

Livability

Netteswell Rectory

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?

Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 23rd March 2016 and was unannounced. Netteswell Rectory is a care home that provides accommodation and personal care for up to nine people who have a learning disability. On the day of our inspection seven people were using the service.

The service did not have a registered manager at the time of our inspection. 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. An acting manager was in post to provider management at the service until a registered manager could be appointed.

People were safe because staff understood their responsibilities in managing risk and identifying abuse. People received safe care that met their assessed needs. There were sufficient staff to provide people with the support they needed to live as full life as possible. Staff had been recruited safely and had the skills and knowledge to provide care and support in ways that people preferred.

Medicines were stored and administered safely, and people received their medicines as prescribed. People and their relatives thought staff were kind and responsive to people's needs, and people's privacy and dignity was respected.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Appropriate mental capacity assessments and best interest decisions had been undertaken by relevant professionals. This ensured that the decision was taken in accordance with the Mental Capacity Act (MCA) 2005, DoLS and associated Codes of Practice. The Act, Safeguards and Codes of Practice are in place to protect the rights of adults by ensuring that if there is a need for restrictions on their freedom and liberty these are assessed and decided by appropriately trained professionals. Staff had been trained and had a good understanding of the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were able to tell us about their care and said how happy they were with the staff. People told us they felt safe living at Netteswell Rectory. We saw people were well cared for and relaxed in the home. They were confident to ask staff for help and staff responded with kindness, humour and warmth. Everyone spoke positively about the staff and living at the home.

Staff knew people well and were trained, skilled and competent in meeting people's needs. Staff were supported and supervised in their roles. People, were involved in the planning and reviewing of their care and support.

People were supported to attend health care appointments when they needed to and received healthcare that supported them to maintain their wellbeing.

People were supported to maintain relationships with friends and family so that they were not socially isolated. There was an open culture and staff were supported to provide care that was centred on the individual. The acting manager was open, approachable and available for people who used the service.

The provider had systems in place to check the quality of the service and take the views and concerns of people and their relatives into account to make improvements to the service.

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.

Procedures were in place to protect people from abuse. Staff knew how to identify abuse that might occur in the service and knew the correct procedures to follow if they suspected that abuse had occurred.

The risks to people who use the service were identified and appropriate action was taken to manage these.

There were enough staff on duty to meet people's needs.

People were supported to have their medicines safely.

Is the service effective?

Good ●

The service was effective.

Staff were skilled, experienced and knowledgeable in their roles.

Staff received relevant training.

People's dietary needs were met.

Is the service caring?

Good ●

The service was caring.

People's privacy and dignity was respected.

People were treated respectfully and the staff were kind and caring in their approach.

People and their relatives were involved in the decisions about their care.

People's choices and preferences were respected.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that was personalised and reflected their needs.

People were supported to follow their own interests and hobbies.

People knew how to raise any concerns or complaints and felt these would be listened and responded to.

Is the service well-led?

The service was well led

The home did not have a registered manager in post however people and relatives were complimentary about the interim arrangements in place.

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

There was an open and inclusive atmosphere.

Requires Improvement 

Netteswell Rectory

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.

The inspection took place on 23rd March 2016 and was unannounced. The inspection team consisted of one inspector.

We reviewed the information we held about the service including safeguarding alerts and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law.

We focused on speaking with people who lived at the service, speaking with staff and observing how people were cared for, and spent time observing care in communal areas. We spoke with five people who lived in the service, four care staff members, two relatives and the acting manager.

We looked at three people's care records, three staff recruitment records, medication records, staffing rotas and records which related to how the service monitored staffing levels and the quality of the service. We also looked at information which related to the management of the service such as health and safety records, quality monitoring audits and records of complaints.

Is the service safe?

Our findings

People told us they felt safe and did not have any concerns. One person said, "Yes I do feel safe, I like being here with my friends." Another person told us, "I feel very safe, I always tell the staff when I am going out." Relatives told us they felt their family members were safe. One relative said, "It is a very safe service, the staff give people who use the service a lot of support."

Staff we spoke with had a good understanding of how to protect vulnerable adults. They told us they knew people well and believed they would know if there was neglect or abuse taking place. Staff told us they would speak to the manager immediately if they had any concerns. They said they were sure action would be taken but knew how to escalate concerns both internally and externally if action was not taken. Staff told us they were aware of whistleblowing procedures and how to use them if they had concerns. This showed staff were aware of how to raise concerns about abuse and recognised their responsibilities regarding the protection of vulnerable adults.

