

Southern Health NHS Foundation Trust

4 Piggy Lane

Inspection report

4 Piggy Lane,
Bicester,
Oxfordshire.
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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	

Overall summary

We inspected 4 Piggy Lane on 16 June 2015. 4 Piggy Lane is a service providing a home for people with profound learning and or physical disabilities. The service is provided in two bungalows. One at 4 Piggy Lane and one at 8 Piggy Lane. Each can provide accommodation, care and support for five people.

At the last inspection on 22 September 2015 we asked the provider to take action to make improvements in relations to their records. Records were always accurate or robust in ensuring people's needs were understood or monitored effectively. The provider sent us an action plan

stating they would have met the desired standard by December 2014. At this inspection we found that improvement had been made but improvement was still required.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

Summary of findings

The service had systems in place to monitor the quality and safety of the service. However, there was not always enough detail provided to show how effective these systems were. These systems had also not identified the areas for improvement found on this inspection.

People's decision making was supported by an adherence to the Mental Capacity Act (MCA) (2005). The MCA is a legal framework that ensures people's ability to make their own choices is adhered to. However, evidence of people's capacity being assessed was not always on people's care records regarding areas where decisions were being made for them.

There were positive relationships between people and staff and we observed a number of caring interactions. People were supported to communicate using communication passports designed with staff and with the involvement of people.

People's needs were clearly documented and risks associated with those needs were recorded along with guidance for staff to follow. There were enough suitably qualified staff to meet people's needs. Staff received effective support and training to carry out their roles. Staff also had access to relevant training along with further opportunities to develop professionally.

Staff were described as caring and these descriptions matched our observations of staff who demonstrated a positive relationship with the people they supported. People's needs were assessed and regularly reviewed. When people's needs changed the service responded. The service also responded to complaints and concerns appropriately and in line with the service's policy.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Good



Risk associated with people's needs were documented in a way that meant staff could meet people's needs safely.

There were sufficient numbers of suitable qualified skilled and experienced staff.

People were protected from the risk of abuse as staff understood their responsibilities in relation to safeguarding and people's medicines were managed safely.

Is the service effective?

Good



The service was effective.

People's decision making was supported by an adherence to the Mental Capacity Act (2005).

People were supported by staff who used their stated communication strategies effectively.

Staff received regular supervision and appraisal along with relevant and specialist training.

Is the service caring?

Good



The service was caring.

We observed caring relationships between staff and the people they supported.

People were supported to access advocacy services to support their well-being.

People's privacy and dignity was respected by staff.

Is the service responsive?

Good



The service was responsive.

When people's needs changed the service responded appropriately. People's needs were assessed and reviewed.

People had access to a range of activities and were also encouraged to try new experiences.

Complaints and concerns were raised and managed with satisfactory outcomes.

Summary of findings

Is the service well-led?

The service was not always well led.

The service had a system in place to monitor the quality and safety of the service but this was not always effective or detailed enough to evidence its impact on the overall improvement of the service.

Records relating to various aspects of the service were not always completed correctly or in a way that evidenced positive practise that was occurring.

Relatives and staff spoke highly of the leadership and the improving culture of involvement and willingness to obtain people's views.

Staff were clear on the vision for the service and felt able to contribute.

Requires improvement



4 Piggy Lane

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 was 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 inspection took place on the 16 June 2015 and was unannounced. The inspection team consisted of three inspectors and an expert by experience. An expert by experience is somebody who has experience of using this type of service.

At the time of the inspection there were 10 people being supported by the service. We reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law.

We spoke with one person who used the service and conducted two SOFI observations (short observation framework for inspection). A SOFI allows us to observe the experience of people who are not able to communicate with us verbally. We spoke with two people's relatives and a visiting professional. We also spoke with six care staff, two senior carers, two regional managers and the registered manager.

Is the service safe?

Our findings

People and their relatives felt the service was safe. We observed staff practice that both considered and maintained people's safety. Comments included, "Yes I'm safe" and "I think people are safe, the staff are good". Our observations supported these statements. For example we observed people, who required specific mobility equipment, being reminded to use it and other people being encouraged to drink more water as it was a hot day.

