Orwell Housing Association Limited

Kittens Lane

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 21 October 2016 and was unannounced.

Kittens Lane provides a home and support with personal care for a maximum of ten people with a learning disability and complex needs. It is divided into two self-contained bungalows, one for six people and one for four. At the time of our inspection, ten people lived there.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection of this service in October 2014, we found that some improvements were needed to aspects of the safety, responsiveness and leadership within the service. Systems for monitoring the quality and safety of the service had not worked well to identify what needed to improve. Staff did not have access to essential records about people's assessed needs and risks to people's safety. Systems for managing medicines were not as safe as they should be. At this inspection, we found improvements had been made.

Medicines management had improved to ensure people received their medicines as the prescriber intended and in a safe way. They were properly accounted for, stored safely and recorded accurately. Checks were in place to ensure that any concerns were identified and could be followed up promptly.

There were enough staff to support people safely and robust recruitment processes contributed to protecting people from the risk of harm or abuse from staff who were not suitable to work in care. Staff understood their responsibilities to report if they had any concerns that people were at risk of harm or abuse and how to go about this. They also understood the risks to which people were exposed and followed guidance in people's care records to promote people's safety.

Staff were competent and skilled and had a good understanding of people's individual needs and preferences. Staff had developed warm and caring relationships with people living in the home. They treated people with respect for their dignity and privacy and were working explore how they could help to increase people's participation in their care.

Staff understood the importance of seeking people's consent to deliver care. They were also aware of their obligations to properly consider people's best interests if there were any concerns they could not give informed consent to specific aspects of their care. This contributed to promoting people's rights. Staff also ensured they sought guidance from professionals and acted upon the advice they were given to promote people's physical and mental wellbeing. Staff recognised when people's needs changed and responded flexibly to these changes.

Improvements had been made in aspects of leadership within the service, for example in the systems for auditing quality and safety. The provider's representatives had identified the need to further improve and organise record keeping practices standards, particularly within the main office. There was an action plan in place for improvements which also took into account the potential to increase the presence of the registered manager within the home. Some staff and relatives had commented that this was an issue for them presenting concerns about the manager's approachability and awareness of what was happening on a day to day basis within 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.

People were protected from the risk of harm and abuse and staff understood their obligations to report concerns.

There were enough staff to support people safely and recruitment processes contributed to protecting people from abuse.

Medicines were managed safely.

Risks to people's safety and welfare were assessed and staff understood how to minimise these.

Is the service effective?

Good

The service was effective.

Staff were competent and skilled in meeting people's needs.

Staff understood their obligation to promote people's rights and best interests if they were not able to give informed consent to specific aspects of their care.

People were supported to have enough to eat and drink to ensure their health.

Staff supported people to seek advice from professionals to support people with their physical and mental wellbeing.

Is the service caring?

Good

The service was caring.

Staff were kind, compassionate and warm in the way they supported people.

Staff understood how people communicated and involved relatives in helping to support people express their views about their care.

People's privacy and dignity was promoted.

Is the service responsive?

Good

The service was responsive.

Staff understood people's individual needs and preferences and how to meet them. Further review was taking place to see how people's social and recreational activities could be tailored to meet their interests.

There was a process for dealing with complaints and the majority of relatives were confident concerns about the welfare of their family members would be properly addressed.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There was room to improve the confidence of both relatives and staff in being able to raise their views openly and without repercussions.

Record keeping systems had improved. Work was ongoing to ensure they were consistent, up to date and organised so they could be located quickly when they were needed.

Quality monitoring processes had improved in identifying where improvements could be made. There was an action plan in place to help drive further improvement.

Kittens Lane

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 visit took place on 21 October 2016 and was unannounced. It was completed by one inspector.

