

Maranatha Housing and Support Ltd

Ecton Brook

Inspection report

1 Snowbell Square
Northampton
Northamptonshire
NN3 5HH

Tel: 01604454034

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 14 June 2017. Ecton Brook is a supported living service that provides support to people with their personal care. At the time of our inspection the service was supporting two people.

When we inspected the service in June 2016, we rated it as requiring improvement in order to be safe, effective, responsive and well-led. This had followed a previous inspection in November 2015 when the service was rated as 'inadequate' due to serious concerns about the systems that were in place to ensure people's safety. We then placed the service into 'special measures'. During this, our latest inspection, we found that improvements had been made but there were areas that required further improvement.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 did not always understand their responsibilities. They had not notified CQC of changes to their registered office or provided information when requested to do so.

The provider did not have suitable systems in place to assess, monitor or evaluate the quality of the service to drive improvement.

People's care plans included risk assessments but these lacked detail about how people were protected from risk of harm during personal care routines. People were not supported to manage their finances effectively.

The provider's recruitment procedures included carrying out all the required pre-employment checks, however, gaps in staff employment history were not always explained.

People were supported with their medicines but staff did not follow the medicines policy provided. The medicines policy was not suitable for the care setting. The provider did not have policies for all areas of care that informed staff on how to carry out their roles.

The provider had carried out assessments of people's mental capacity to make decisions about their care and support in line with the Mental Capacity Act 2005.

People's daily records were not always complete and the language used in daily records did not always show respect.

People were not supported to choose where they spent their days, no alternative options were offered to meet people's particular needs.

A complaints procedure was in place but it was not in a format that was accessible to people with sight impairment.

There were sufficient staff to support people. Staff we spoke with were knowledgeable about the people they supported and people told us they got on well with the staff.

People's healthcare needs were supported with health action plans. People were supported to access health services when they needed them. People's nutritional needs were met and people had meals they enjoyed.

We identified that the provider was in breach of one of the Regulations of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 (Part 3). You can see what action we told the provider to take at the back of the full version of the report.

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 not consistently safe.

Risk assessment procedures in relation to the care people received were in place, but they lacked detail about staff should support people safely.

People were not supported to manage their finances effectively.

Recruitment procedures were in place, but gaps in employment history were not always accounted for.

The provider's medicines management policy was not specific to the needs of the two people using the service.

Staff understood their responsibilities to safeguard people from harm and how to report any concerns.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff understood their responsibilities under the Mental Capacity Act 2005

Staff had received training and guidance to support people with their needs.

People received support to meet their nutritional and healthcare needs.

Good ●

Is the service caring?

The service was not consistently caring.

People were supported by caring staff. However, language used in daily records was not always respectful of people who used the service.

Staff had an understanding of people's needs and preferences and respected them.

People were supported to spend time with their family and

Requires Improvement ●

friends when they wished to.

Is the service responsive?

The service was not consistently responsive.

Care plans lacked details about people's assessed needs and the level of independence they wanted to achieve. Alternative social opportunities were not explored or offered.

People were supported to participate in activities at home and at a day centre.

A complaints procedure was in place but it was not accessible for people without reading skills or sensory impairment.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

The registered manager did not understand all of their responsibilities.

There was a lack of adequate quality assurance systems in place to drive improvement.

Staff did not have sufficient policies and procedures to inform them of how to carry out their roles. □

Requires Improvement ●

Ecton Brook

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 14 June 2017 and was announced. We gave the provider 48 hours' notice of the inspection as we needed to be sure that somebody would be at the service when we arrived. The inspection was completed by one inspector.

As part of our planning for this inspection we reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. We contacted health and social care commissioners who place and monitor the care of people living in the home and the local authority safeguarding team.

Before the inspection we 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. They did not return a PIR and we took this into account when we made the judgements in this report.

During our inspection we spoke with one of the two people who used the service and three members of care staff including the registered manager. We also attended a meeting with social workers who support the people using the service and received feedback from the local authority that funded people's care and support.

We looked at care plan documentation relating to two people, and two staff files. We also looked at other information related to the running of and the quality of the service.