Risks associated with people's needs were documented within their care files. For example, where people had mobility needs, the risks associated with those needs were documented with guidelines for staff to follow to mitigate the risks. Other people who had more complex needs in relation to epilepsy and catheterisation had clear risk assessments in place that contained detailed guidance for staff to follow.

People received their medicines as prescribed. Medicine administration record (MAR) sheets accurately recorded when people had their medicine. Medicines were securely stored in people's rooms. People who required emergency medicines such as people with epilepsy received them in line with their epilepsy support plans.

People were safe from the risk of abuse. Staff we spoke with had a good understanding of safeguarding and what to do if they suspected abuse. We did see a number of incidents that had been referred to the local authority safeguarding team in line with the service policy. Many of these incidents had not been taken into safeguarding procedures but the service worked with the local authority to identify where there was a risk and make the necessary changes.

There were sufficient numbers of staff to meet people's needs. On the day of our inspection, staff did not appear rushed and people who required or requested support were responded to in good time. Staff rotas confirmed that staffing levels were maintained and any agency staff that were used were regular staff that people knew and had a relationship with.

The service followed safe recruitment practices. We looked at five staff files that included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. Records were also seen which confirmed that staff members were entitled to work in the UK.

Is the service effective?

Our findings

Relatives felt that staff had the knowledge and skills to meet their needs. Comments included, "my relative has a great support team, when the carers are the regular ones they are supremely knowledgeable", "very skilled carers excellent with my relative" and "the regular one are first class". These comments were supported by our own observations. Staff we spoke with had a clear and detailed understanding of each person's care needs and provided support with skill and competence. For example, at breakfast time a staff member prepared breakfast in line with each person's requirement and supported each person with patience and warmth to enjoy their food.

The service was working to ensure the Mental Capacity Act 2005 (MCA) was adhered to. The MCA is a legal framework that ensures people's ability to make their own choices are respected. Deprivation of liberty safeguards (DoLS) were in place and the service was working alongside Oxfordshire Advocacy service to review these applications. DoLS are in place to ensure that peoples liberty is not unlawfully restricted. DoLS were reviewed to ensure the service was using the least restrictive methods and reviewing applications that had been made.

Staff had received training in relation to MCA and most staff had a detailed understanding of the Act or its principles. We raised the issue with the manager regarding the two people who weren't as clear and regional manager who told us they would take action to address these areas of concern and amend the employee induction to ensure that all staff remain clear.

People who had specific communication needs benefited from a culture that was working with other professionals to develop robust communication strategies. The service was working with internal communication leads, along with speech and language therapists, to understand as much about the people's preferred and unique methods of communicating as possible. The service also trained staff in total communication. Total Communication is about finding a way of communication that is most accessible to the person. We made some observations throughout the day which identified these strategies were not yet fully embedded in terms of staff not always using the recognised techniques. Staff told us, "I know there is information written down, but we know these guys so well we don't always need to be reading it". We raised this with the

manager due to a potential concern in relation to assumptions being made with regard to people's wishes. The manager told us that it was the staff who were key to developing these plans so people were supported by staff who understood people's needs without having to constantly refer to the care plan. People's plans were reviewed bi-monthly along with people, staff and internal specialist to ensure that any new or existing communication strategies could be formulated or adapted if necessary. This practice assured us that staff were being person centred and working within their positive relationship with people, rather than making assumptions.

Staff felt supported. Comments included, "it's so much better these days, it has been for some time, managers are always around to talk to and the team also support each other" and "I have a supportive team and the mangers door is always open". Staff received regular structured one to one supervision where they were able to discuss their performance and identify development needs. One member of staff had asked to observe the medication process to gain knowledge and we saw this had been done. Line managers conducted informal 'observations' while staff were working. These were recorded and fed into the formal supervision meetings. Staff received regular and relevant training and were supported where needed to develop professionally. For example, some staff had worked toward both level 2 and 3 qualifications in Health and Social Care.

People had access to appropriate professionals as and when required. People were supported to attend GP appointments and visits to the dentist. The service also accessed support of other professionals such as speech and language (SALT) and district nurses when required.