Before the inspection, the provider completed 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 registered manager completed this promptly and returned it when they needed to. We reviewed the content of this. We also looked at all the information we held about the service. This included information about events happening within the service and which the provider or manager must tell us about by law. We sought feedback from five health or social care professionals providing support to people using the service. We received views from two health professionals and from the local authority's quality assurance officer.

During the inspection, we observed staff interactions with people using the service. We reviewed care records and medicines records for four people, staff training records and a sample of records associated with the quality and safety of the service. We spoke with one of the provider's service managers, and seven members of care staff. After our visit, we gathered views from relatives of six people using the service. This was because people living at Kittens Lane found it difficult to communicate with us verbally.

Good

Is the service safe?

Our findings

At our last inspection of this service in October 2014, we found the service was not always as safe as it should be. Risks to people's safety were not properly assessed and managed. Medicines were not always managed safely to show people had received them as they should and so they could be properly accounted for. The registered manager told us what action they were going to take and at this inspection, we found that they had made improvements.

Some records were still in the process of being updated, but there were improvements to the way that risks were assessed with guidance about how staff were to manage them. Staff were aware of risks to individuals, for example associated with their mobility, going out in the community, or from choking. Staff were able to tell us what they did to manage these risks to promote people's safety both inside and out of the home.

Staff gave us information about how they minimised the risk of choking for one person, using thickener in drinks and pureeing their food. However, one explanation we received did not quite match the directions within the person's care records for keeping them safe. We took this up with the Head of Service, explaining what we had found, so that they could follow it up and ensure consistent practice.

Improvements had been made to records showing the support each person would need in the event of a fire. These took account of people's mobility and understanding and provided guidance for staff about how they should assist people to leave the home. One of the provider's representatives completed monthly audits. These monitored the checks in place on the safety of the home and equipment in use to make sure they were up to date.

Medicines were managed safely. People received their medicines in a safe way and as the prescriber intended. One staff member with responsibility for overseeing medicines management told us how the system had changed. They outlined a clear process for ordering, checking and disposing of medicines and completing the required records. This contributed to accounting for medicines and ensuring that people did not run out.

We saw that staff stored medicines safely and retained responsibility for safe custody of keys. Staff were able to explain how they administered medicines and the checks they made when they were doing so. They were aware of the importance of ensuring people got the right medicines at the right times. Staff commented specifically how recent changes to the packaging and supply of medicines made them easier to administer and minimised the risk of errors. One relative commented to us that staff informed them if there were concerns or omissions relating to medicines for their family member. They agreed that this had improved lately.

Medicines administration record (MAR) charts we reviewed were complete and clear. They showed whether any medicines were carried over at the beginning of each cycle and what was returned to the pharmacy. This enabled a proper check of the balances remaining within the home, particularly those that were in boxes rather than the new packaging system. We selected one such medicine at random and found staff had

properly recorded and accounted for its use.

Staff were aware of the importance of protecting people from the risk of harm or abuse. We noted that people spent time with staff and sought them out, indicating they were comfortable with the staff supporting them. Relatives told us they felt staff ensured their family members were safe and had no concerns about the way that care staff treated them. For example, one said, "I do feel that [person] is very safe at Kittens Lane." Another said, "Neither of us have any concerns as to whether our [family member] is safe in Kittens Lane. We have always found that [person] is treated extremely well by all members of staff."

Staff explained to us what they did to intervene to promote people's safety. A relative confirmed the arrangements in place to help protect their family member. This was consistent with what we saw. Records we reviewed showed that the management team knew how to raise concerns if they thought people were at risk of harm or abuse.

Staff confirmed that they had training to enable them to recognise and respond to suspicions people may be at risk of harm or abuse. They were clear about their responsibilities to report such concerns and knew where to find information about who to contact. The telephone number for the local authority's referral team was displayed for staff to access. One staff member also knew that, if they could not raise issues within the service for any reason, they could contact the Care Quality Commission.

