

# Delos Community Limited







# The Frogpond

## 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 |  |

### Overall summary

This inspection took place on 07 January 2016 and was announced.

The inspection was carried out by one inspector.

The Frogpond is a service registered to provide accommodation with personal care for up to three people who have a learning disability. It is part of Delos Community Limited. On the day of our inspection three people were using the service.

There was 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.

People felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and how to report them.

People had risk assessments in place to enable them to be as independent as they could be.

# Summary of findings

There were sufficient staff, with the correct skill mix, on duty to support people with their needs.

Effective recruitment processes were in place and followed by the service.

Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service.

Staff received a comprehensive induction process and ongoing training. They were well supported by the registered manager and had regular one to one time for supervisions.

Staff had attended a variety of training to ensure they were able to provide care based on current practice when supporting people.

Staff gained consent before supporting people.

People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were very knowledgeable of this guidance and correct processes were in place to protect people.

People were able to make choices about the food and drink they had, and staff gave support when required.

People were supported to access a variety of health professional when required, including dentist, opticians and doctors.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well.

People and relatives where appropriate, were involved in the planning of their care and support.

People's privacy and dignity was maintained at all times.

People were supported to follow their interests.

A complaints procedure was in place and accessible to all. People knew how to complain.

Effective quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement.

# 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.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been recruited using a robust recruitment process.

Systems were in place for the safe management of medicines.

Good



### Is the service effective?

The service was effective.

Staff had attended a variety of training to keep their skills up to date and were supported with regular supervision.

People could make choices about their food and drink and were provided with support when required.

People had access to health care professionals to ensure they received effective care or treatment.

Good



### Is the service caring?

The service was caring.

People were able to make decisions about their daily activities.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Good



### Is the service responsive?

The service was responsive.

Care and support plans were personalised and reflected people's individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints system in place. People and relatives were aware of this.

Good



### Is the service well-led?

The service was well led.

People and their relatives knew the registered manager and were able to see her when required.

People and their relatives were asked for, and gave, feedback which was acted on.

Quality monitoring systems were in place and were effective.

Good



# The Frogpond

## 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 took place on 07 January 2016 and was announced.

The provider was given 48 hours' notice because the service was a small care home for adults who are often out during the day; we needed to be sure that someone would be in.

The inspection was carried out by one inspector.

Before the inspection 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. We checked the information we held about this service and the service provider. We also contacted the Local Authority. No concerns had been raised and the service met the regulations we inspected against at the last inspection which took place in April 2014.

During our inspection we observed how staff interacted with people who used the service.

Some people had limited verbal communication but we were able to interact with them and to observe their interactions with staff.

We spoke with three people who used the service. We also spoke with the registered manager and two support workers.

We reviewed two people's care records, three medication records, two staff files and records relating to the management of the service, such as quality audits.

# Is the service safe?

## Our findings

People told us they felt safe. One person said, “Yes I am safe.” Another said, “We are safe here, they look after us.”

Staff had a good understanding of the different types of abuse and how they would report it. One staff member said, “I would tell the manager or if they were not here then the area manager.” They explained what would make them think someone was being abused. They told us about the safeguarding training they had received and how they put it into practice and were able to tell us what they would report and how they would do so. They were aware of the company’s policies and procedures and felt that they would be supported to follow them. Safeguarding referrals had been made when required.

The contact details for the local safeguarding were in the daily file, staff we spoke with knew who to contact.

Staff also told us they were aware of the provider’s whistleblowing policy and would feel confident in using it.

Within people’s support plans were risk assessments to promote and protect people’s safety in a positive way. Staff explained how they were used to assist with the safe support of people. These included; travelling in a vehicle, using a bath lift and staying at home alone. These had been developed with input from the individual, family and professionals where required, and explained what the risk was and what to do to protect the individual from harm. We saw they had been reviewed regularly and when circumstances had changed.

Staff told us there was an information file available for them to use, they showed it to us and explained its use. It contained; contact numbers for people’s relatives, emergency contacts for professional and a set of floor plans. People had their own emergency plans within their support plans. This was to aid staff and emergency services in the event of evacuation of the service.

Accidents and incidents were recorded and monitored. We saw records of these which had been completed correctly, in line with the provider’s policies.

People told us there were enough staff on duty. The registered manager said, “We do not use agency staff, we have our own bank staff.” We looked at the rota and found that it was planned around the dependency needs and planned activities of people who used the service and the correct amount of staff with differing skill levels were on duty at any time.

