Residential Community Care Limited

The Walled Garden

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?	**Outstanding**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

This was an unannounced inspection which took place on 24 September 2015.

The Walled Garden is registered to provide care for up to ten people. The home provides a service for people with learning and associated behavioural and physical disabilities. The service provides support specifically for people whose behavioural difficulties may cause themselves or others harm or distress. There were nine people living in the home on the day of the visit.
The home offered ground and first floor accommodation.

There was not a registered manager running the service. 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. The registered manager cancelled their registration in August 2015. The provider had begun the recruitment process to appoint a new registered manager. The recently cancelled registered manager was currently running the home.

Summary of findings

The service used various methods to keep people as safe as possible. Care workers were trained in, and understood, how to protect people in their care from harm or abuse. People told us they felt very safe in the home. General risks, and those specific to each person were identified and managed appropriately. Risk assessments identified any behaviour that might be distressing to people and staff developed behaviour management plans accordingly. The home's recruitment process was designed to ensure the staff they employed were suitable and safe to work there. People were supported to take their medication or it was given to them, safely.

The staff team understood the relevance of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS) and consent issues which related to the people in their care. The Mental Capacity Act 2005 legislation provides a legal framework that sets out how to act to support people who do not have capacity to make a specific decision. DoLS provide a lawful way to deprive someone of their liberty, provided it is in their own best interests or is necessary to keep them from harm. They had taken any necessary action to ensure they were working in a way which recognised and maintained people's rights. The staff team liaised with the local authority with regard to people's mental capacity and was prompt in making DoLS referrals.

People were encouraged to make choices and decisions for themselves. They had as much control over their daily lives as they were able to have. Staff were instructed on how to help people to make their own decisions and choices.

People were helped to look after their health and attend appointments with various health and well-being professionals. They were encouraged to be as independent as they were able to be whilst being kept as safe as possible. People were given the opportunity to participate in activities of their choice. They were treated with dignity and respect at all times.

The staff team were compassionate, caring and committed. They were knowledgeable about the complex needs of people and responded quickly to people to ensure their needs were met. The staff team had formed strong relationships with people and those important to them.

The provider and the manager checked the quality of care they were providing by using a variety of methods. These included the manager regularly looking at all aspects of the running of the home. Additionally the provider worked closely with the manager and was regularly involved with the service. People who lived in the home, staff and other interested parties were given opportunities to put forward their views and ideas. Improvements and developments were made as a result of the quality checks.

Staff told us they felt well supported by the manager and management team, to ensure they were able to offer good care to people. The home worked closely with other community services and professionals to make sure people received all the assistance they needed. Everyone felt valued and involved in the running of the home and were confident to talk to the manager about anything.

Records relating to the care of people and the running of the home were of good quality, accurate, up-to-date and well kept.

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

People were kept as safe as possible by a well trained staff team.

People were given their medicines at the right times and in the right quantities to keep them as healthy as possible. Medicines were given safely.

The service recruited staff in a robust way so it was as certain as it could be that staff were suitable to work with the people who lived in the home. There were enough staff to meet people's needs safely.

Good

Is the service effective?
The service was effective

The service made sure that people's health and well-being needs were properly met.

People's human and civil rights were upheld by the staff and manager of the service. People were encouraged to make as many choices as they could and helped to be as independent as possible.

People were supported, effectively, to control behaviours which could cause harm or distress to themselves or others.

Good

Is the service caring?
The service was caring.

Staff were kind and caring and treated people with respect and dignity at all times.

People were supported to keep in contact with and as involved with families, friends and important others, as was possible and appropriate.

The relationships staff had developed with people meant that they were able to support people positively.

Outstanding

Is the service responsive?
The service was responsive.

People were listened to and were involved in the daily running of the service and the development of their care plans.

Staff responded to people's individual needs and delivered care in the way each person needed and preferred.

People were given opportunities to participate in a variety of activities that met their needs and preferences.

