

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?

Good ●

Summary of findings

Overall summary

Netteswell Rectory is a residential care home that provides support for up to nine adults with learning disabilities. On the day of our inspection there were seven people resident in the home. At the last inspection, the service was rated Good overall, but did not have a registered manager in place. At this inspection we found the service had met all relevant fundamental standards and remained rated as Good.

Since the last inspection the service had a new 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.

Risk assessments had been completed to enable people to retain their independence and be supported with minimum risk to themselves or others. Staff were aware of their responsibilities to ensure people were safe and what to do if they had any concerns.

Recruitment processes ensured staff were suitable to work with people who needed support. There were enough staff to provide care and support to people and meet their needs.

Medicines were administered by staff who were trained and assessed as competent to do this. People were supported to maintain good health and had access to external health care professionals when required.

The staff were very caring and people had built strong relationships with people that used the service. People's privacy was respected. People where possible, or their representatives, were involved in decisions about the care and support people received. The service was meeting the requirements of The Mental Capacity Act 2005 (MCA).

The service continued to have a friendly and homely atmosphere. Care plans provided information about what was important to people and how to support them and people were involved in activities of their choice.

There was a system of quality assurance in place overseen by the registered manager, the regional manager and provider.

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 remained good	Good ●
Is the service effective? The service remained good.	Good ●
Is the service caring? The service remained good	Good ●
Is the service responsive? The service remained good.	Good ●
Is the service well-led? The service was well led. A registered manager was now in place.	Good ●

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 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.

This unannounced comprehensive inspection took place on the 30 June 2017. Before the inspection we checked the information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law.

During this inspection we spoke with four people living in the home and three members of staff including the registered manager.

We reviewed the care records of four people that used the service and the recruitment records for one new member of staff. We also reviewed records relating to the management and quality assurance of the service.

For a more comprehensive report regarding this service, please refer to the report which was published following our last visit.

Is the service safe?

Our findings

People received care from a stable staff team who ensured they were safe. People told us they felt safe in the home. One person told us, "I enjoy living here, it is safe."

Risks to people had been assessed and people had detailed plans of care in place to provide guidance for staff in maintaining people's safety in the least restrictive way possible. We noted that the service had recently updated their fire risk assessment and all other elements of fire safety were up to date. People that used the service were asked in a recent survey, "Would you feel confident that staff would know what to do in an event of an emergency whilst you are being supported." Comments included, "Yes because we do practise evacuations" "When I had my accident staff knew what to do" and "I feel confident that all staff would know what to do in an emergency with me."

There were sufficient staff to meet people's needs and to support them with what they chose to do. This was both in the service and out in the community. Staff who worked in the service or agency staff knew people well and worked together to cover absences, such as holidays or sickness. This meant people received consistent support from staff they knew who were aware of their support needs to maintain their safety.

The service had safe and effective recruitment systems in place. Staff recruitment files showed us that the service operated a safe and effective recruitment system. An enhanced Disclosure and Barring Service (DBS) check had been completed. The DBS check ensured that people barred from working with certain groups such as vulnerable adults would be identified. We saw that the recruitment process also included completion of an application form, an interview and references to assess the candidate's suitability for the role.

People could be assured that they would receive their prescribed medicines safely. Medication processes continued to be managed well. When we asked a staff member about what they would do if an error occurred they said, "It never really happens here, all the staff know what medication people need and how to record it." They went on to explain the procedure for reporting medication errors if they did occur. Two people at the service continued to manage their medication independently and staff carried out checks to ensure they were taking their medication as prescribed.

Is the service effective?

Our findings

Staff had the knowledge and skills to carry out their role. New staff received training provided by the service when they joined as part of their induction programme; the induction training was aligned with the Care Certificate. Staff training was relevant to their role and equipped them with the skills they needed to care for the people living at the service. For example, staff had received specialist training about supporting people including disability awareness and diversity, personal relationships and boundaries and diabetes. The training was a combination of e-learning and face to face courses. One staff member told us, "I did the care certificate and I am starting my diploma soon."

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 Deprivation of liberty Safeguards (DOLS) The home had a MCA/DoLS policy. The registered manager informed us that people using the service had capacity for decision making however, one person's capacity was kept under close review and the provider was rolling out a new mental capacity assessment the following month. The registered manager understood the processes required if an authorisation to deprive a person of their liberty was required.

Staff said they received supervision sessions regularly. The supervision records we looked at supported this. Supervision is dedicated time for staff to discuss their role and personal development needs with a senior member of staff.

Staff understood the importance of good nutrition and encouraged people to eat well. People were encouraged to make choices about the food they ate. Each person had their own menu, support from staff to cook meals if required and went shopping for their own food. One person told us, "I cook myself in my own flat, but on Sunday I eat with everyone as we have a Sunday roast."