All of the staff we spoke with knew people's needs and how to manage risks to people's safety. Care plans contained clear guidance for staff on how to ensure people were cared for in a way that meant they were kept safe. Risk assessments were included in people's records which identified how the risks in their care and support were minimised.

Computerised care records showed that people had personalised risk assessments to help staff to support people in a way that minimised risk but also promoted independence. The risk assessments were clear, and were regularly reviewed. We saw from records an example of how independence was promoted for one person with appropriate support in place to maintain their safety.

People had comprehensive risk plans in place which included communication, activities, eating and drinking, emotional well-being, finance, health, their bedroom and personal safety.

We looked at maintenance records for the home which included weekly fire checks. These were completed to ensure staff and people knew what to do in the event of a fire. Each person had a clear evacuation plan which included people's needs and requirements in the event of an emergency situation. These plans helped to ensure people's individual needs were known to staff and to emergency services, so they could be supported and evacuated from the building in the correct way. We also saw records of regular, on-going, maintenance checks including gas, electrical, equipment, water temperature and fridge temperature checks.

The provider had a safe system in place for the recruitment and selection of staff. Staff recruited had the right skills and experience to work at the service. Staff told us that they had been offered employment once all the relevant checks had been completed. The recruitment files we saw contained all the relevant documentation required which showed that the records and the processes we discussed had been followed. People could be confident that they were cared for by staff who were competent and safe to support them. The Acting Manager also told us that people who used the service were also included as part of the interview

process.

Through our observations and discussions with family and staff members, we found there were enough staff with the right experience and training to meet the needs of the people.

We looked at records such as the rotas and the training matrix; these confirmed training had been made available to meet the specific needs of the people who lived in the home. This showed staff were being given the skills and knowledge they needed to provide the specific and safe support for the people living in the home.

A relative told us, "They are always fully staffed, there is occasional sickness but they cover well." and another said, "There are enough staff." Staff told us that they always maintained the right level of staff but did feel a pressure to cover shifts. One member of staff told us that they are currently recruiting more staff which would help, "We all help each other."

The manager had systems in place for the safe receipt, storage and administration of medicines. People's medicines were stored securely. When people had medicines prescribed on an 'as required' basis, for example pain relief medicines, there were clear protocols in place to guide staff so that they could recognise and respond to signs that the person needed their medicine. People's prescribed medicines were clearly recorded in their care plans and staff demonstrated an understanding of what they had been prescribed for.

The manager carried out a monthly audit on medicines procedures as well as daily counts for loose medication. Other checks carried included observations of staff administering medicines.

The home was clean and well maintained. An infection control policy was in place. The registered manager and staff demonstrated a good understanding on how to maintain cleanliness and infection control within home.

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Is the service effective?

Our findings

People told us they received the care and support they needed from staff. One person told us, "I get the help that I want being here, having friends and enjoying my life." Relatives of people informed us they found staff understood people's individual needs. A relative told us "The staff fully understand the residents and their needs. Staff were positive about their experiences working at the home and told us they enjoyed their job supporting and caring for people. Comments from staff included, "This is not a care home, it is their home and I am here to support people," and "We have very good teamwork here."

Staff told us they received the training they needed to provide people with effective care and support. They informed us when they started working in the home they had received an induction, which included learning about the organisation, policies and procedures and people's needs so they knew what was expected of them when carrying out their role in providing people with the care they needed.

Staff had received relevant training to provide people with the care and support they needed. Training records showed staff had completed training in a range of areas relevant to their roles and responsibilities. This training included; safeguarding adults, medicines, fire safety, food safety, health and safety, and Mental Capacity Act 2005[MCA]/Deprivation of Liberty safeguards [DoLS]. Staff had also received training in other relevant areas including; disability awareness and diversity, personal relationships and boundaries and diabetes.

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. The provider and care staff were aware of the requirements of MCA and DoLS. The home had a MCA/DoLS policy. Staff knew what constituted restraint and knew that a person's deprivation of liberty must be legally authorised. The acting manager informed us that no people using the service were subject to a DoLS authorisation at the time of our visit.

Staff told us they felt well supported by the provider. Staff told us and records showed that staff received regular supervision and appraisals to monitor their performance, identify their learning and development needs, and discuss people's needs.

Staff told us they could easily access electronic care plans and spoke daily with the other staff about each person's needs and the care they needed, so they were up to date with people's progress and knew how to provide people with the care and support they needed.

People using the service confirmed that they knew and liked the staff who provided them with assistance with their care.