Is the service safe?

Our findings

At our inspection in June 2016 we found that improvements had been made since the last inspection, however further improvements were required.

During this inspection we found that although the provider had revamped care plans and risk assessments, these did not always detail all the risks associated with aspects of people's care and support. The care plans did not have sufficient information about how staff should support people safely. For example, where people were at risk of epileptic seizures, their risk assessments did not provide guidance to guide staff on how to support people in the event of a seizure either at home or outside. A risk assessment recorded that a person had no concept of a balanced diet but not what the impact of the risk was or how a person could be supported to manage the risk.

Risk assessments associated with personal care routines for a person with visual impairment did not included details of the impact of those risks if not managed, for example support with washing and drying to maintain personal health and hygiene or when the person shaved. We saw that this person had a history of sustaining minor cuts, for example, when opening tins but there was no risk assessment of how to reduce the risk of such injuries.

People had not, until the local authority intervened, been supported to manage their finances effectively. The local authority had imposed a protection plan to ensure people were not exposed to risk of financial abuse.

The provider had recruitment procedures that were designed to ensure that only staff suited to work at the service were employed. Pre-employment checks were carried out including a criminal background check with the Disclosure and Barring Service (DBS). The DBS carry out a criminal record and barring checks on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. The required pre-employment checks include checking a person's employment history for possible gaps in that history. However, we saw a job application where a person had omitted dates of employment and no evidence that this was looked into during the recruitment process to establish if there were reasons for any gaps that called a person's suitability into question. The registered manager told us they would review the information with the care worker.

The provider had a policy for the management of medicines but this was not reflective of the needs of the two people who used the service. After we discussed this with the registered manager they told us they would add an appendix to the policy to provide guidance of how each of the two people using the service should be supported with their medicines.

A person told us they felt safe at the service and when they were being supported by staff when they went out. A person told us, "I feel safe. I have a lot of confidence in the staff. I feel safe when I'm out with staff. When I want them to, they will hold me by the hand. They make sure I am safe."

All staff had received training about keeping people safe and protecting them from abuse. They were aware of the provider's safeguarding procedures and knew how to identify any concerns they had. A care worker told us they were confident that the registered manager would take any concerns seriously and act upon them. A person told us staff were approachable. They said, "I'd tell staff if I was worried about anything." Staff knew they could contact the Care Quality Commission directly if they were concerned about people's care.

There were enough staff to keep people safe and to provide the support for people when they required it. A person said, "I get on with all the staff. They help me with things." Staff told us and records confirmed that there were staff allocated to meet people's needs at all times.

Is the service effective?

Our findings

People received care from staff that had received the training and support they needed to understand the needs of the people using the service. Staff training was relevant to their role and equipped them with the skills they needed to care for the people living at the home. For example, staff had received training about conditions that people lived within. A care worker who had not been with the service long told us, "The training is good. It included a lot of shadowing experienced staff during which time I got to know the people [who used the service]. My training prepared me for my role." We saw staff positively interacting with people who evidently enjoyed the company of staff.

Staff received regular support and guidance from the registered manager who often worked alongside them when they provided care and support to people. The registered manager was on-hand to give staff advice and support. Staff also had supervision meetings with the registered manager where their performance was discussed.

The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that people are presumed to have mental capacity unless there is evidence to the contrary. Staff received training about the MCA and a care worker we spoke with showed awareness of it. They described, for example, how they sought a person's consent before providing care and support. A person told us that staff always asked for their permission before providing support.

The registered manager had completed assessments of people's mental capacity to make decisions about their care and support. These were carried out with the involvement of people and their relatives. The assessments considered people's ability to manage their finances and receive staff support whenever they were out in the community for example, having a walk or going to the shops. When it had been determined that people did not have the mental capacity to make a decision about their care a best interests meeting had been arranged.

People were supported to eat and drink. A person told us, "The staff help me with cooking. I have the foods I like. I get lots of choice." A care worker described to us how they supported a person to make their own hot drinks, the person confirmed they had been supported with this. We found the person had gained skills to be more independent in terms of having drinks when they wanted. People were involved in food shopping which had added to their experience of shops in the community and making choices. Staff knew what foods people liked and supported them with their preferences.