The Head of Service told us how the provider of this service was introducing training in recognising possible abuse to all staff in the organisation. They considered that this would mean all staff, whatever capacity they worked in, would have an insight into their role in raising any suspicions that someone may be at risk of abuse or harm.

There were enough staff to promote people's safety. The quality check completed by one of the provider's representatives on 13 September 2016, identified that there were occasions when it was difficult to cover some shifts. However, it also outlined arrangements with an agency to provide additional cover if this was necessary. A further quality check completed on behalf of the providers on 11 October 2016, confirmed that current staff, relief staff or agency staff covered absences due to sickness or holiday. The report further commented that vacant hours would remain so until a review of efficient deployment of staff hours was complete. The Head of Service had put an action plan in place to complete this review by the end of January 2017.

A staff member told us how the management team had delegated responsibility for completion of the duty roster to one of the support workers. They felt that this member of staff did a good job of organising staff cover and acknowledged it was a hard job during holidays. Staff spoken with commented that the service used agency staff occasionally if there were difficulties covering shifts, but that staffing levels had not compromised people's safety.

Recruitment processes contributed to protecting people from the risk of harm. The provider's human resources department oversaw recruitment of new staff. Applicants were only cleared to work at the home once all the required information was obtained. This included details of their employment history, references and enhanced checks to ensure those appointed were suitable to work in care services. There was good practice in ensuring that enhanced checks on the backgrounds of established staff were renewed regularly to ensure there were no changes which might suggest a potential risk to people using the service.

Good

Is the service effective?

Our findings

People's relatives told us that care staff supported people well. For example, one relative said, "Care staff are marvellous and really do an excellent job." Another commented that they felt their family member was, "… in excellent hand hands at Kittens Lane." Two health professionals, who had provided support and advice to the service, also expressed their confidence in staff skills, knowledge and competence to meet people's needs. A professional in regular contact with the service told us that they had found staff very cooperative and able to use their skills and knowledge about people to promote excellent practice.

Staff told us that they had access to good training opportunities and received updates regularly. This included the opportunity to obtain additional qualifications in care services. They told us that they did not feel there were gaps in their training to enable them to meet people's specific needs competently.

Staff confirmed that they had staff meetings to help them keep up to date. They also had access to opportunities for supervision and appraisal. Supervision and appraisal are needed so that staff have the opportunity to discuss their performance and development needs. We saw that one of the provider's representatives checked the delivery of supervision and appraisal at their monthly visits to ensure these were up to date. We were able to see from a sample of staff records, that these took place and dates were rearranged if necessary due to other commitments.

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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Although training records showed that some staff had not completed training to understand their obligations under the MCA, they were able to describe the importance of seeking consent. They knew that some people would express their refusal of care or treatment in the way they responded, if they were not able to express this verbally. They told us how sometimes they needed to be flexible with health appointments if people refused to attend. They described how they would seek advice from health professionals and consult with family members, if they felt someone might not be able to make an informed decision about a proposed course of treatment. Staff were aware that decisions about care and treatment needed to be taken in a way that always considered the person's best interests.

We noted from people's records that a member of staff from one of the provider's other services, was

providing support in assessing people's capacity to make specific informed decisions. For example, we saw individual assessments of people's abilities to understand and manage their finances and medicines. These recorded what was in people's best interests and how staff should support each person to ensure their rights were protected. Staff spoken with said that people did not refuse their medicines but gave 'implicit' consent by accepting these from staff. They recognised that further advice and support would be necessary should this change.

The MCA DoLS require providers to submit applications to a 'supervisory body' for authority to restrict a person's freedom do so if this is essential to ensure their safety. Our records and information the registered manager sent to us before inspection, showed that she was aware of the need to ensure the principles of the MCA and Deprivation of Liberty Safeguards (DoLS) were adhered to. She had submitted applications for all of the people using the service. This was because they were not free to leave the home on their own. They were assessed as not able to understand and make an informed decision about the risks they would be exposed to if they did. Outcomes of all but one of these were awaited. In the meantime, staff tried to ensure that they supported people in the least restrictive way they could, to ensure their safety.

