

Michael Batt Foundation

Michael Batt Foundation

Inspection report

46 Grenville Road
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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

The inspection took place on 8 October 2015 and was unannounced. 46 Grenville Road provides care and accommodation for up to three people with learning disabilities. On the day we visited two people were living in the service. Michael Batt Foundation owns 46 Grenville Road and owns other services in Devon.

The service had a registered manager. 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 is also the joint provider of the service.

People were not able to fully verbalise their views and used other methods of communication, to share their views with us for example pictures and electronic equipment. During the inspection we observed people and staff relaxed in each other's company and there was a pleasant atmosphere.

Summary of findings

People's medicines were managed safely. Medicines were stored, given to people as prescribed and disposed of safely. Staff received appropriate training and understood the importance of safe administration and management of medicines. People were supported to maintain good health through regular access to health and social care professionals, such as GPs. People were supported by the local learning disabilities service, for example learning disability nurses.

People's care records were comprehensive and personalised to meet individual needs. Staff understood people's needs and responded when needed. People were involved as much as possible with their care plans and with how they liked to be supported. People's preferences were sought and respected.

People's risks were documented, monitored and managed well to ensure they remained safe. People lived full and active lives and were supported to access local areas and activities. Activities reflected people's interests and individual hobbies. People were given the choice of meals, snacks and drinks they enjoyed while maintaining a healthy diet. People had input to planning menus, shopping and cooking and their feedback had been listened to and acted on.

Staff understood their role with regards to ensuring people's human rights and legal rights were respected. For example, the Mental Capacity Act (2005) (MCA) and the associated Deprivation of Liberty Safeguards (DoLS) were understood by staff. Staff knew how to make sure

people, who did not have the mental capacity to make decisions for themselves, had their legal rights protected and worked with others in their best interest. People's safety and liberty were promoted.

Staff had completed safeguarding training and had a good knowledge of what constituted abuse and how to report any concerns. Staff described what action they would take to protect people against harm and were confident any incidents or allegations would be fully investigated.

Staff described the registered manager as being very approachable and supportive. Staff talked positively about their roles and many staff had worked for the company for a number of years.

People needed one to one staffing at all times and staff agreed there were always sufficient staff to meet this requirement. Staff had completed appropriate training and had the right skills and knowledge to meet people's needs. New staff received a comprehensive induction programme. People were protected by safe recruitment procedures.

All significant events and incidences were document and analysed. Evaluation of incidents was used to help make improvements and keep people safe. Improvements helped to ensure positive progress was made in the delivery of care and support provided by the staff. Feedback to assess the quality of the service provided was sought from people living in the home, professionals and staff.

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?

This service was safe. People were supported by sufficient skilled and experienced staff.

Staff had a good understanding of how to recognise and report signs of abuse.

Risk had been identified and managed appropriately. Risk assessments had been completed to protect people.

People received their medicines as prescribed. Medicines were managed safely and staff were aware of good practice.

Good



Is the service effective?

The service was effective. People received individual one to one support from staff who had the knowledge and training to carry out their role.

Staff had received training in the Mental Capacity Act and the associated Deprivation of Liberty Safeguards. Staff understood the requirements of the act which had been put into practice.

People could access appropriate health, social and medical support as needed.

People were supported to maintain a healthy and balanced diet and the service used a range of communication methods.

Good



Is the service caring?

The service was caring.

Staff were caring, kind and treated people with dignity and respect.

People were involved in decisions about the support they received and their independence was respected and promoted. Staff were aware of people's preferences.

People had formed positive caring relationships with the staff.

Good



Is the service responsive?

The service was responsive.

People received personalised care.

Staff responded quickly and appropriately to people's individual needs.

People were supported to undertake activities and interests that were important to them. People made choices about their day to day lives.

There was a complaints procedure available for anybody to access.

Good



Is the service well-led?

The service was well led.

There was an experienced registered manager in post who was approachable.

Good



Summary of findings

Staff were supported by the registered manager. There was open communication within the staff team and staff felt comfortable raising and discussing any concerns with them.

There were systems in place to monitor the safety and quality of the service.

People's views on the service were sought and quality assurance systems ensured improvements were identified and addressed.

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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.

The inspection was undertaken by one inspector on 8 October 2015 and was unannounced.

Prior to the inspection we reviewed information we held about the service, and notifications we had received. A notification is information about important events, which the service is required to send us by law.

During the inspection we met or spoke with both people who used the service, the registered manager and visited the company's head office and spoke with the registered provider. We spoke to four members of staff. We received feedback from four health and social care professional who had supported people within the service.