People benefited from a varied and balanced diet of their choosing. On the day of our inspection food was being prepared and contained fresh vegetables. People were also given plenty of drinks. People who had specific dietary requirements had these documented in their support plans. For example people who required support with drinking due to risk of choking had guidelines in place which we observed staff following we did note one person's care plan in relation to nutrition stated they should have food cut into small pieces, but the speech and language therapist recommended 'soft'. Staff we spoke with confirmed they only give this person a soft diet.

Is the service caring?

Our findings

Relatives described staff as caring. One person's relative told us, "the staff are lovely I can't fault them, very caring and always smiling". These comments matched our observations. We observed staff to be warm, friendly and patient when acknowledging people or actively supporting them. Staff spoke with appreciation about their relationships with the people they supported. Comments included, "they are family, I have known them years, we've all grown up together" and "every person here is valued enormously and treated with great care and attention".

We made two formal SOFI (short observation framework for inspection) observations. Each observation showed staff approach to people was patient and caring. We observed people being offered drinks and staff were quick to notice when people were not comfortable. There were periods of time where people were given space. At each interaction we found that people responded positively to staff and staff communicated with people patiently and respectfully.

Advocacy had been considered for people who used the service. An initial fact find had taken place to see how the advocacy service could best support people and this process was on going at the time of our inspection. One staff member told us, "we have an advocate around any restrictive practices, but we are also looking into how advocacy could support more widely".

People wishes and preferences were clearly detailed at the beginning of their care files. This information also documented people and things that were important to them and occasions in their life that were significant to them. Staff clearly had good relationships with people understood them. One senior member of staff told us, "the staff are walking care plans they know people so well". We observed staff picking up on when people were getting bored or wanted a change of scenery. For example, one person was in the lounge and began getting restless, a staff member moved this person around the living area until they had found the place the person wanted to stay by the window. The person was visibly happier having been moved.

We observed people's privacy and dignity was respected. Staff made sure they were not speaking openly when discussing people. Staff made sure that when support was provided that required more privacy people's dignity was maintained.

There were people within the service who were receiving end of life care. End of life care is the care experienced by people who have an incurable illness and are approaching death. Good end of life care enables people to live in as much comfort as possible until they die, and to make choices about their care. We saw that people had a plan in place for their end of life care and relatives were involved in the process. There was a clear plan in place to ensure peoples comfort and pain relief.

Is the service responsive?

Our findings

Relatives we spoke with felt the service was responsive. One person's relative told us of a time staff had identified their relative was not well and were quick to respond. We were told, "they took them straight to the GP for a check-up and kept an eye on it". On the day of our inspection we also witnessed a person requiring an emergency response. We observed staff to be calm and efficient in calling for emergency services. This person was taken to hospital and returned later in the day having recovered.

People's needs were assessed and reviewed regularly. Assessments were used to formulate support plans that clearly detailed people's needs and preferences. Care plans were personalised and had lots of detailed information on the person and their history. Staff we spoke with felt this was a big improvement. Comments included, "you now get a greater sense of who people are and where they come from, much more person centred" and "it's nice that what's important to that person is at the front, it's so important we know this, it can only help us support people better".

When people's needs changed the service responded, for example one person needed support with their mobility, we saw that physiotherapists had been involved in assessing this person's needs. People we visited were all in good health but staff explained what action they would take should this change. Comments included, "we monitor people all the time, if there is any sign of a problem we raise it with manager to take action" and "You get to know people so well that the slightest little change in mood or behaviour we can see it straight away and try and

understand what's going on". People's daily records supported these statements, there was clear evidence that people were being monitored closely and when concerns were raised they were acted upon. For example, in one person's daily notes they were identified and 'not being themselves' we saw a GP was contacted and this person went for a check-up.

People were supported to take part in activities that interested them. On the day of our inspection people were supported to go out for lunch, go shopping and enjoy the sunshine in the garden. Other people were supported to attend local groups and try new experiences. A learning log was in place for each person to capture how each person responded to new activities. Activities people enjoyed were then added to a regular planner that was kept under review. One relative told us, "people seem to do much more now, they are out a lot".