Staff supported people to attend a variety of appointments with health professionals including podiatrists, dentists, and consultants. This meant that when necessary, people were supported to have regular input from healthcare professionals. Staff arranged appointments with a GP when people felt unwell. People had a 'health action plan' which documented their health needs and the appointments they attended. This was reviewed by the registered manager who followed up appointments and acted on the advice of health

professionals. A person had been supported to adjust their life-style choices and told us they felt healthier as a result.

Is the service caring?

Our findings

Staff had received training about supporting people with dignity and respect and we saw that they did this in practice. They offered people choice, referred to them by their preferred names and spoke politely with people. However, daily records care workers made sometimes included descriptions of people's demeanour and behaviour that were not dignified or respectful. For example, on three separate occasions in May 2017 a person's demeanour was described as, 'a hysterical mood', 'high most of the evening' and 'disruptive'. These were uninformative terms with negative connotations. A social worker made similar observations to the registered manager in May 2016 but we found that staff continued to use inappropriate language in records.

It was evident that people who used the service were relaxed and comfortable in the company of staff. We saw staff interacted positively with people and it was evident that were pleased with the support they received. A person told us, "The staff help me with things like making lunch to take to the day centre, making drinks and going for walks and shopping." They added, "The staff are nice. I get on with all of them. The staff communicate well with me, they talk to me nicely." We heard lots of friendly conversation and shared humour when people came home from a day centre and it was evident that people had developed relationships with staff and the registered manager.

People's care plans contained information about what was important to them and demonstrated how they had been involved in developing the care plans. Staff supported people with things that mattered to them; a person whose appearance was important to them was supported to wear clean clothes and offered a change of clothes during the day if they wanted. We saw staff respond to people quickly and sympathetically when they showed signs of anxiety. People were reassured by staff.

People were involved in personalising their accommodation so that they had items around them that meant something to them. People were involved in choosing how their accommodation was decorated. The registered manager had acted on advice about room colour schemes from a charity specialising in support for people living with autism because some colours are known to have sensory benefits for people. A person who liked animals were supported to look after their pet rabbit and budgie; they told us their pets were important to them.

People had access to independent advocates who were able to advise people about their rights and support them. We saw that people had been supported by advocates that had been arranged by the person's social worker.

A person received information about their care and support in an easy to read format they understood; and another received information verbally. The provider had also planned to include ways to make the information accessible in audio form, but this had not yet been put in place.

Staff respected people's privacy. They asked people's permission before entering their accommodation. Staff described how they supported people whilst respecting their privacy and dignity, for example using

towels to cover people when providing personal care in the privacy of a person's accommodation. A person told us they were at ease when staff supported them with personal care.

People were supported to maintain contact with relatives and friends. They were supported to visit their families when they wanted to, either independently or with staff support.

Is the service responsive?

Our findings

The provider had an 'Activity Planning Policy'. This stated that people using the service 'were expected' to participate in activities. We discussed this with the registered manager as we were concerned that the policy did not refer to people having a choice of whether to participate in activities and where to they wanted to go. They told us they would amend the policy to say that people would be supported in activities of their choice.

Most of the activities people participated in took place at a day centre the provider selected. A person told us they liked going to the day centre and we heard another speak enthusiastically with staff about how much they had enjoyed their time there. One of the people was registered blind and we discussed other day centre options that may be more suitable for the person, for example services that specialise supporting people with sight impairment. We found that people did not have options about which day centre to go to. The registered manager told us they would contact organisations that specialise in supporting people with sight impairment to explore what was available in Northampton.

Since our last inspection care plans had been reviewed to contain more detailed information about people's needs and how they are supported with their needs. Care plans included information about people's hobbies and interests. We saw photographic evidence that people were supported with their hobbies and interests. A person told us that they were happy with the care and support they received. They told us they received the support they wanted. They told us, "The staff are good. They take me for walks when I want, to the shops or to the pub. I like those things. I can do what I want, I'm happy here."