Staff told us that rotas were flexible if the needs of the person changed for any reason. One staff member said, “If we are doing anything special we have more staff on duty, we know in advance when we are working.” Rotas were planned in advance to enable enough staff to be on duty to support people with their chosen activities. We saw the rotas for the past two weeks and the following month which showed adequate staffing numbers.

We found safe recruitment practices had been followed. The registered manager said, “I have a new staff member ready to start but we are still waiting for checks to be completed before they can start.” Staff files we looked at contained personal information. There was a list signed by the HR department to say documentation such as references, Disclosure and Barring Service (DBS) checks and proof of identification had been received and was held by them. Recruitment paperwork was kept at the provider head office. We received confirmation from the HR department of what documentation was held there.

The registered manager told us they had recently changed to a new pharmacy as they had been unhappy with the previous one. Staff told us they were only allowed to administer medicines if they had completed training and competency checks to do so. We observed some lunchtime medication administration. This was completed correctly. People were given their medication in the place of their choice and time was taken to ensure it had been taken and they were fine following this. The staff member administering the medication checked and completed the Medication Administration Record (MAR) at each stage. We checked two people’s medication records. These contained information and a photograph of the person and of the medication they had been prescribed. MAR sheets we looked at had been completed correctly. Medicines were stored correctly and audited weekly.

# Is the service effective?

## Our findings

The provider had an induction programme which all new staff were required to complete. One staff member said, “it is a while since I started but I know I had to complete an induction.” The registered manager told us that new staff had an induction checklist which they needed to complete before being found competent. Documentation we reviewed confirmed this.

Staff told us they were very much supported by the registered manager. One staff member said, “[registered manager’s name] is really good. She works as one of us.” We were told that staff had regular one to one supervision with the registered manager. We saw completed supervision forms within staff files. These showed a variety of subjects were covered. There was a supervision matrix showing dates had been made for the whole of the year.

Staff told us they received a lot of training. One staff member said, “The training is very good. We all have an individual training plan and can ask for anything extra we think would be beneficial.” We reviewed the training matrix and found this showed training which included; safeguarding, moving and handling and safe handling of medication, along with more specialised courses such as epilepsy and challenging behaviour. Some staff had completed nationally recognised qualifications at levels two, three and five.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Staff we spoke with told us they had attended training and showed a good understanding of MCA and DoLS.

We saw evidence within people’s support plans that mental capacity assessments had been carried out, along with best interest meetings, when required.

Consent to care and support was gained at all times. Staff told us that even if people were unable to verbally communicate their agreement, they knew them well enough to understand if they did not agree. Where possible people had signed their support plans in agreement. We observed staff gaining consent throughout our inspection, for example, when asking if ready for medication, personal care or wanting to go out.

People told us they had enough to eat and drink. One person said, “It’s lovely food.” Another person asked a staff member if they could go out to a local café for breakfast, which they did. Staff we spoke with were aware of individual’s tastes. They told us that if anyone had a problem with nutrition they would seek advice and support from professionals. We observed lunch. People were offered a variety of foods to choose from, and were supported to prepare for the meal and given appropriate support if required. A variety of drinks was also offered. Staff explained that the menu was developed weekly with the people who used the service and shopping was then done. There was a plentiful supply of food in the kitchen, including fresh fruit and vegetables.

People we spoke with told us they saw the doctor or dentist when needed. Staff told us that each person was supported to see or be seen by their GP, chiropodist, optician, dentist or other health care professionals. People had A&E grab sheets within their support plans. Staff explained that these contained all relevant information regarding the person’s health with contact numbers and information. The person took this with them to if they had to go into hospital. We saw evidence within people’s support plans that they had attended various appointments to enable continuity of health care.

# Is the service caring?

## Our findings

People told us that staff were very kind. They made comments regarding the kind and caring approach of the staff. One person said, "They are nice." They went on to tell us about each of the staff members. Others answered yes and nodded when asked if staff were kind and caring and looked after them.

We observed positive interactions between staff and people who used the service, for example, when they were helping people or giving general support, staff were chatty and there was a good atmosphere. There was laughter and banter between people and staff.

Staff demonstrated that they knew people's needs and preferences very well. We observed staff chatting with people about things of interest to them. One person was a little unsettled due to strangers being in their home, staff knew how to respond to help the person settle. They spoke to them in a calm and reassuring manner. This settled the person and showed the staff member knew them well. Staff were able to tell us about individuals and the contents of their care plan, and we observed this in practice.

We observed people being involved in their care and support and given choices in their routines. One person was not well on the day of our inspection and was not going out. Staff encouraged them to do what they could and they went out for a short drive with a staff member when they went out on an errand.

