Field Lane Foundation(The)

The Field Lane Domiciliary Agency

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

The Field Lane Foundation is an organisation that provides supported living services and a domiciliary care service for people in their own homes or in support living schemes. People who used the service were living with a learning disability. On the day of our inspection the service was providing support for up to fifty eight people with varied care packages in a variety of settings.

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 and associated Regulations about how the service is run. The registered manager and the nominated individual were present for the duration of the inspection.

The service's risk assessment process enabled people to take risks as safely as possible. The risk assessments identified risks and provided guidance for staff to manage these safely without compromising people's independence.

Arrangements for the administration of medicines were in place which ensured that people received their medicines safely and in an appropriate way.

Staff recruitment processes were safe. Appropriate checks, such as a criminal record check, were carried out to help ensure only suitable staff worked in the service. Staff met with their line manager on a one to one basis to discuss their work. Staff said they felt supported and told us the registered manager had good management oversight of the service.

Staff received a good range of training specific to people's needs. This allowed them to carry out their role in an effective and competent way.

Staff were aware of their responsibilities regarding safeguarding people from abuse and were able to tell us what they would do if they suspected abuse had taken place. They had access to a whistleblowing policy should they need to use it.

People's privacy and dignity were respected. Staff were professional and polite and addressed people in an appropriate manner. Gender specific staff were provided for people who made a specific choice and people's information was handled confidentially.

Staff supported people to keep healthy by encouraging them in their choice of nutritious foods. People were either supported or supervised in their menu planning and shopping.

People had access to health care professional and staff supported people to have regular health checks and to attend appointments and clinics as appropriate. When people lived with behaviour that challenged they

had the support of clinical experts for advice and guidance.

People were encouraged to take part in a range of activities which were individualised and meaningful for them. People planned their day with help from staff and this was flexible depending on how people felt or other activities available.

Staff had followed legal requirements to make sure that any decisions made or restrictions to people were done in the person's best interests. Staff understood the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS).

There were sufficient numbers of staff provided to meet people's needs and support their activities. People and staff interaction was relaxed. It was evident staff knew people well and understood people's needs and aspirations. Staff were very caring to people and responded well to people's care needs.

The registered manager and project managers undertook quality assurance audits to ensure the care provided was of a standard people should expect. Any areas identified as needing improvement were actioned by staff.

If an emergency occurred people's care would not be interrupted as there were procedures in place to manage this.

A complaints procedure was available for any concerns. This was available in a format that was easy for people to understand. People and their relatives were encouraged to feedback their views and ideas into the running of the service.

Records management was good and showed the service and staff practice was regularly checked to ensure it was of a good standard.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Medicines were administered and managed well.

People's individual risks had been identified and guidance drawn up for staff to follow on how to manage these without restricting people's choices.

There were enough staff to meet people's needs and appropriate checks were carried out to help ensure only suitable staff worked in the service.

Staff knew what to do should they suspect abuse was taking place.

There was a plan in place in case of an emergency to ensure people still received a safe standard of support.

Is the service effective?

Good

The service was effective.

Staff had the opportunity to meet with their line manager on a one to one basis to discuss aspects of their work.

Staff received appropriate training which enabled them to carry out their role competently.

People's rights under the Mental Capacity Act were met.

People were involved in choosing what they ate and were supported by staff to have nutritious meals.

People had access to healthcare professionals to support them regularly. □

Is the service caring?

Good

The service was caring.

Staff respected people's privacy and dignity.

Staff were caring and kind when supporting people.

People were encouraged to be involved in their care as much as possible.

Is the service responsive?

Good

The service was responsive

People were able to take part in activities that meant something and interested them.

Staff responded well to people's needs or changing needs and people and their relatives were knowledgeable about their care plans and involved in any reviews.

A complaint procedure was available for people in a format they could understand.

Is the service well-led?

Good

The service was well-led.

Quality assurance checks were completed by the management team and staff to help ensure the care provided was of good quality.

Everyone was involved in the running of the service. This included attending meetings and reviews.