We looked around the premises and observed how staff interacted with people. We looked at both records which related to people's individual care needs, two records which related to the administration of medicines, four staff recruitment files and records associated with the management of the service including quality audits.

Is the service safe?

Our findings

People had complex individual needs and could display behaviour that could challenge others. We spent time observing people and spoke with staff and professionals to ascertain if people were safe. People who lived at the service were asked if they felt safe and one person smiled and replied; “Yes.” Health and social care professionals agreed that the service provided a safe environment for people.

People were provided with a safe and secure environment. Staff checked the identity of visitors before letting them in. Smoke alarms were tested and evacuation drills were carried out to help ensure staff and people knew what to do in the event of a fire. Care plans included up to date personal evacuation plans and held risk assessments which detailed how staff needed to support individuals in the event of a fire to keep people safe.

The provider had safeguarding policies and procedures in place. Information displayed provided staff with contact details for reporting any issues of concern. Staff confirmed they were up to date with their safeguarding training and were fully aware of what steps they would take if they suspected abuse and were able to identify different types of abuse that could occur. Staff knew who to contact externally should they feel their concerns had not been dealt with appropriately. Staff were confident that any reported concerns would be taken seriously and investigated. Staff agreed that Michael Batt Foundation makes sure training is up to date to help keep people safe.

People’s finances were kept safe. People had appointees to manage their money but the service held everyday cash. The cash was kept safely and staff signed money in and out. Receipts were kept where possible to enable a clear audit trail on incoming and outgoing expenditure and people’s money was audited on a weekly basis.

Care plans detailed the staffing levels required for each person to keep them safe inside and outside the service. For example, staffing arrangements were in place to help ensure each person had one to one staffing available. This enabled people to participate in activities in the community safely. There was a contingency plan in place to

cover staff sickness and any unforeseen circumstances. Staff said; “They cover any sickness to ensure we have enough staff on duty.” Another said; “There is enough staff to keep people safe.”

The service liaised with the local behavioural support team to support people who displayed behaviour that could challenge others. Staff told us they managed each person’s behaviour differently and this was recorded into individual care plans. The registered manager kept relevant agencies informed of incidents and significant events as they occurred. For example if people had an episode of behaviour that challenged the staff, this was discussed with the behavioural support teams.

People identified as being of risk inside the service or when they went out outside had clear risk assessments in place. For example, where people may place themselves and others at risk, there were clear guidelines in place for managing these. People had risk assessments and clear protocols in place for the administration of medicines.

Accidents and incidents were recorded and analysed to identify what had happened and actions the staff could take in the future to reduce the risk of reoccurrences. This showed us that learning from such incidents took place and appropriate changes were made. The registered manager kept relevant agencies informed of incidents and significant events as they occurred. Staff received training and information on how to ensure people were safe and protected.

People’s medicines were managed safely. There were safe medicines procedures in place and medicines administration records (MAR) had been fully signed and updated. Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff were appropriately trained and confirmed they understood the importance of the safe administration and management of medicines.

The home had safe recruitment processes in place. Required checks had been conducted prior to staff starting work at the home. For example, disclosure and barring service checks had been made to help ensure staff were safe to work with vulnerable adults.

Is the service effective?

Our findings

People who lived at 46 Grenville Road were not able to fully verbalise their views and used other methods of communication, for example pictures, symbols and electronic equipment.

People spent time with staff in the communal kitchen and were encouraged to make choices and partake in preparing snacks and drinks. People who were able to, choose what they would like to eat and drink. People had their specific dietary needs met and people had access to pictures of meals they could choose to have. Staff demonstrated they knew how people communicated and encouraged food choice when possible. People assisted staff in planning menus. Care records identified what food people disliked or enjoyed and listed what the staff could do to help each person maintain a healthy balanced diet. People's weight was monitored and food and fluid charts were completed for people who required their intake monitored. This helped to ensure people remained hydrated and received adequate nutrition.

People received care from staff that had the knowledge and skills to carry out their roles and responsibilities effectively. Staff completed a full induction programme that included shadowing experienced staff until both parties felt confident they could carry out their role competently. The registered manager informed us staff received appropriate ongoing training for example epilepsy. This helped ensure staff had the right skills and knowledge to effectively meet people's needs. Ongoing training was planned to support staffs continued learning and was updated regularly.

People lived in a home that was regularly updated and maintained. However there were some repairs required in the kitchen area that needed attending to. The registered manager said they would action this. The registered manager confirmed the home was suitable for the people who lived there and any adaptations needed would be carried out.