The registered manager told us that there was access to an advocacy service if required. People were informed of this on admission, but staff would recommend it if they felt it was appropriate.

We observed staff treating people with dignity and respect and being discreet in relation to personal care needs. People were appropriately dressed. Staff spoke about offering choices when dressing, at lunch or when going out. Support was provided in a kind and calm manner. People appeared relaxed and at ease with staff.

There were some areas within the home and garden where people could go for some quiet time without having to go to their rooms. This showed that people could be as private and independent as they were able. People took us to see their rooms. They told us they had been decorated to their own choices. Two people had murals painted on their bedroom walls. One person told us a staff member had painted it for them, they chose what they wanted and helped the staff member with the painting. They were all personalised to each individual.

People told us they could have visitors when they wanted. The registered manager told us that as the provider had a number of services in the local area, people made friends and they all visited each other. Staff told us that visitors are welcomed and people are encouraged to visit.

# Is the service responsive?

## Our findings

People told us they were involved in their support plan if they wanted to be. There was evidence in the support plans we reviewed that people and their families or representatives had been involved in writing them and had been involved in their reviews.

Staff told us they knew the people in their care but used their written support plan to confirm there had been no changes. They also had a handover between shifts to pass on information to ensure continuity of care and support.

Staff confirmed that before admission to the service people had a thorough assessment. This was to ensure that the service was able to meet the person's needs at that time and in anticipation of expected future needs. This information would be used to start to write a support plan for when the person moved in. Support plans we looked at showed this had taken place.

During our inspection we observed positive interactions between staff and people, who used the service, and that choices were offered and decisions respected. For example, what people wanted to eat, where they wanted to sit and what they wanted to do. This demonstrated that people were able to make decisions about their day to day life.

People had an individual plan of activities for each day. This had been developed with their key worker. On the day of our visit we observed people going to different activities, including one person going to an activity centre and another going out for breakfast and shopping for personal care supplies with a staff member. One person walked to an activity with another person to help them with their walking frame and to say hello to friends. They did not stay and returned home, but returned later to assist his friend back home.

There was a complaints policy and procedure in place. The policy was also available in an easy read pictorial format to assist people with making a complaint and was on the wall in the hallway. We saw documentation which showed complaints had been dealt with in the correct way and had been concluded in a way which was satisfactory to both parties.

The registered manager told us that an annual survey is sent out to people and their relative's. The survey for the people who used the service was in pictorial and easy read format to assist with completion. The results were available for the 2014 survey. The comments were all positive. The surveys for the year 2015 had only recently been received and were in the process of being evaluated.



# Is the service well-led?

## Our findings

Staff said that there was an open culture, they could speak with the registered manager about anything and they would be listened to. They also said they were fully involved in what happened in the service and at provider level. They were kept informed of any changes and knew who they could contact. They also said they knew who the senior management in the organisation was and could call or email any of them and felt able and comfortable to do so.

Staff told us that they received support from the registered manager and other senior staff. One staff member told us, “We can speak to her about anything.” They also told us that they could speak with any of the management team at provider level. There was a list of contact numbers available.

The registered manager told us that the provider had a whistleblowing procedure. Staff we spoke with were aware of this and were able to describe it and the actions they would take. This meant that anyone could raise a concern confidentially at any time.

There was a registered manager in post. People we spoke with knew who she was and told us they saw her on a daily basis. During our inspection we observed the registered manager chatting with staff and people who used the service and assisting people with their support. It was obvious from our observations that the relationship between the registered manager and the staff was open and respectful.

Information held by CQC showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way. Copies of these records had been kept.

The provider had a variety of quality monitoring processes. There was an annual schedule which included quarterly checks by senior managers, peer audits carried out by other managers and checks carried out by a group of people who used the services of the provider. These were called quality checkers and visited the service to check a number of things including; the contents and cleanliness of the fridge, the cleanliness of the oven, activities and having choice. They had taken photographs as proof and developed a report. Where required, the registered manager had developed an action plan from the report. We saw all actions had been addressed.

The registered manager told us that all accidents and incidents were recorded and reviewed by them and the provider. This was to see if any patterns arose and what could have been done, if anything to have prevented it happening or to stop it happening in the future. Documentation we saw confirmed this.

A variety of meetings had been held on a regular basis, including; residents and staff meetings. Staff told us they attended staff meetings as they were useful to keep up to date with things. We saw minutes of all of these meetings which showed suggestions were acted on.