People were supported to maintain good health and were referred to relevant health professionals when they were unwell and/or needed specialist care and treatment. Each person had an up to date health care

plan. Records showed people had access to a range of health professionals including; GPs, psychiatrists, opticians, dentists, chiropractors to make sure they received effective healthcare and treatment. The community learning disability nurse had recently met with people who use the service and staff to promote healthy eating choices.

We found people's nutritional needs and preferences were recorded in their care plan and accommodated for. Staff we spoke with had knowledge and understanding of people's individual nutritional needs including particular dietary needs. People's weight was monitored regularly.

People were complimentary about the meals and told us they were provided with choice and had been asked about the food they liked. They told us they had a two weekly meeting where their meal preferences were discussed, agreed and then incorporated into the menu. Pictorial menus were used to support people to make choices. Staff told us people participated in preparing and cooking meals. During our visit most people and staff went out for lunch. A person told us, "The Food is really good." And another person told us, "I do my own cooking every day."

During the inspection, we observed the premises had been adapted according to people's needs and preferences. The premises had a self-contained flat on the upstairs floor for one person using the service. We observed the flat was clean, well-furnished and personalised. The flat contained a lounge and bedroom area, bathroom and a small kitchen which supported the person's freedom and promoted their independence. The manager told us the person liked to have their own space and maintained their independence by keeping the flat clean and using the kitchen to make their own meals. People using the service told us they were happy with their bedrooms and some showed us their bedrooms which were personalised with items and furnishings of their choice. One person told us, "I chose my own décor and I would not change anything."

Is the service caring?

Our findings

Netteswell Rectory is a small home where people live together as a family unit. We observed that staff were aware that when they arrived for work they were entering people's own home.

They chatted with people in a kind but respectful manner and were caring in their interactions. It was clear that staff had formed caring relationships with the people they looked after. Support was provided in a low-key and relaxed way that complemented the home environment. One member of staff told us, "I really love working here." And, "It is very homely, and we look after each other."

People who used the service were also positive about living in the home. One person told us, "I enjoy living here." Another person said, "I like it very much."

People were supported to maintain relationships with friends and family. People's relatives and those acting on their behalf visited at any time. A friend of a person using the service visited them most days and stayed for tea. A person using the service told us they regularly visited friends. One person told us, "I have friends here, this is a nice place [Named staff member] is my key worker."

Staff told us they had a significant amount of contact with people's family and others important to them about people's needs. Relatives of people told us they were kept informed about people's progress and staff understood people's needs.

People were provided with the choice of spending time anywhere in the service including their own rooms and communal areas. Throughout the inspection visit we saw people had freedom of movement around the home and into the local community. We spent time during the inspection visit in communal areas observing interactions between staff and people who lived at the service.

Staff understood their role in supporting people's privacy and dignity. People were well presented and wearing clothes that reflected their individual choices, age and preferences. Staff were able to give us examples of how they promoted privacy and dignity when providing personal care by closing doors and covering people as much as possible. One person told us, "The staff always knock."

People's care plans showed they were supported to be involved in decisions about their care and treatment, and the decisions they made were respected. Staff knew that if people were unable to make a decision about their treatment or other aspect of their care, health and social care professionals, staff, and family members would be involved in making a decision in the person's best interest. The Acting Manager told us if people needed support with making a decision about their treatment she would ensure people would have the opportunity to receive support from an advocate particularly in circumstances when people did not have relatives to support them.

Staff were knowledgeable about the importance of obtaining people's consent regarding their care and treatment and in other areas of their lives. Care workers told us they always asked people for their agreement before they assisted them with their personal care or with anything else. Records showed people had been asked for their consent to receive support from staff with their medication, their health and their information.

People using the service were supported to express their views and be involved in making decisions about their care, treatment and support where possible. Records showed there were regular meetings for people using the service. People were encouraged to say what they liked and didn't liked and were asked if they were any issues or concerns they had. People's views were noted during these meetings and a letter sent to the person following the meeting with a response, for example one person had requested new towels and the response confirmed the purchase of the towels, another person had asked for changes to the décor in their room, and a confirmation letter was sent to the person confirming that this would be done. We checked this person's room and saw evidence that the person had received the changes they had requested. Relatives also told us they were involved and invited to care meetings. One relative told us, "We discuss everything."

Is the service responsive?

Our findings

People's needs were assessed and care and support was planned and delivered in line with their individual care plans. We saw the care plans were detailed and promoted personalised care. They contained information about people's routines and likes and dislikes so staff could provide support in a way people preferred. Staff we spoke with were aware of people's choices and preferences and were able to describe how they responded to meet the individual needs of people. Care plans were reviewed regularly to make sure they continued to meet people's needs as they changed over time. We saw the care and support people received corresponded with the information in their care plan. For example, in one person's care plan detailed specific activities the person like to do, and during the inspection the person told us about this and then went into the community to participate in the activity.