Staff received supervision with their line manager. Team meetings were held to provide the staff the opportunity to highlight areas where support was needed and encouraged ideas on how the service could improve. Staff members confirmed they had opportunities to discuss any issues during their one to one supervision, appraisals and at staff meetings.

The registered manager and staff understood the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and how to apply these in practice. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty and there is no other way to help ensure that people are safe.

The registered manager confirmed they continually reviewed individuals to determine if a DoLS application was required. The registered manager informed us each person had been subject to a DoLS authorisation and people were restricted from leaving the service to keep them safe. Each authorisation recorded the person had been involved in the decision making process. Staff were aware of people's legal status and when to involve others who had the legal responsibility to make decisions on people's behalf. Staff said when it came to more complex decisions such as people leaving the premises without staff supporting them; they understood a professional body would need to be consulted. This helped to ensure actions were carried out in line with legislation and in the person's best interests.

Staff sought people's consent before providing care. Staff said they encouraged everyday choices if possible and we observed staff offering people what they wanted to eat for lunch. Staff knew when to involve others who had the legal responsibility to make decisions on people's behalf. A staff member told us how they gave people time and encouraged people to make simple day to day decisions. For example, what activities they wished to partake in.

Staff received handovers when coming on shift and said they had time to read people's individual records to keep them up to date. Care records recorded updated information to help ensure staff provided effective support to people. Staff confirmed discussions on changes in people's health needs as well as any important information in relation to medicines or appointments.

Is the service caring?

Our findings

People were supported by staff that were caring and we observed staff treated people with patience, kindness and compassion. We observed staff providing care and support to each person during our visit. Staff informed people what they were doing and ensured the person concerned understood and felt cared for.

Staff interacted with people in a caring way throughout the visit. For example, if people became anxious, staff were observed to respond quickly to reassure people and provided information to help settle them. One person when asked if the staff were kind said “yes” and smiled to show they were happy.

People were supported by staff who had the knowledgeable to care for them. Staff understood how to meet people’s needs and knew about people’s lifestyle choices to promote independence. Staff involved people and knew what people liked, disliked and what activities they enjoyed. People were allocated a key staff member to help develop positive relationships. This worker was responsible in ensuring the person had care records that were updated for staff to access.

People’s needs in relation to their behaviour were clearly understood by staff and met in a positive way. For example, one person was preparing to go out and was becoming anxious. Staff involved them in planning what they were going to do when they went out and where they would go. This provided reassurance to this person and reduced their anxiety

People were supported to express their views and be actively involved in making decisions about their care and support when possible. People were provided with one to one support at all times. People had specific routines and care was personalised and reflected people’s wishes. For example, one person had a clear routine in place to help reassure them. These routines were recorded on a personal electronic device to assist them. This enabled staff to assist the person and care for them how they wished to be cared for. Staff were also aware due to people’s changing needs these routine needed to be reviewed regularly. Staff knew people well and what was important to them such as their structured daily routines on all areas of their care.

People had access to individual support and advocacy services, for example Independent Mental Capacity Assessors (IMCA). This helped ensure the views and needs of the person concerned were documented and taken into account when care was planned.

People had their privacy and dignity maintained while staff supported people with their personal care needs. We observed staff knocking on people’s bedroom doors to gain entry and people were always involved and asked if they were happy we visited them and met them. Staff demonstrated their respect for people’s privacy by ringing the main house bell to gain access to the home.

Is the service responsive?

Our findings

People were not fully able to be involved with planning and reviewing their own care and making decisions about how they liked their needs met. However the service used advocates to assist people. People had guidelines in place to help ensure any behavioural needs were met in a way they wanted and needed. Staff knew when people were upset or becoming anxious and staff followed written guidance to support people.

People had a 'My Life - My Support' plan and this told a brief story about the person's life, their interests and how they chose and preferred to be supported. One person had a voice activated electronic equipment. This assisted them in knowing how staff needed to respond to them and how this person likes to be supported. Staff confirmed plans had been drawn up with staff who worked with the person who knew them well. Regular reviews were carried out on care plans and behavioural guidance to help ensure staff had the most recent updated information to support people.

People had "My Guideline" held in their care files. This helped staff respond to people's behavioural needs in situations where they may require additional support by showing staff the approach and response required to assist people. Guidelines were also in place for people in their daily lives. For example one person had guidelines for staff to assist them with managing their food intake and portion control. This response helped this person to avoid becoming anxious.

People's well-being in relation to their health care was clearly documented. Care records held health action plans and hospital passports detailing people's past and current health needs as well as details of health services currently being provided. Health action plans and hospital passports helped to ensure people did not miss appointments and recorded outcomes of regular health check-ups. One person, with staff support, told us of a visit to their GP. People had guidelines in place to help ensure their specific health and care needs were met in a way they wanted and needed.