The Field Lane Domiciliary Agency

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 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 was an unannounced inspection that took place on the 4 October 2016. The provider was given 48 hours' notice of our visit because we wanted to ensure the Nominated Individual was available to support the inspection process. The inspection was carried out by one inspector who had experience in adult social care and learning disabilities.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. Statutory notifications are information about important events which the provider is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

We had asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with seven people who used the service. Two people were able to communicate with us with the support of their carers. We talked to three relatives and one healthcare professional following the inspection.

As part of the inspection we spoke with the registered manager, the director of operations, the health and safety lead person and six members of staff. We looked at a range of records about people's care and how the service was managed. For example, we looked at five plans, medicine administration records, risk

assessments, accident and incident records, complaints records and internal and external audits that had been completed. We also looked at three staff recruitment files.

We had not previously inspected this service using our formal rating system.

Good

Is the service safe?

Our findings

People felt safe being supported by staff. One person said "The staff make sure I am safe and help me plan things safely." Another person said "Yes I am safe in my flat and staff spend time with me."

People were kept safe from the risk of abuse because staff had a good understanding of safeguarding. Staff told us who they would go to if they had any concerns relating to abuse. One member of staff said they would report anything they felt unhappy about to the registered manager or the provider. Another member of staff said "There is always management support available if I needed to report anything."
The registered manager understood their responsibilities in relation to safeguarding people from abuse. Before the inspection the registered managed sent us information about safeguarding when concerns were identified or raised about people's safety. The information included evidence of action taken to address the concerns and reduce risks to people. The registered manager made safeguarding referrals to the local authority when appropriate.

People were kept safe because the risk of harm to them had been assessed. People were supported to take positive risks in order to support independent lifestyles and to try new experiences. Individual records identified risks such as going out, use of the kitchen, epilepsy management and awareness and behaviours that could be challenging to other people. There were detailed support plans in place to minimise the risks to people and guidance for staff to follow in order to keep people safe. Risk assessments supported people to reach their personal goals while minimising any risk to their personal safety. Guidance included how many staff were required for individual people when going out and signs or triggers that might indicate when it was not appropriate for the person to undertake an activity. Risk assessments were reviewed and updated accordingly. For example following a care review it was agreed to reduce a person's level of support while accessing community facilities and a new risk assessment drawn up to support the decision.

People's medicines were managed and given safely. Staff that gave people their medicines received appropriate training which was regularly updated. Their competency was also checked annually by the registered manager to ensure they followed best practice to keep people safe. Project managers undertook responsibility for medicine administration at their individual schemes. The registered manager carried out audits of the medicines every month in order to ensure medicines were managed safely and monitor medicine errors if applicable. The pharmacy also undertook safety monitoring audits and provided advice as appropriate.

People received the medicines prescribed to them when they required them. The medicines administration record (MAR) charts were completed properly, without gaps or errors which recorded that people had received their medicines when they needed them. Each MAR held a photograph of the person to ensure staff would give the medicines to the right person and there was information about any allergies and how people liked to take their medicines. People had their medicines given to them in an appropriate way by staff. For example with food or after food as directed. One person told us they kept their medicine safe in a cupboard and staff watched them take this to make sure they were taking the correct medicine. This promoted

independence in a safe way.

Medicines given on an as needed basis (PRN) and homely remedies (medicines which can be bought over the counter without a prescription) were managed in a safe and effective way and staff understood why they gave this medicine, and how it may interact with other medicines people took.

People were safe because there were enough staff to meet people's needs. People's care needs had been assessed and a staffing level to meet those needs had been set by the provider. Staff were allocated in the supported living schemes this was flexible depending on what activities or events were planned on any one day. This also took into account the number of staff required to provide support during the night. Staffing duty rotas confirmed that the appropriate number of staff specified by the registered manager had been deployed to support people over the previous month. A further example of safe staffing levels was when staff supported people throughout the inspection to attend appointments, shopping and general chores. They also supported people to visit the office to give us their views about the service they received.

The staff recruitment procedure was safe. The provider carried out appropriate checks to help ensure they only employed suitable people to work at the home. Staff files included information that showed checks had been completed such as a recent photograph, written references and a Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff had a criminal record or were barred from working with people who use care and support services.