Although care files were electronic the service also had paper care files and one person had written their own care plan which included their likes, dislikes, personal preferences and aspirations, people and relatives confirmed that they had been involved in developing their care plans. Most people who used the service were able to name their keyworker and during the inspection people showed us individual projects they had been working on with their key workers. One person showed us a rug they were making and another person told us about how the key worker had supported them to decorate their bedroom. People also contributed to their care plan with key workers by meeting monthly and discussing their care plan, this was recorded.

The care plans showed how people communicated and encouraged people's independence and provided prompts for staff to enable people to do tasks by themselves. The manager had organised some additional training for staff on `Active support` which is a project taking place at the service encouraging individuals to participate in daily living skills.

People were supported to follow their interests, take part in them and maintain links with the wider community. People were supported to engage in a range of activities that reflected their personal interests and supported their emotional well-being. One person told us, "I have plenty to do, I have a job once a month, I go to clubs and evening events." Another person told us "I like going to different places, I am always out and about."

The manager told us that a number of activities, day trips and holidays are planned which included film clubs, arts and crafts, lunch clubs, local community events, church services, visits to a local gym and shopping. The service also has access to a vehicle that they use daily. People told us about their annual holidays, and the manager told us that they were hoping to hire a house in Norfolk this summer as people really enjoyed going away together. A relative told us, "[Relative] goes out to lots of places; they do more than I do."

Staff and relatives told us people were offered choices. For example, with the clothes they wanted to wear or the food they wanted to eat.

People who used the service had artwork displayed in the entrance hall and proudly showed us their

achievements, the manager told us that one particular member of staff involved people in various arts and craft activities.

Information about the complaints procedure was available to people. One relative told us, "I have never needed to make a complaint as minor issues are dealt with straight away." Another relative told us, "I have never had a complaint but I know what to do if I did."

Is the service well-led?

Our findings

The home did not have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The deputy manager had been employed to act up as manager with the support of the hub manager and we were told this arrangement would be in place until the service was able to appoint a registered manager.

People were positive about the acting manager and knew who they were, one person told us, "[Manager] is a star." Relatives said they found the acting manager was helpful and listened to them. A relative told us, "The previous manager left but [Manager] is doing a good job"

Staff told us they found the manager to be accessible and approachable. One staff member said, "She is very good you can talk to her about anything." Another staff member said, "She is very supportive, everything is dealt with straight away." The staff were clear of their role and spoke positively about how the manager supported people to lead meaningful lives and to have a good quality of life. There were clear values that had been developed by the provider to enable people to receive the care and support they wanted and to develop the service to ensure people were actively involved within the home and community and were not restricted.

Staff understood the culture and values of the service, which put the person at centre of the service. The acting manager and staff told us that teamwork was really important and that everyone worked together. Staff told us that there was good communication between the team and that they worked closely and helped one another. Our observations showed that staff worked well together and were friendly and helpful to people, nothing was too much trouble.

There was an open and caring culture at the home, and the acting manager was visible and accessible to people who used the service and staff. People felt that they received a good service at the care home. The management promoted an open door policy where people and staff could see them when needed. The acting manager was being supported by the hub manager who visited the service regularly.

Individual care to people was person centred and focused on and reflected people's needs and preferences. Surveys were used to obtain people's views of the service; these surveys used the key lines of enquiry prompts (KLOE) to gain people's opinions in a variety of areas. The surveys we looked at were positive and signed by the person and staff member completing the survey. Meetings were also held every six weeks to gain feedback from people using the service.

The service had maintained good links with the community. People regularly accessed the local community and attended various events. Netteswell Rectory has created a 'Friends of Netteswell group' that included relatives and staff. This group meets regularly to fund raise for additional resources for the service; the service vehicle had been purchased by the friends group.

Staff told us that they attended regular staff meetings and we saw that these had been documented and that the minutes were available to staff who were unable to attend.

There was a quality assurance system in place. The acting manager had completed a variety of audits to identify and reduce risks, such as those relating to the environment and infection control. We also noted other regular audits relating to the safe administration and management of medicines and health and safety had been carried out so that people lived in a safe and comfortable environment.

A detailed quality and practice audit is carried out by the provider and looks at a variety of areas such as premises and equipment, health, care planning, medication, staffing, management, service user choice, safeguarding and complaints. A detailed action plan is produced following this audit and monitored by the Hub Manager.