People's health was monitored to help ensure they were seen by appropriate healthcare professionals to meet their specific needs. For example, the registered manager had arranged for a specialist learning disability nurse to visit for support related to a person's behaviour. One person that goes out regularly told us that staff were helping them at the moment as they had sore feet and said, "The staff have been very helpful and I am resting them today."

Is the service caring?

Our findings

The home continued to provide a caring service to people. People had lived at the service for a number of years and had built strong relationships with the staff who worked with them. One person lived in a separate flat within the main house and told us they continued to remain as independent as they wanted to be. People appeared comfortable with the staff working with them and there was a friendly and homely atmosphere in the service. One person said, "This is where I live, I like it here, the staff are my friends."

They encouraged independence whilst also offering support when it was needed. We saw people had a very good rapport with staff, they were happy to approach them and request support, staff responded and were happy to help. Staff were able to tell us about individual preferences and support needs.

People were supported to maintain relationships that were important to them. People were also able to invite friends and visitors to any area of the home and see people in private should they wish.

We observed that people were treated with dignity and respected by the staff. Staff explained how they maintained people's privacy and dignity when undertaking people's personal care. Staff told us they enjoyed working at the home and the relationships they had formed with people. One member of staff said, "We are like a family here, it's really relaxed."

People had their needs reviewed on an annual basis and attended review meetings with staff from the service who knew them well. People were able to spend their time where they wished, whether in their room or in communal areas.

Is the service responsive?

Our findings

People's needs were assessed prior to moving into the home to ensure that the service was able to meet their care and support needs. The registered manager completed assessments that considered people's care needs, interests, life history and compatibility with other people living in the service. The registered manager told us about a new person that had been referred, they told us they had visited the person at their previous placement. The assessment will also include several visits by the person to the service to get to know the other people living there, prior to them moving in.

People were well known by the staff who provided care and support which was person centred and took account of individual needs and wishes. People had computerised care records. Each care plan was personalised to each individual, contained information to assist staff to provide care and support but also gave information on people's likes and dislikes. Care plans gave an overview on how people liked to spend their day entitled 'My day' and detailed what emotional support people might need.

We saw that people continued to access the community to attend clubs and events that were important to them. One person told us, "I go to Epping and Stortford on my own, but I go to the chiropodist and the GP with staff, I still go to 'forever friends' and we are hoping to put a play on."

People took part in a variety of activities inside and outside of the service. People were provided support whenever needed, to participate in activities. For example, on the day of the inspection, one person had support from a staff member to attend a health appointment. Another person was going out independently for lunch with a friend. People also went with staff, family or volunteer support on holiday. Two people had been on holiday recently with the previous home manager that continued to volunteer with the service.

One person confirmed the activities they went on including shopping, clubs, church and film nights. The service had also continued with their 'active support' programme and now had a member of staff that led this programme. They told us, "We encourage people to do as much as they can themselves, by breaking down each task so parts are achievable. Guidance is written and all staff follow this to aim for a consistent approach." They added that this subject was a standing agenda for team meetings so staff could support each other. One person had commented in the recent survey, "Staff encourage me to wash myself properly, using actions."

People were supported and encouraged to raise any issues they were not happy about. There had not been any complaints made to the service. The registered manager was aware of the provider's policy in relation to managing complaints and encouraged people and their relatives to provide feedback about the home.

Is the service well-led?

Our findings

At our last inspection the service did not have a registered manager in place, however we did report that the acting manager was being supported by the provider and the service was well led. At this inspection the service now had a registered manager who was aware of the responsibilities of this role and accessible to staff and people that used the service. 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 divided their time between two services and spent three days at Netteswell Rectory. They told us that this was working as the services were small and a deputy manager was in the service in their absence. They told us, "The services are not too far apart so I can get from one to the other quite easily."

People that used the service knew who the registered manager was, one person told us, "[Named] is the manager, and they are very nice." Throughout our inspection people came to the office and asked for the registered manager by name. This told us that they had already developed positive relationships with people and knew them well.

Staff were positive about the support received from the registered manager and senior staff. One staff member told us "We can speak to the registered manager or the deputy." This staff member went on to add, "We have a really nice team, we all talk in the morning and sort out appointments and activities, so everyone can do what they want to do."

People were encouraged to provide feedback on their experience of the service to monitor the quality of service provided. People who used the service were asked for their views about the quality of the service they had received. We saw the results of surveys had been analysed and comments were extremely positive. A staff survey was planned for 2018.

The provider had an effective quality assurance system which included regular audits completed by the registered manager, regional manager and the provider. Audits covered key areas such as medication, health and safety, staff training and people's plans of care.

The registered manager told us that there was some restructuring of the organisation happening but they felt very supported and found the provider good at responding to any concerns or issues. Six weekly management meetings were held where the registered manager had opportunities to meet with other registered managers working for the organisation.