People were involved in reviews of their care plans. A person had an 'easy to read' version of their care plan which helped them to understand about their care routines and what support to expect from staff. The registered manager made audio recordings of review meetings for the person with a sight impairment because they wanted to be able to listen to recordings at times they wanted. The registered manager was in the process of finding a service that could transfer the recordings to a compact disc so the person had a historical record of review meetings.

The provider had introduced 'daily logs' for staff to use to record the care routines they supported people with. These were individually tailored to the needs of the people who used the service and showed that people's care and support was centred on their needs. However, staff did not consistently complete the logs fully. This meant that on some days the information was incomplete and this suggested that some care routines had not been carried out. Staff had not therefore always utilised a recording tool to demonstrate how people were supported from day to day. We discussed this with the registered manager who told us they would remind staff about how to fully utilise the daily logs to provide assurance how they had supported people.

The registered manager reviewed care plans every month. We found that many notes of the reviews stated 'plans work most times' but there was no explanation of what had not worked and why. The reviews were not therefore used as a means of reflecting on what had gone well or why at times people's care and

support had not been as planned. There was a risk that people continued to receive care that did not meet their needs.

There was a complaints policy in place which outlined the actions and timeframes for complaints to be investigated and responded to. A person had an easy to read version of the complaints policy they could access when they needed to. However, a person with a sensory impairment had no version of the policy that was suited to their needs. This meant they did not have routine access to the complaints procedure.

Is the service well-led?

Our findings

Following our previous inspections in November 2015 and June 2016 we reported that the provider was required to make improvements in all areas relating to the systems to assess, monitor and evaluate people's care to ensure people's safety. Our findings at this inspection were that the service still required improvement.

The provider did not have adequate procedures for assessing, monitoring and improving the quality of the service. The provider's quality monitoring had not identified that the risk assessments had not met all of people's needs, that care staff were not consistently completing records or that the information recorded was respectful and informative. People had not been assessed for all of their risks and not all of the known risks had been mitigated.

Although staff understood their responsibilities under the MCA, the provider did not have a policy about the MCA in their library of policies. This meant staff did not have guidance about important legislation they could refer to. We discussed this with the registered manager who told us would produce a policy.

Staff did not have other suitable policies to refer to of a staff handbook setting out what was expected of them in order to properly understand their responsibilities. The provider's medicines management policy was not suitable for a supported living service. The provider did not have policies covering areas such as equality and diversity, human rights, dignity and respect. The provider did not have a statement of the service's values. This meant there was no clear statement about the culture and values of the service and what it aimed to achieve for people who used the service. The provider told us they would review their policies and how they communicated the organisations values to staff.

The provider's statement of purpose stated that the service supported 'people to live as independently as possible and to live an interesting and fulfilling life', however, people were not consulted about how they wished to become more independent, for example about what they wanted to achieve and how. There were no care plans in place to set goals in order to plan their progression. There were no procedures in place for measuring the extent to which the statement of purpose was achieved.

We found that the provider did not have effective governance arrangements to identify and implement improvements. These included required improvements we identified at our last inspection and recommendations the local authority had made. The provider had no documented plan of how to bring about improvements. This meant that people who used the service were not experiencing improvements to their care and support.

These matters were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

During our inspection the provider told us that they had moved their registered office to a different address. However, they had not notified CQC. We later found that the provider had moved premises in November 2016. This was contrary to Regulation 15 of the Care Quality Commission (Registration) Regulations 2009. The provider took action to notify CQC on the day of our inspection visit. However, the failure to notify CQC of the change of registered office address promptly showed the provider was not aware of all of their responsibilities.

Before the inspection we 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. The PIR was requested on 11/04/2017 with a deadline to respond by 12/05/2017. They did not return a PIR and we took this into account when we made the judgements in this report.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have effective systems for monitoring the quality of the service and driving improvement.</p> <p>Governance arrangements lacked policies for key subjects, for example the Mental Capacity Act 2005 and equality and diversity.</p>