People had enough to eat and drink to meet their needs. People in one of the bungalows on site were looking forward to their evening meal while we were present. One person had helped staff with part of the meal preparation and staff reminded others what was on the menu.

Staff knew about people's dietary requirements, including people who needed their diets fortifying to boost their calorie intake and promote a healthy weight. We found that there was guidance for those people contained within their care plans and the advice from the dietician was recorded. We could see that one person remained under their target weight but their records showed that they were gaining weight slowly. This indicated that the interventions staff made were working to help promote the person's wellbeing. For another person, staff were aware of their past history and eating difficulties and were able to describe how much this had improved.

We saw that staff ensured people at risk of choking were seated in a way that reduced the risk and enabled them to enjoy their meals. One person signed to us that they were enjoying their food. They had an adapted chair and table to enable them to sit comfortably and safely and to enjoy their meal with others. Staff were able to explain how they supported someone who received their fluids and most of their nutrition through a tube inserted through their stomach wall. One staff member gave us a clear description of how this was managed and what checks they made to ensure that the tube was functioning as it should.

People received support from staff to access advice from professionals about their health and wellbeing. The Provider's Information Return (PIR) stated that people accessed support from professionals such as social workers, doctors, speech and language therapy, and psychology and psychiatric services. Records we reviewed and our discussions with staff confirmed this was the case. They also confirmed that the management team pressed for additional support and advice with specific issues, for example people's psychological wellbeing.

A relative described how staff had supported their family member following a medical procedure essential for the person's health and wellbeing. They told us, "It is in no small way due to their care that [person] recovered so quickly and without undue stress." Two health professionals said that the staff team worked cooperatively with them. They told us that they were very confident staff acted upon the advice they gave to promote people's welfare.

Good

Is the service caring?

Our findings

Relatives told us that staff supported people in a kind and caring manner. One commented, "[Person] is treated extremely well by all members of staff." Another relative said that their family member enjoyed the company of familiar staff and would seek them out for company or reassurance. We noted that when one person sought out the company of staff, they received a warm, friendly and respectful response.

A visiting professional told us that they felt a person was cared for extremely well. A second professional also commented about the caring approach of staff, including towards people who expressed themselves through behaviour that challenged the service. They described staff as showing warmth, tact and empathy.

When we were present at the staff hand over in one part of the home, we saw that staff referred to people respectfully when they were conversing between themselves. When a person using the service entered the room, they were mindful of the confidentiality of others, contributing to promoting to people's privacy. Staff held people's records securely to ensure their personal information was protected.

A staff member told us that they intended to ensure people's bedrooms were locked when they were not present in the home. They said this would contribute to protecting their privacy and belongings from others who may enter their rooms during the day. We noted that staff did not consistently adhere to this practice and some people's rooms had their doors wide open although they were not at home. However, staff did encourage people not to enter the private space of others living in the home. Staff intervened quickly and discreetly when one person needed prompting with their personal care and continence. They ensured that the person's privacy and dignity was respected.

A visiting professional expressed their view that sometimes staff cared so much for an individual, that their dependency could be increased by the approach of staff. The Head of Service told us how they were trying to encourage staff to recognise small steps towards increasing people's skills and independence.

We observed that staff encouraged people to do some things for themselves. For example, one person was encouraged to take their cup and plate to the sink when they finished their drink. Staff hand-over also focused on things that people were being encouraged to do for themselves and what was a new skill or step for each person.

A visiting professional commented to us that they felt some staff were very skilled at interacting with people. They said that some staff were trained in "intensive interaction." This is a communication approach used with people whose communication abilities are still at an early developmental level. The professional felt that this gave staff a good insight into the reasons for people's behaviour, their needs and how staff could offer support and reassurance.