People were safe because accidents and incidents were reviewed to minimise the risk of them happening again. A record of accidents and incidents was kept and the information reviewed by the registered manager to look for patterns or triggers that may suggest a person's support needs had changed. Action taken and measures put in place to help prevent reoccurrence had been recorded.

People would continue to receive appropriate care in the event of an emergency. Contingency plans were in place to ensure people continued to receive a service in the event of staff sickness and adverse weather conditions. There was information and guidance for staff in relation to contingency planning and people had their own personal evacuation plan (PEEP) in supported living schemes. Recent fire risk assessment had been carried out on individual premises and fire drills were undertaken routinely both for day staff and during the night. Training records showed staff were up to date with fire training which meant they would know what to do should the need arise.

Good

Is the service effective?

Our findings

People told us the staff looked after them well. One person said "I like my carer and she helps me with everything." Another person said "They know what I like and take me places."
All new staff were provided with induction training to enable them to undertake their roles effectively. This included getting familiar with the organisations policies and procedures, face to face training and e learning. It also included working with a more experienced member of staff until they were assessed as competent to undertake their roles unsupervised. Staff told us they all undertook induction training regardless of their experience. The thorough induction process for ensured they had the skills learnt to support people effectively. Staff told us they received training regularly and that they were up to date with their mandatory training. This included safeguarding adults, fire safety, medicines awareness, health and safety, first aid and food hygiene. One staff member said, "We have lots of training to care for people and are regularly offered new training to manage different situations."

Staff were able to meet with their line manager on a one to one basis, for supervision and appraisal. Supervision gives a manager the opportunity to check staff were transferring knowledge from their training into the way they worked. An appraisal is an opportunity for staff to discuss with their line manager their work progress, any additional training they required or concerns they had. Both of these are important to help ensure staff are working competently and appropriately and providing the best care possible for the people they support. Records showed that all staff were up to date with both of these.

The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) processes were implemented appropriately. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Mental capacity assessments had been carried out for individual decisions. One person required specific support for attending appointments, another for going out and another person who required support managing their financial affairs. The registered manager told us if someone was unable to give consent then a best interest meeting would take place.

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). Staff understood the legal framework regarding the MCA and DoLS. DoLS. Applications were made and authorised where necessary. For example, in relation to people not being able to go out alone or when someone required additional support with finances.

People had enough to eat and drink to keep them healthy and were happy with the arrangements in place to manage their nutrition. One person said "The staff help me with my choice of food as I am following a healthy eating plan." They explained the level of support they received and showed us their eating plan. They were very enthusiastic about their achievements and their future goal. Another person who lived in a

supported living scheme said "The food is good." The project manager for that scheme demonstrated how people were supported to maintain a nutritious diet and told us the staff helped people to plan their weekly menu and supported them to shop for food. They also explained that some people required more help than others to prepare their meals. One person said they liked to prepare their own food.

Three people were going out for lunch to various places supported by staff. They all visited the agency's office to have a chat with us and give us some feedback regarding their experiences. One person said "I live at home but like to go out with my carer every day for lunch." Another person said "I have been doing an activity and am on way to the town for lunch." A member of staff told us people liked to eat out and that staff supported them to access a variety of places they enjoyed.

People had a nutritional care plan and specific dietary needs were addressed in these plans. The registered manager told us if someone had specific dietary requirements they would be referred for the appropriate professional guidance for example the diabetic clinic. There was also guidance for staff to follow if people required specific support when eating. For example if people needed their food to be cut up or if they needed particular cutlery such as a spoon, rather than a fork to eat independently. The project manager form one to the schemes said "All staff have been trained in choking which was mandatory and would know what to do in an emergency."

Monthly weight checks were in place which enabled staff to assess and monitor if people were eating and drinking enough to stay healthy. There was guidance for staff should people experience unplanned weight loss and staff had followed this when required.