People could make complaints about the service, these were listened to and appropriate action was taken.

Good

Summary of findings

Is the service well-led?

Good

The service was well led.

Although the service did not have a registered manager the current manager was described as very supportive. People, staff and others felt they were listened to and their opinion was valued.

The quality of the care the service offered was checked carefully and regularly to make sure people received good care.

The service worked with other professionals and interested parties to make sure people received the best and most up-to-date care.

The Walled Garden

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

This inspection was unannounced and took place on 24 September 2015. It was completed by one inspector.

Before the inspection we looked at the Provider Information Return (PIR) which the provider sent to us. 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 also looked at all the information we have collected about the service. This included notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

We looked at all the information held about six people who live in the service. This included, care plans, daily notes and a sample of other documentation, such as quality assurance audit reports, health and safety documentation and staff records. We spoke with four people who live in the home, four staff members, one trainee manager and the deputy manager. The manager was not available on the day of the inspection visit. We received written comments from relatives, health and other professionals. The written responses we received were all positive. The local safeguarding authority told us they had no significant concerns about the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed the care people were offered throughout the duration of our visit.

Good

Is the service safe?

Our findings

People told us that they felt, ‘‘completely safe’’. One person said, ‘‘I never want to leave this place because I feel so safe here’’. People who did not communicate verbally, were confident to approach staff and seek their help or attention. Health and social care professionals told us they had never seen anything they were not comfortable with.

People are protected from all forms of abuse by staff who are properly trained, knowledgeable and committed to the safety and well-being of people in their care. Staff understood their responsibilities with regard to safeguarding people and ensuring their human rights were protected. The 37 care staff had received safeguarding training which was up-dated every year. Information about bullying, human rights and abuse was displayed in communal and staff areas for people who live in the home and staff. The information was presented in various forms, so that people had the best chance of understanding it. Some people were provided with training to learn how to keep themselves safe. The service had a ‘bullying’ and ‘whistleblowing’ policy that people and staff were familiar with. The service had identified one safeguarding issue during the previous 12 months and this had been dealt with appropriately.

Staff members told us they were confident that the management would take immediate and necessary action to ensure the safety of people who live in the service. They were able to describe, in detail, what action they would take if they identified any safeguarding concerns. They knew which external organisations to approach if the provider did not take action. They told us they would not hesitate to contact the local authority, Care Quality Commission or police if they felt it was necessary to safeguard someone.

Individual risk assessments enabled people to be kept as safe as possible whilst being encouraged to maintain or enhance their independence. Areas of risk were identified for the individual and included in their plans of care. Specific areas such as swimming, overuse of talcum powder and self-medication had been identified as presenting a potential risk for some people. Risk assessments were detailed and highly individualised. They instructed staff how to minimise risk whilst allowing people as much personal freedom as possible. Risk assessments accurately cross referenced to people’s behaviour and goal plans.

Robust health and safety procedures and policies were in place to ensure the safety of people, staff and visitors to the home. These included generic risk assessments such as infection control, fire safety and physical intervention. Policies such as ‘safer food for better business’ were obtained from the relevant agencies and used on a daily basis. The policy was supported by the provider’s food safety and hygiene policy and hygiene and cross contamination training for people and staff. Health and safety checks were undertaken at various intervals to make sure equipment and the environment were safely maintained. These included daily emergency lighting checks, weekly fire checks, monthly fire extinguisher checks and other checks completed by external contractors such as electrical installations (last checked in 2014). The service had an emergency crisis policy and procedure and people had individual evacuation plans. The registered manager actioned and signed any accident and incident reports. Any actions to be taken were cross referenced to people’s care plans.

People’s medicines were given to them by staff who received specialist training to enable them to administer them safely. Staff’s competence was tested by senior staff members who repeated the test every six months. The service used a monitored dosage system (MDS) to assist them to administer medicines efficiently. MDS meant that the pharmacy prepared each dose of medicine and sealed it into packs. The service had recently changed pharmacies and had a new MDS system, in place. All staff were trained how to use the new system before they were allowed to administer people’s medicines. The trainee manager and deputy manager told us they felt the new system was safer than the previous system and it was simpler to order medicines. Staff of the service completed a medicines count each time they administered any medicines which could not be pre-packed.