There were a number of ways that the service encouraged feedback from people relatives and staff. Satisfaction surveys were used to obtain the views of relatives. These were full of positive feedback. Staff felt able to speak freely but also had a regular team meeting to discuss the service and raise their views. People had resident meeting where they were supported to attend and contribute using their preferred methods.

Concerns and complaints were being handled effectively, we reviewed complaints that had been made since our last inspection and these had been responded to well and in a timely manner. Relatives we spoke with knew how to make complaints and we also saw the service had a clear policy on how complaints would be resolved.

Is the service well-led?

Our findings

At the last inspection we identified a breach in regulation 20 of the Health and Social Care Act (2008) 2010. We found that records were not always robust. Some records were not completed in a way that ensured people's safety and wellbeing. The provider sent us an action plan. At this inspection we found improvements had been made but there was still improvement required.

Records were all legible and systems were in place to record the support people were getting more robustly. For example people who required support regarding delegated care tasks had a running record of support in their rooms so trends and concerns could be identified. However, we still found one person's observation charts that had the wrong person's names on. One member of staff told us, "we have mentioned this a few times but it still gets printed out like that". In another person's record we saw guidance had not been followed in relation to their digestion. We raised this with the senior staff member who informed us the information was not accurate. Staff were able to tell us the action they would take that was consistent with what the senior staff member told us it should say. Immediate action was taken to rectify these issues. We also found records relating to people's needs appeared out of date in their care files as up to date records were being removed to a central place for signing. There was no indication in the files these records had been moved or where to find them, however we were informed a note had been put in the communication book. The service took action to ensure a safe data management system was in place, records were returned to files and other methods of ensuring staff were reading and signing people's information was being considered.

In addition, records relating to the work being done with regard to Mental Capacity Act 2005 (MCA) were not always documented on people's files in a way that followed the MCA code of practice. This meant that whilst the service was working within the MCA records did not always evidence the correct process was being followed. The day after the inspection we were sent amended forms to improve the issue and ensure the work being done was evidenced in line with the legislative requirement.

There was a system in place to monitor the quality and safety of the service. Bimonthly compliance audits were in place to review all aspects of the service in line the five key

questions (safe, effective, caring, responsive, well Led). These audits identified a number of areas for improvement. For example, when risk assessments needed updating and putting on the correct templates, this action had been taken. However, There were some examples of where these audits were not always sufficiently detailed. For example, in one of these audits it was identified that not all staff had received training in some areas such as dementia, autism and insulin yet there were no actions or recommendations in place in this audit. In another audit where it was asked if tenants meeting minutes were in place there was a question mark, but no record within the actions about what this meant. One senior member of staff we spoke with told us, "audits are useful, but I'm not always sure why things need to be done". In addition the issues in relation to records and potential impact on people had not been identified by these audits.

Relatives we spoke with felt the service was well led. One relative told us, "they [the Registered Manager] are very supportive, so grateful to them, they listen to me whenever I need to talk about things". Another relative said, "there is a much stronger sense of leadership these days". The statement reflected our observations. We found the registered manager and wider management team to be open and supportive. When we had queries each senior manager was well informed and clearly committed to the on going improvement of this service.

The service had a clear vision to focus on improvement whilst ensuring people could grow and learn together and live a life of their choosing. Staff we spoke with felt clearer of the vision for the service and felt more able to be part of it. Comments included, "at the moment we are all focused on improvement but I definitely feel more part of the service" and "communication is better there feels like a shared goal and I think we are getting there, we want people to live the life they want". We also saw in one of the house that there was a staff information files that detailed the agreed objective for the service for staff to read and comment on. These objectives were to increase involvement from families, value supervision and appraisal and reduce sickness. Staff we spoke with were keen to meet these objectives.

All staff we spoke with were clear on the whistleblowing procure and felt comfortable to challenge poor practise and use this procedure if necessary. Comments included,

Is the service well-led?

"its a nice team and we can pull each other up on things", "I would feel more than comfortable raising concerns" and "if I didn't feel a concern was being taken seriously I would be completely safe to whistle blow".