People who lived in supported living schemes were supported by staff to maintain good health. Each person had a health action plan in place which recorded the health care professionals involved in their care, for example the GP, optician, dentist or physiotherapist. People were able to see their GP when they needed to. Individual hospital passports were in place which explained people's needs and preferences for continuity of care and treatment should they be admitted to hospital.
When people's health needs had changed appropriate referrals were made to specialists for support. The service also had the support of the community learning disability team, district nurses and specialist advice to support people living with epilepsy.

Good

Is the service caring?

Our findings

We received positive comments regarding the caring nature of the staff. One person said "I get good care and staff are very kind." Another person said "The staff are good and look after me very well." Staff were knowledgeable about people's needs and preferences and supported people in a way they liked.

People received good care from a well-established staff team both in their supported living schemes and in their own homes. There was a trusting relationship between people and staff. People looked relaxed and there was a caring and confident atmosphere between them and the staff supporting them. Staff communicated effectively with people and listened to what they said. One person communicated with us with the help of their carer to tell us "I am happy with my care." The person had confidence in their carer and decided when they wanted to leave and continue with their planned activity. The carer knew the person well and told us "I can usually tell by their expression and gestures when they become restless and need to move forward to their next activity. A relative said they were reassured that their family member was cared for by a dedicated and competent group of staff.

People were well cared for with clean clothes, tidy hair and were appropriately dressed for the activity they were undertaking. For example people wore clothes that were both age and weather appropriate. One person asked us our opinion on what they were wearing and said "My carer helped me get dressed."

People were supported to be involved in their care as much as possible. They had been consulted about how they liked their care undertaken and what mattered to them. People told us they were always consulted before any decisions were made about them. Information was shared with people in a format they could understand. For example a staff rota was provided for home visits and photographs of the staff team were displayed in individual schemes to denote the staff on duty. Events for the day were also shown in picture format for example day centres attended and trips out so people could understand what was available.

People's spiritual needs were met. Staff supported people to attend church on Sunday when they wanted to.

People's dignity and privacy were respected. We heard staff address people appropriately and called them by their preferred name. One member of staff asked a person when they spoke on their behalf "Do mind if I tell the inspector what activities you like to do?" They did that each time in order to respect the person's dignity. A member of staff said "I always make sure I undertake personal care in private." Staff said they would never discuss people's care and support plans in front of other people or where they could be overheard in order to respect people's privacy. The registered manager told us when people came to the office they were always offered the opportunity to talk in private if they wanted to. They also said gender specific staff was provided and made available as required.

When people's communication was nonverbal staff were able to understand what people wanted by their

body language, sign language (Makaton signs) or facial expressions. Staff had a good understanding of people's communication needs. We saw a person communicating their needs by taking a staff member by the hand to their room and demonstrating by pointing and gestures what they wanted. They then returned smiling and gave us a thumbs up sign telling us they were happy with the outcome. People had had their own words for various expressions and objects and these were included in their individual communication care plan. Staff were supportive of people and encouraged them to express themselves and took the time to listen to what people had to say.

Good

Is the service responsive?

Our findings

People's needs were assessed before a package of care was offered to the person to ensure their needs could be met. When assessments identified specific needs the service ensured they had the skills and resources in place before they agreed to offer a care package for that person.

People had been involved in their care planning. One person came to see us with their care plan. They said "This is all about me and you can read it." They said "Staff go through things with me and we agree to write it in my care plan. I have also signed this." Other care plans had been signed by the person to show they had been involved. When people were unable to contribute to their care plan relatives or advocates had been involved in this process.

Care plans were well written and informative. They provided a detailed account of people's likes, dislikes, who were important to them and friendship links they wished to maintain. They also contained information about how personal care would be delivered, communication skills, medicine plan, nutrition plan, emotional wellbeing plan, and mobility needs. Care was provided according to people's care plans and their needs. Care plans were regularly reviewed with people and updated appropriately when needs changed. Each project manager in individual schemes had the responsibility of ensuring information about an individual was up to date and relevant. Relatives and others were also encouraged to be involved in people's care. They told us they were invited to meetings to talk about care plans.