The medication administration records (MARs) were accurate and showed that people had received the correct amount of medicine at the right times. People had guidelines for the use of any PRN (to be taken as necessary) medicines and a stock check list of them was kept. Staff had clear protocols to follow if they felt that they needed to

Good

Is the service safe?

administer PRN medicines. They noted how those people who could not verbalise how they felt displayed pain or other health problems. The instructions to staff for the administration of PRN medicines to help people with behaviour control were very detailed. They included cross references to behaviour plans and seeking the consent of the senior staff member who was 'on-call'. Two medicine errors had been recorded in the last 12 months, these had occurred at the time of the changeover from one system to the other. The trainee managers told us that staff were now confident and competent in using the new system.

Robust recruitment procedures ensured that people were supported by staff who had been recruited as safely as possible. Relevant checks, such as evidence of identity, criminal record checks, references and employment history had been completed prior to candidates starting work.

Records of interview questions and responses were kept on people's files. These included candidates' hobbies and interests and attitudes to issues such as equality and diversity. This information was used to ensure prospective staff members would adopt the attitudes and values of the service and 'match' the needs of the people who live there.

People were supported by a high staffing ratio. This enabled people with behaviours that may cause harm or distress to live as safe and fulfilling a lifestyle as possible. The number of staff on duty fluctuated throughout the daytime hours, depending on planned activities. The 'core' staffing time was between 8am and 8pm. During that time the minimum staff on duty was 12. Rotas for August 2015 reflected the high staffing ratios. There were two waking night staff and one staff member sleeping in. Staff were allocated to people based on their individual assessed needs. A large percentage of the people who live in the home had 1:1 and sometimes 2:1 staff support. Staff were supported by a management and ancillary team. The service used bank staff, staff working extra hours and very occasionally agency staff to cover staff shortages.

Good

Is the service effective?

Our findings

People told us or indicated by nodding and smiling that they were well looked after. One person was very complimentary about how staff helped them to overcome their behavioural problems. Health and care professionals commented, ''carers involve appropriately patients, patients family and health care professionals in the care and decisions regarding patients general well-being''. ''I have found them to be professional in their approach and 'act in' the best interest of each person''. ''Excellent around any health issues''. Staff told us that service users got, ''excellent individual care''. One family member told us they felt their relative received a high standard of care and that the staff there considered his emotional and health needs appropriately. They told us they thought that the behavioural reward system they used worked really well. They said, ''any time that myself or my family have notified them of a potential health or emotional need they have taken appropriate positive action to deal with it''.

People were encouraged to make their own decisions and choices, as far as possible. The plans of care included how people should be supported to make decisions. They noted what areas people had capacity in and that capacity could vary on a task by task and day to day basis. Staff were able to describe why people's capacity may vary and gave examples such as infections or mood states. Care plans were signed by people or staff clearly described how their consent had been obtained. People told us they were helped to make decisions for themselves.

People's human and civil rights were upheld by the service. Consent, mental capacity and DoLS were understood by care staff. Staff were trained in the Mental Capacity Act 2005 and were able to explain clearly what a deprivation of liberty was and when a DoLS referral may be necessary. They told us they would discuss with a senior staff member if they felt they were depriving someone of their liberty or not using 'least restrictive practice'. People were provided with an independent representative under DoLS as required. The registered manager had submitted appropriate DoLS applications to the local authority. Any best interests' decisions were made in a multi-disciplinary review with relevant professionals, people and or their representatives attending.

People's health care plans identified their individual health needs. People were supported to make health and well-being appointments, as necessary. Health care notes included records of healthcare professionals' visits and how people responded to medical interventions such as blood tests. Health action plans advised people 'what to do to stay healthy', 'what to do to make your health better' and 'who will help you to stay healthy'. A hospital assessment which identified the support people would need if they were admitted to hospital was in place for each person.

