

Michael Batt Foundation

Michael Batt Foundation - 13 Longmeadow Road

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

13 Long Meadow Road is registered to accommodate one person who may have a learning disability. At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated good:

People remained safe at the service. There were sufficient staff to meet people's needs and support them with activities and trips out. Risk assessments were completed to enable people to retain their independence. People received their medicines safely.

People continued to receive care from staff who had the skills and knowledge required to effectively support them. Staff were well trained and competent. 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 supported this practice. People's healthcare needs were monitored by the staff and people had access to a variety of healthcare professionals.

The staff were very caring and people had built strong relationships with the staff. We observed staff being patient and kind. People's privacy was respected. People or their representatives, were involved in decisions about the care and support people received.

The PIR stated; "MBF (Michael Batt Foundation) recognises the value of small consistent support teams to ensure those supporting the individual have a positive relationship and have full and detailed knowledge of the person history and needs. My Life Packs is a holistic tool which includes detailed information about how an individual wants and needs to be supported. It is a working document which forms the basis of the individual's support."

The service remained responsive to people's individual needs and provided personalised care and support. People were able to make choices about their day to day lives. Complaints were fully investigated and responded to. One person said they saw the registered manager regularly and discussed any issues they had.

The service continued to be well led. People and staff told us the registered manager was approachable. The registered manager and provider sought people's views to make sure people were at the heart of any changes within the home. The registered manager and provider had monitoring systems which enabled them to identify good practices and areas of improvement.

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 remains Good.

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

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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 was a comprehensive inspection, it took place on the 25 April and was unannounced. We followed this up with a visit to the Michael Batt Foundation head office on 4 May 2017 to look at other files and have discussion with the registered manager.

Prior to the inspection we looked at other information we held about the service such as notifications and previous reports. The provider completed 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. At our last inspection of the service in November 2015 we did not identify any concerns with the care provided to people.

During the inspection we met with the person who lived at the service. The registered manager was available throughout the inspection by telephone and we arranged to meet with them on another date. We looked around the premises and observed staff interacting with people. We spoke to 1 relative and 2 members of staff.

We looked at records relating to the individual's care and the running of the home. These included care and support plans, four staff personnel files and records relating to medication administration and the quality monitoring of the service.

Is the service safe?

Our findings

The service continues to provide safe care. People appeared to be very relaxed and comfortable with the staff who supported them. One person when asked if they felt safe said; "I am safe- safe as houses!" One staff member said; "Safe- Oh Yes Absolutely!"

To minimise the risk of abuse to people, all staff undertook training in how to recognise and report abuse. Staff said they would have no hesitation in reporting any concerns to the registered manager and were confident that action would be taken to protect people.

People's risks of abuse was reduced because there were suitable recruitment processes for new staff. This included carrying out checks to make sure new staff were safe to work with vulnerable adults. Staff were not allowed to start work until satisfactory checks and employment references had been obtained.

People had one to one staffing to support them. There were sufficient numbers of staff to keep people safe and make sure their needs were met. Throughout the inspection we saw staff meet people's needs, support them and spend time socialising with them.

Risk assessments were completed to make sure people were able to receive care and support with minimum risk to themselves and others. People identified at being of risk when going out in the community had up to date risk assessments in place. For example, where people may place themselves and others at risk, there was clear guidance in place for staff managing these risks. People had risk assessments in place regarding their behaviour.

The PIR stated; "Support offered to individuals to develop skills to keep themselves safe whilst at home, in relationships and in the community. Concerns around issues of safety and risk will be shared with the relevant agencies."

People received their medicines safely from staff who had completed training. There were systems in place to audit medicine practices and clear records were kept to show when medicines had been administered. Some people were prescribed medicines on an 'as required' basis. There were instructions to show when these medicines should be offered to people. Records showed that these medicines were not routinely given to people but were only administered in accordance with the instructions in place.

People were protected from the spread of infections. Staff understood what action to take in order to minimise the risk of cross infection, such as the use of gloves and aprons and good hand hygiene to protect people.

Is the service effective?

Our findings

The service continued to provide people with effective care and support. Staff were competent in their roles and had an excellent knowledge of the individual they supported which meant they could effectively meet their needs.

People were supported by well trained staff. Staff told us they were provided with plenty of training and in subjects relevant to the people who lived at the home, for example autism training.

People had their health monitored to make sure they were seen by appropriate healthcare professionals to meet their specific needs. For example one person told us they see a specialist nurse at the surgery.

People were able to make choices about the food they ate. People had input into their own menu with some staff support. They were able to cook their meals and went shopping for their own food. Where there were concerns about people's diet and food choices staff sought advice from relevant professionals. For example dieticians.

