.

The provider had policies and procedures which took into account people's diverse needs. There was a person-centred approach to the service offered and how the service was run. Staff respected people's confidentiality. There was a policy on confidentiality to provide staff with guidance and staff were provided with training about the importance of confidentiality. Information about people was shared on a need to know basis.

Is the service responsive?

Our findings

People's assessments and care plans considered people's values, beliefs, hobbies and interests along with their goals for the future. People were involved in developing their care plans. People's care plans had been reviewed as their needs changed. Staff received regular updates about changes in people's care needs.

Daily records showed people received their care as planned. The registered manager had developed personalised daily logs which clearly demonstrated how people were developing in their skills to be more independent, such as preparing meals, drinks, personal care and laundry.

The daily logs also assisted staff to be consistent in their approach to managing people's behaviours. The registered manager explained how the consistency had helped one person to manage their behaviours that may challenge others. We observed staff used positive language to help support this person to make decisions about their actions. They discussed the consequences of the person's actions to help them to make decisions. Their records showed how staff supported them to reflect on their actions and the impact on others; this had helped them to be less likely to exhibit behaviours that may challenge others.

One person had picture prompts which they used to plan their day. They had recorded in their care plan they wanted to become more independent with their personal care. Staff used the pictures to help prompt the person to plan in which order they needed to carry out their personal care and dressing. Staff told us they used gentle reminders to help the person choose appropriate clothes for the weather.

People's care plans were person centred, identifying people's preferences, communication and support needs. People told us the care and support they received met their needs. One person told us, "I like to rip paper, [staff] get me paper." The registered manager explained how they went together to recycle the paper. They also had their sensory needs met by playing musical instruments.

The registered manager was aware that people required access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

One person who was blind had their care plans and their tenancy agreement recorded on an audio disc which they could play at any time. The recording included the discussion they had when developing their care plan. Another person received their care plan and other information in an easy read format.

People had access to information on how to make a complaint; they also had advocates that could help people to express their views. There was a complaints procedure which the manager could use in the event of a complaint. People using the service had not made any complaints.

People who used the service were young and healthy and so there was no-one in receipt of end of life care, however people's wishes had been explored. People had not had the opportunity to discuss what it meant

to be at the end of life or make their preferences known in an advanced care plan. The registered manager planned to work with health professionals to understand whether people wished to remain in their homes or receive care in a hospital. Advance care planning is the term used to describe the conversation between people, their families and carers and those looking after them about their future wishes and priorities for care.

Is the service well-led?

Our findings

During our last inspection 12 June 2017, the provider was in breach of regulation 17, Good governance as they did not have effective systems for monitoring the quality of the service and driving improvement. Governance arrangements lacked policies for key subjects, for example the Mental Capacity Act 2005 and equality and diversity. During this inspection the provider had made improvements in all areas and had suitable governance procedures in place.

There was a registered manager who had managed the service since it registered with the Care Quality Commission on 19 September 2011. The registered manager was also the provider Maranatha Housing and Support Ltd. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 understood and carried out their role of reporting incidents to CQC.

The provider had systems in place to assess, monitor and improve the quality of the service. The provider had carried out detailed audits of risk assessments and staff interactions. The findings from these audits and the provider's actions had made a big impact on the quality of people's care. People were continually being supported to improve their independence and social behaviours.

The provider had policies and procedures in place for staff to refer to, such as safeguarding and Mental Capacity Act (MCA), equality and diversity, human rights, dignity and respect. The provider had a statement of the service's values which detailed the culture and values of the service and what it aimed to achieve for people who used the service.

The provider contacted people's families for feedback about the service; which was always positive. One family had said the service was 'very good', they also stated they were impressed by the progression in their relative's independence.

The registered manager held regular staff meetings where staff were involved in making suggestions to improve the service, such as the development of the daily logs which demonstrated people's achievements daily. Staff also discussed safety issues including an update in managing medicines.