People had several types of plans to ensure their individual care needs were met, effectively. They included a personal profile, essential lifestyle plan and a service user charter. The plans were very detailed and clearly described the action staff were to take to meet people's individual needs.

People were provided with nutritious food and supported to make healthy food choices. People helped to develop weekly menus for the main meal but made personal choices about other meals. Weight charts and nutrition and hydration records were kept, if necessary, for the individual. People told us they liked the food provided and were involved in choosing the menus. Mealtimes were 'staggered' and high staffing ratios were provided to ensure they were a calm and enjoyable experience for people. The service provided food which met people's cultural, health or lifestyle preferences and requirements. People were involved in preparing their food as an enjoyable activity and to promote independence maintenance or development.

The service specialises in supporting people who may display behaviours that could cause distress or harm to themselves or others. Staff used a number of methods to help people to control their negative behaviours. The methods were developed for individuals with support and advice from the local community team for people with learning disabilities, psychiatric and/or psychology services. Some people worked with positive token economy programmes (this meant giving meaningful tokens to people to reward appropriate behaviour) to try to eliminate the most harmful or distressing behaviours. Punishment or negative token economy programmes (taking tokens away for inappropriate behaviour) were not used. All the programmes were individually developed to meet people's specific needs. Behaviour care plans were detailed and included taking action to distract and divert people from harmful or distressing behaviour. However, the service used physical interventions, as a last resort, to keep people safe.

Good

Is the service effective?

Staff were trained in the use of a system called the management of actual and potential aggressive behaviour (MAPA). The training focused on ways staff could de-escalate and calm people prior to the use of physical or medicine interventions. The type of interventions that could be used were clearly outlined for specific individuals, in their care plan. A record of all physical and other interventions was kept, audited by the manager and discussed at staff meetings for learning purposes. Training was renewed every year to ensure people were up-dated and confident to safely use the intervention techniques.

People were supported by properly trained and highly skilled staff. Staff told us they were provided with very good opportunities for training and received up-dates to their 'core training' every six months to a year. They said that the provider encouraged them to complete qualifications and access training in specialist areas, relevant to people who use the service. These included epilepsy and autism. Of the 37 care staff, 22 had completed or were completing qualification courses. Staff received individual supervision four to six weekly and could ask for support whenever they felt they needed it. All staff received an appraisal, once a year, which resulted in a development plan for the individual staff member. Staff told us they felt very well supported by the management team. Some staff said that the provider was very flexible and understanding of staff's personal and family needs. Recently appointed staff told us that they received a comprehensive induction which equipped them to work with the people who live in the home. The deputy manager took the responsibility for the learning and development of staff teams across the providers' services. They told us that people were not allowed to work alone until they had completed the care certificate.

Outstanding ☆

Is the service caring?

Our findings

People told us the staff were kind and very caring. The staff team were highly motivated And skilled. They responded to people with patience and understanding whilst still following behaviour plans. Staff constantly explained to people what was happening and what they needed to do with regard to daily activities. One person said, ''I am treated with respect and now I feel like a proper person''. Another said, ''they always treat me with respect and dignity''. Staff treated people with respect at all times. A professional commented, ''staff are caring''. One family member said, ''I am more than happy with the standard of care provided by the Walled Garden''.

People were supported to keep in contact with their family and friends and people were helped to maintain relationships with them. The service worked closely with families and relevant others and kept them as involved in the person's care as was appropriate. An example included staff accompanying someone abroad to meet with their extended family members. They facilitated the trip by supporting the person to control particular behaviours and anxieties and providing 2:1 staffing ratios. People told us that the staff team help them to keep in contact with family and one person said, ''keeping in contact with my family is very, very important to me''. A family member told us, ''we are provided with regular updates about [name's] activities by email and telephone''. However, another family member told us the service had given them the wrong dates for reviews and did not keep them informed about all aspects of their relative's care. Overall we found peoples' relatives or representatives were invited to reviews and kept up-dated about people's progress, as appropriate.