People's relatives told us that they were invited to reviews of people's care when these took place. This enabled them to support people with decisions about their care but they commented that these did not always take place regularly and they did not always receive notes about the discussions that had taken

place. However, they told us that the staff team were good at keeping them up to date if people's needs changed, with what people had been doing and if there were any concerns about their welfare.

Staff described the choices that people could make on a daily basis. They understood people's preferences. We saw that one person who liked to wear jewellery was supported with this. Staff took care to support people with maintaining their personal appearance with their preferred clothing.

Good

Is the service responsive?

Our findings

At our last inspection, we found that the service was not as responsive as it should be. At this inspection, we found that improvements had been made. Individual care plans set out people's needs and staff knew where to find information about people's support. A further review of the way that care was planned and delivered was taking place.

The Head of Service showed us information confirming that they had identified additional actions to help improve the way staff responded to individual needs. The action plan showed that they found there was a lack of clear guidance for staff about support planning, particularly around goals and outcomes. There were plans to complete work in this area by the end of March 2017. A member of the local authority's quality assurance team told us that the team leader had acknowledged the need for further work to improve the way that care was planned and centred on each person's needs. However, they told us that the staff member was able to answer their questions about the support individuals needed.

Staff told us they had received support in developing plans further from a member of staff at another of the provider's services. They said they were working to revise these for individuals at Kittens Lane to ensure they centred on the needs of each person. They recognised the need to tailor how they completed the daily recording sheets to ensure they were appropriate to individuals and the care they received.

Relatives felt that the care team did a very good job of understanding and meeting people's individual needs. Visiting professionals were confident that staff had a good understanding of individuals and were able to support them well. One expressed the view that staff worked proactively with people to understand and meet their needs.

Staff were able to tell us about people's individual needs and preferences and the things that mattered to them. They felt they had access to information about people's needs either within care records or from more experienced colleagues. Two staff gave us specific information about people whose records we had reviewed. They were able to explain how those people's needs and health had changed and improved, and the changes they were making to the support they offered.

There was improved awareness in the staff team of the importance of presenting opportunities, however small, for people to develop and progress. For example, one person had been encouraged to hold their electric razor. Staff recognised that this could be the first step to encouraging the person, with physical prompting or assistance, to engage more actively in their care. Staff explained how they had recognised the person did not like the vibrations from their electric toothbrush. They had identified that the razor produced similar vibrations. They found that an alternative razor was better so the person was happier to engage in their care. This showed that staff were flexible and sensitive to people's individual needs and experiences.

Staff had a good understanding of people's hobbies and interests. During our inspection visit, some people had attended day services; one had been to a farm with staff support and told us they liked this. One person spent most of their day sitting at the kitchen table in their home, watching either the television or what staff

were doing, and chatting occasionally. Staff included them in conversations.

A staff member commented that one person did not go out much, although they liked the theatre, cinema and wildlife parks. Some records we reviewed for people who did not access regular day services, showed people spent a lot of time "relaxing" within the service. The Head of Service was aware of this and showed us the development plan for the service. This aimed to improve the planning of activities to suit people living in the home and increasing people's community presence.

People using the service were likely to need the support of family members or staff to raise concerns or complaints. Four out of six relatives expressed their confidence that any concerns or complaints they had would be responded to appropriately. They said they were confident they would be listened to. For example, one relative told us, "We are kept fully informed and always encouraged to comment or share any concerns we might have." Two others knew how to raise a concern or complaint but were not fully confident, if they raised a complaint, that it would be received constructively and investigated robustly.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in October 2014, we found that the service was not consistently well-led. Quality monitoring processes were not sufficiently robust and had not identified the concerns that we found. The provider told us what they were going to do to improve. At this inspection, we found that they had taken action. Staff had access to the records they needed. Quality assurance systems were more robust and identified where improvements were needed. The provider's representatives had identified some further action was needed.