People had individual activity plans that had been discussed and agreed. These were based on people's likes, hobbies and interests. People were supported with their activities which included shopping, trips out, local walks, swimming, using a trampoline, and meals out. A person attended a day service and staff supported them without compromising their independence. Another person went swimming with their carer and another liked the gym. Holidays were arranged and people said they had the choice of location and who would accompany them. Family involvement was encouraged both for people who lived at home and people who lived in supported living schemes.

One person organised a social disco evening weekly. This was attended by over 60 people from various community settings and everyone said they enjoyed this. They also arranged and planned a Christmas party evening at a hotel. Staff could support people to attend but were not allowed to attend the function itself. One person said "It is our evening."

People were supported to participate in house meetings in their supported living schemes in order to air their views and discuss issues that may arise within the service. This may include planning group events or talking about the things that happen in the service.

Staff supported people to attend 'Advisory Board' meetings that are facilitated regularly to have their say in events that effect their care and rights. These meetings were chaired by service users and people who attend are provided with a copy of the minutes. The chief executive of Field Lane attended the last meeting

to provide people with information regarding the organisation and its further development. Other topics discussed at these meetings included maintaining health and wellbeing and some cookery demonstrations.

People were supported by staff who listened to them and responded to complaints. People and relatives knew how to raise any concerns or make a complaint. One person said "If I was unhappy about anything I would tell the staff. I never made a complaint." A relative said they would feel confident making a complaint as they knew this would be managed well

There was a complaints procedure available for people. This gave information to people on how to make a complaint. The procedures was written in a way that people could understand, for example pictorial. It also contained the contact details of relevant external agencies such as the local authority and the Care Quality Commission. The registered manager told us they had received no written complaints about the service in the last 12 months. Staff were aware of the complaints procedure.

Good

Is the service well-led?

Our findings

There was a positive culture within the service between the people who received support, the staff and the registered manager. People were very positive about the service and the way it was managed. One person said "I like living in my flat and am happy with how everything is managed." Another person said "I like the manager and the people in charge." Staff were confident in their roles and felt they were supported by a good management team. One member of staff said "I could not imagine working anywhere else." Another member of staff said "This is one of the best jobs I have had and the management appreciate what I do."

People and relatives were supported by an organisation with a clear management structure. People said they were comfortable speaking with the management team as they were approachable and felt they were listened to. The management team included the director of operations, the registered manager, senior project managers working in individual supported living schemes and administration staff.

There was regular corporate involvement in the service and supported living schemes. The various heads of departments made frequent visits to ensure people and staff were happy and they were providing a good service for people. They had recently been a quality assurance audit undertaken by the quality manager for monitoring purposes. These visits included talking to people, looking at care records, monitoring the premises and talking to staff. A report was generated following each visit and any actions identified were checked at the next visit.

The registered manager undertook regular weekly and monthly checks of quality service provision to drive improvement regarding the standard of care people received. This included checks of medicine records, care plans, risk assessments nutritional plans and staff duty rotas to monitor the service people received. A summary of these audits were sent to the director for information, and areas for improvement were followed up at the next visit.

The provider also undertook health and safety audits at all locations to ensure the safety and wellbeing of the people who used the service, people visiting and the staff who worked for the service to promote a safe working environment. This covered areas such as infection control, staff training, accidents and incidents.

Staff were involved in how the service was run. Staff had the opportunity to meet as a team on a monthly basis to discuss general information and any issues or concerns. Minutes were available to us. These were generally positive and included items like organisational plans, future training planned, and support during local authority and CQC inspections and policy change. They said this also provided them with an opportunity to discuss issues that concerned working arrangements or to just air their views.

People and their relatives were included in how the service was run. Relatives were encouraged to give their feedback about the home. The recent survey completed by relatives was positive and included comments for example "I am very happy with the standard of care provided." "The staff are excellent and look after my son so well."

The registered manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. We had received notifications from the registered manager in line with the regulations. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was displayed in the supported living schemes so they would know how to respond if they had concerns they could not raise directly with the registered manager.

Records management was good and showed the service and the staff practice was regularly checked to ensure it was of a good standard.