Information was presented to people in a way which gave them the best opportunity to understand it. Communication care plans ensured that everyone knew the most effective way to make sure people were understood. Written communication was provided in different formats as described in their varying communication systems. These included pictures, photographs, symbols and simple English.

Care plans included how people wanted to be supported to control their lives and to maintain or increase their independence. One person said they really felt they were now in control of their life. People's plans included areas such as, ''what I really want to change'' and, ''support issues getting in the way of achieving change''. A service user charter described areas such as how individuals maintained their independence, their choices, habits and lifestyle and how people were safeguarded from discrimination. Peoples' culture, religion and lifestyle choices were noted and staff supported people to meet their needs in this area. For example people told us they were supported to attend their place of worship, if they chose to go and menus reflected their religious beliefs.

People's privacy and dignity was maintained by staff who had received dignity training and understood how they supported and assisted people, with sometimes intimate care tasks. Staff were able to clearly describe how they upheld people's privacy and dignity. They also demonstrated how they encouraged people to be aware of their own dignity and privacy.

There was a diverse group of people, with very diverse needs, resident in the service. Their care was totally person centred and focused on their individual needs. There was a strong culture of recognising people's equality and diversity amongst the staff team as well as the people who live in the service. All staff had received equality and diversity training and reflected this in their day to day work. Support plans and behaviour support programmes gave very detailed descriptions of the people supported. This information was called, ''A personal profile assessment'' and formed part of people's essential lifestyle plan.

Staff had developed strong relationships with individuals. Staff skills and personalities were 'matched' with the needs of people. People were, generally, able to be involved in choosing their 'core' staff team. This was a creative system used to ensure care was given by a group of staff who knew people well, were able to work with them effectively and were able to offer as much continuity of care, as possible.

Good

Is the service responsive?

Our findings

One person told us, ‘‘staff always let you make decisions and listen to you’’, ‘‘this home really is all about us’’. Another said, ‘‘I can talk to staff who always listen to what I have to say’’. Other professionals commented that the service was responsive to individuals and worked with them in the best interests of people. Staff responded immediately to the needs of people throughout the duration of our visit. They were able to interpret communication systems and behaviours to respond to people who were not able to verbalise their needs. A relative told us, ‘‘I cannot express what a positive change they have made to my brother’s life’’.

People’s needs were assessed before they moved in to the service and re-assessed at regular intervals. They and their families or representatives, other professionals and other services were involved in the assessment process. Various types of care plans were written and agreed with individuals and other interested parties, as appropriate. Care plans were reviewed a minimum of every six months. The nature of the service meant that people’s needs tended to change frequently and plans were reviewed whenever a change to care plans was required. The service sought advice and support from a variety of other professionals and followed guidance to ensure the care offered was in the best interest of the individual.

Care plans were detailed and daily records were accurate and up-to-date. Staff were very knowledgeable about the care they were offering and why. They offered people individualised care that met their current needs. Staff communicated with each other by a variety of methods, such as verbal and written handovers and daily diary entries. People often chose the staff they wanted to support them and were responded to when they did not want certain staff to be in their ‘core’ staff group. The service had a very high staffing ratio to ensure there were enough staff to respond to people’s complex needs quickly.

People were involved in the development of their day care and activity plans. Day care and activities were organised to enhance people’s lifestyle and to encourage their progress towards the goals they set themselves. A relative said, ‘‘I truly feel that every aspect of [name’s] care is discussed with him by staff and in particular the manager’’. Additional staff were provided for people who had particular needs when participating in community activities. Some people needed up to 3:1 staffing ratios, this was provided, on occasion, to ensure people didn’t become isolated and confined to the house. Detailed risk assessments were in place to ensure activities were pursued as safely as possible. These included multi-disciplinary and DoLS agreements to use some specialised physical restraints whilst in the community. Activity programmes were flexible and were dependent on people’s mood, behavioural plans, preferences and choices. Some individuals used their mobility allowance to purchase vehicles that were used exclusively to meet their transport needs. Car owners could give consent for another person to accompany them in the car.