People had access to local healthcare services and specialists including consultant. If people's needs changed, the staff made referrals to relevant health services for support. Health and social care professionals said that staff

kept them up to date with changes to people's needs and contacted them for advice. Health and social care professionals also confirmed they had regular contact with the service and were kept informed about people's wellbeing. This helped to ensure people's wellbeing was being monitored and acted upon and people's health was effectively managed.

People's choices were respected. Staff confirmed they offered people's choices for example what people wanted to drink. Staff used pictures and electronic equipment to assist people with choices. For example, one person with their electronic equipment was able to hear and see what choices were offered and were then able tell staff their choice.

People were supported to develop and maintain relationships with people that mattered to them. For example people attended a local disco where they met their friends.

People's social history was recorded. This provided staff with guidance as to what people liked and what interested them. People led active social lives and participated in activities that were individual to their needs. We saw people planning and going out shopping during our visit. Guidelines were in place to assist staff in responding to people's needs in different situations for example when travelling and people's involvement in different activities.

People were encouraged and supported to maintain links within the local area to ensure they were not socially isolated or restricted due to their individual needs. For example one person visited the local shop daily. Staff were knowledgeable on how they supported people to access a wide range of activities. Staff confirmed they researched new activities to ensure they were suitable. One person, with staff support, told us of the different activities they joined in including an art and craft session.

The provider had a policy and procedure in place for dealing with any concerns or complaints. This was made available to people, their families and professionals. The policy was clearly displayed in the home and available in a format everyone was able to understand. The service had not received any complaints. However the registered manager knew what action would need to be taken in the event of receiving a complaint, and told us any necessary action would be taken and outcomes recorded and fed back to the complainant. People had limited verbal

Is the service responsive?

communication and used other methods of communication therefore were unable to tell us who to contact if they needed to raise a concern or make a complaint. However the registered manager and staff told us they listened to people and monitored people's

behaviour for any changes that may indicate they had concerns. Staff confirmed any concerns they had would be communicated to the registered manager and provider and were confident they would be dealt with.

Is the service well-led?

Our findings

The service was managed effectively and had clear values including that the Michael Batt Foundation is: “Committed to providing support to individuals, which maximises their choice and control and offers people the opportunity to live the life they want in the community with a level of support that is suited to them.” These values were incorporated into staff training and induction. The registered manager took an active role within the running of the home and had good knowledge of the staff and the people who used the service. There were clear lines of responsibility and accountability within the organisation.

The registered manager and company support staff to gain the “Michael Batt Foundation Care Certificate.” This to assist staff in understanding their role, their duty of care and also work in a person centred way. Providing the staff with clear visions on what was expected of them.

Staff had a good understanding of their roles and responsibilities and said they were well supported by the registered manager. Staff told us the registered manager was available and approachable and worked with them most days. They were able to raise concerns and these were dealt with in a timely and satisfactory way. Staff said there was good communication within the staff team and they all worked well together. Staff comments included; “The registered manager and Michael Batt Foundation have been really supportive and good with me.” Another staff member said; “[...] (the registered manager) is on the ball.” A healthcare professional, who was involved with the service, confirmed the service was well led.

Staff were motivated and hardworking. Many staff had worked for the provider for many years. They shared the

philosophy of the management team. Staff meetings were used to share good practice and allowed staff to make comments on how the service was run. This updated staff on any new issues and gave them the opportunity to discuss current practice. Staff confirmed they were encouraged and supported to participate. Information was used to support learning and improve the quality of the service. Shift handovers, supervision, appraisals and meetings were seen as an opportunity to look at current practice. The home had a whistle-blowers policy to support staff. Staff said they felt able to raise issues. Staff confirmed they received appraisals and one to one meetings. This gave the staff an opportunity to discuss any issues, for example training.

There was a quality assurance system in place to drive continuous improvement within the service. Feedback from surveys for the company were sent out to people who used services. Therefore allowing people the opportunity to see feedback received.

There was a programme of in-house regular audits including audits on care plans and medicines. Audits were carried out in line with policies and procedures. Annual audits related to health and safety, the equipment and the home’s maintenance such as the fire alarms and electrical tests.

The registered manager knew how to notify the Care Quality Commission (CQC) of any significant events which occurred in line with their legal obligations. The registered manager kept relevant agencies informed of incidents and significant events as they occurred. This demonstrated openness and transparency and seek additional support if needed to help reduce the likelihood of recurrence.