Staff had completed training about the Mental Capacity Act 2005 (MCA) and knew how to support people who lacked the capacity to make decisions for themselves. Staff said people were encouraged to make as many day to day decisions themselves. Where decisions had been made in a person's best interests these were fully recorded in care plans. One relative said they had been involved in a decision about their relatives care. A healthcare professional had been involved in making decisions for people. This showed the provider was following the legislation to make sure people's legal rights were protected. The registered manager confirmed that an independent advocate was being arranged to support people.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had a policy and procedure to support staff in this area. The registered manager had liaised with appropriate professionals and made applications for people who required this level of support to keep them safe.

People had some restrictions in place about how they received some of their money. However the registered manager had taken advice from relatives, who were appointees for their relative's money, as well as professionals. The PIR stated; "MBF (Michael Batt Foundation) makes use of multi- agency working whenever possible. If there are any restrictive practices these will be included in a risk management plan along with associated guidelines. The decision is made through multi-disciplinary discussion with formalised capacity assessments when required."

The environment of the home required updating and modernising. Many areas had not been decorated or updated in many years. However the registered manager said they were in discussions with the landlord of the service to undertake this task. This included a new kitchen and decorating throughout.

Is the service caring?

Our findings

The home continued to provide a caring service to people. People had lived at the service for a number of years and had built strong relationships with the staff who worked with them. There was a calm and relaxed atmosphere and people appeared very comfortable with the staff working with them. People told us staff were caring and they were happy with the staff supporting them. A relative said; "[...] is settled and happy their."

People's living area had been personalised to reflect their tastes and personalities. People had unrestricted access to their rooms and were able to spend time alone if they chose to. They were also able to spend time with their families in them.

Staff knew people well and were able to communicate effectively with everyone. This ensured they were involved in any discussions and decisions. Staff respected people's need for privacy. Staff supporting people were observed to be interacting well and appropriately.

People or their representatives were involved in decisions about their care. People had their needs reviewed on an annual basis and attended review meetings with staff from the service who knew them well. Personal representatives, for example family members or health care professionals also attended. Everything that happened in the service was discussed with them on an on-going basis. This ranged from their own care needs to redecoration of their living areas.

Staff understood people's individual needs and how to meet those needs. They knew about people's lifestyle choices and how to help promote their independence. For example encouraging people to go to the local shops on their own.

Is the service responsive?

Our findings

The service continued to be responsive. People were well known by the staff who provided care and support which was person centred and took account of individual needs and wishes. Staff told us how they encouraged people to make choices. For example they encouraged the person to assist with their own shopping and buying clothes. This helped ensure everyone's voice was heard.

People's care plans were personalised and contained information to assist staff to provide care and gave information on people's likes and dislikes. In addition to full care plans there were brief pen pictures of people, particularly about people's behavioural needs. This information showed the service had liaised with other agencies to support people with any issues that may challenge the service. Staff had a good knowledge about each person and were able to tell us how they responded to people and supported them in different situations. Most staff had worked at the service for a number of years and knew how to respond appropriately to people's needs.

People took part in a variety of activities, some with staff support, and some on their own. On the day of the inspection people had gone to the local shops to purchase personal items. People had regular contact with family members. One person confirmed the activities they went on which included shopping and to the bank.

People had a complaints policy in picture format which gave them easy instructions about how to complain. The provider also had a complaints procedure displayed in the service in picture format to make it easy for people to understand. Though no complaints had been received, the registered manager knew what action to take to ensure they would be investigated and responded to. The registered manager said they would take action to make sure changes were made if the investigation highlighted shortfalls in the service.

Is the service well-led?

Our findings

The service continues to be well led. There is a registered manager in post. 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 had clear values and a vision for the service which was to make sure the service was person centred and provided a stimulating and enabling environment for people. The vision was supported by the provider and communicated to staff through day to day discussions, one to one supervisions and team meetings. Staff we spoke with were very positive and enthusiastic about the work they did.

The registered manager was well respected by staff and relatives. They were open and approachable and keen to make improvements where necessary. People said they were happy to talk to the registered manager and from discussion with the registered manager it showed people were comfortable talking to them. The registered manager kept their practice up to date with regular training. They had completed an adult safeguarding managers training course. They also met with other managers of the company that owned 13 Long Meadow Road, for additional support. The registered manager attends regular supervisions with the Chief Executive of Michael Batt Foundation who provides advice and guidance on leadership and management and monitors their progress.

When the registered manager was not available there was an on call system available between senior management and the company's other services. This meant someone was always available to staff to offer advice or guidance if required. Staff told us they felt well supported by the registered manager and the provider.

The provider had systems in place to make sure the building and equipment were maintained to a safe standard. However the service required some updating and the registered manager had this action in hand. Regular testing of the fire detecting equipment and hot water and servicing of equipment had taken place.

The registered manager made themselves visible in the service and their time was divided between office time and talking with staff and people who use the service. This enabled them to work alongside other staff to monitor practice and address any shortfalls. There were effective quality assurance systems in place. There were regular audits of the property and care practices which enabled the provider to plan improvements.