One of the provider's representatives visited the service each month and reported on their findings. These audits included checks on medicines, incidents, management of people's finances and maintenance to ensure the service was safe. They also provided for random checks of staff files to confirm that staff supervision and appraisal was being delivered as the provider expected. They were completed in more detail than was the case at our last inspection and highlighted where action was necessary. The Head of Service had also worked with the registered manager to review progress made and to identify further improvements that they could make.

The information the registered manager sent to us before our inspection, showed that the provider's quality assurance process was undergoing further review to make it of more value. The information told us that they were considering a process of 'peer review' or external auditors to review the quality of services on a yearly basis. This would increase the range of ways that the quality of service people received was checked and improved.

The Head of Service explained that the provider's personnel software introduced a year ago for recording personnel issues and training completed, was presenting problems. We found that the provider's quality audit reports also identified this problem and that the provider's personnel team were working to make improvements. Staff told us they had good training opportunities and were up to date. However, training records made it difficult to verify this. The copy presented to us said that it was updated in October 2016 but also showed that a lot of staff training had expired. For example, some due for renewal every two years had no update showing since 2011 and other, paper records were not easily located when they were needed. This compromised the system for monitoring training that was due and confirming when it was completed.

The Head of Service also explained their intention to improve the organisation of records held within the office used by the registered manager, team leader and administrator. They told us when and how they had arranged for additional support to review arrangements so that it was easier to find information and ensure it was up to date.

Staff told us that the team leader worked some care shifts and so understood their roles and had an awareness of people's care needs. They recognised that there were additional demands upon the team leader when the registered manager was not present in the home. One staff member told us that it must be difficult because the team leader was, "…trying to cover all bases, working on the floor and on call." They were also working with another member of care staff who had taken additional responsibility for completing

the duty rosters.

We received feedback from the local authority's quality assurance officer following a visit they made with a safeguarding practitioner and social worker. They were aware that the team leader was under considerable pressure. The Head of Service confirmed arrangements for providing additional management support at this time.

We noted that people using the service were asked for their views in September 2016. The provider's quality assurance report for October 2016 indicated that the manager and staff had supported people to complete this. We reviewed the findings of this survey. We found that the conclusions drawn were not fully consistent with some of their relative's views about people's experiences.

We received conflicting views about the 'visibility' and presence of the registered manager within the service. There remained room to improve the confidence of both relatives and staff in how they were consulted and could express their views about the service without reproach. Four relatives were confident they could approach the manager with any issues they wanted to discuss. However, one of those and two others also told us they not been asked to comment generally about the quality of the service for some time. For example, one relative told us they could comment at reviews of care for their family member but there had not been one for two years. Another told us they had not been consulted for their views since just after our last inspection two years ago.

Three staff said that they were able to raise issues with the registered manager or deputy if they needed to. One felt that morale was good but four described this as variable. Some staff and relatives expressed concerns that the registered manager was not fully aware of what was going on in the service and did not understand people's needs well. They told us that the registered manager did not regularly go into the home to see how shifts were going or whether there were any problems. One relative expressed the view that the manager did not come over to the service and monitor what staff were doing. Another relative told us that, "An open door policy is lacking." They felt that this had affected the way staff worked as a team.

We raised concerns about the presence of the manager within the home itself with the Head of Service. They had identified in their action plan for the service that spot checks on staff performance should happen twice weekly. They also told us that managers in the provider's other services generally worked a shift each week. They were considering working with the registered manager to implement this practice at Kittens Lane, which should contribute to improvements.

Relatives confirmed that there were 'Friends of Kittens Lane' meetings they could attend. The last one of these was in January 2016 and showed discussions took place about possible future developments and what was happening in the service, including any staff changes. The registered manager had also introduced a newsletter every six months to keep families informed about what was going on.

The registered manager and team leader were aware of their obligations to notify the Care Quality Commission of specific events taking place within the service. We found that the management team made notifications promptly. These were clear about what had happened and the action taken.