People who were able to complain without assistance were clear about who they would talk to and how they would complain. They told us they would be comfortable to make a complaint and would approach the provider if it became necessary. However, they were confident that any member of staff or the manager would listen to them and take their complaint seriously. Some people would need the support of staff or families to make a complaint. Staff described how they would interpret body language and other communication methods to identify if people were unhappy. Information about complaints was provided for individuals in a way that they may be able to understand such as in pictorial and symbol formats. During the past year two complaints were received from people who live in the service and three from staff. The complaints were dealt with appropriately and actions were taken as necessary.

Good

Is the service well-led?

Our findings

Staff told us the manager and management team were very supportive of them and people who live in the service. They said they and people were listened to and they felt their opinions were valued. One staff member said the service had a very open and positive culture and staff and people alike were supported to be, 'the best they can be''.

The service listened to the views of people, staff and other interested parties. They listened to the views of people at monthly key worker meetings, monthly service user meetings and service user forums every two months. The service user forums gave people who lived in all the provider's services an opportunity to meet and raise issues that affected all the services. The forums included learning sets and training for people. Training consisted of areas such as safeguarding, health and safety and practicing making 999 calls to emergency services.

Staff were provided with monthly newsletters, which informed them of any significant information. The newsletters were displayed on the notice boards in staff and communal areas so that everyone had access to them. Staff meetings were held every month. An employment feedback survey was completed on an annual basis by staff working in the service. A report was produced

with the negative and positive comments. Further action to be taken in response to each staff comment or discussion points were recorded. Staff told us that actions were taken, where appropriate. One staff member said, ''they [the management team] listen to us and implement changes where they can and when it is in the best interests of the service users, as well as the staff''. New staff completed well-being sessions and questionnaires with psychologists. These noted any new ideas new staff presented, ensured they had received the appropriate training and preparation for working with people and checked they were happy with the care they were offering people.

The quality of care people received was continually assessed, maintained and improved by the service. Staff told us the service offered, ''excellent'' care. There were a number of day to day and overall monitoring systems to ensure the quality of care and people's positive lifestyles were maintained and improved. Examples included medicine administration audits, health and safety audits and satisfaction audits. Satisfaction questionnaires were completed annually and service user audits were completed six monthly. The provider visited the service a minimum of twice a week and discussed any improvements or issues with the manager and senior staff team. A director's report was written by the provider or their representative approximately every eight weeks. Development proposals were formulated for discussion with the relevant staff members and a development plan was produced from the various discussions. Staff told us that improvements had been made as a result of the various quality assurance feedback methods. These included people being offered more choice of daytime activities, more involvement of families in extraordinary activities (such as overseas travel). Other areas commented on were people's involvement in the decoration of the communal areas of the house and better health and safety training.

Staff attend the company's 'visions and values' training provided by the service to ensure all staff understand what is expected of them. The care reflected the visions and values noted in the service's statement of purpose. These included upholding people's civil rights, providing quality care and helping people achieve fulfilment and a rewarding lifestyle.

Any relevant new developments in social care were fedback to people and staff by means of the meetings and forums the service hosted. The service had a policy and procedure with regard to the provider's 'duty of candour' responsibilities. Senior staff were able to describe under what circumstances they would follow the procedures. The service worked closely with other professionals, sought and followed advice they gave.

Records accurately reflected people's needs. Detailed care plans and risk assessments were of good quality and were fully completed, as appropriate. There were a number of records for each person, some of which repeated the same information. However, all records were accurate and up-to-date. Records relating to other aspects of the running of the home such as audit records and health and safety maintenance records were accurate and up-to-date.