

Community Integrated Care Martin Close

Inspection report

36 Martin Close
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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

This inspection took place on the 18 and 22 October 2018 and was announced.

Martin's Close is a residential home. People in residential homes receive accommodation and personal care as single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided. Both were looked at during this inspection.

Martin's Close is registered to provide personal care and support for up to five people living with a disability, a learning need or a physical impairment. Martin's Close is a two storey house set in a suburban area of Basingstoke with good public transport links.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in place. 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 we rated the service Good with a rating of Requires Improvement in Well-Led. At this inspection we found the evidence continued to support the rating of Good and Well-Led had improved to good.

There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At the last inspection, the registered manager told us the provider had been through a series of restructures. As a result of the restructure the registered manager had been given responsibility to manage three other services within a thirty mile radius of Martin Close. A senior support worker had been appointed to oversee the day to day management of the home. Concerns had been expressed by staff and relatives about the impact of the restructure on Martin's Close.

At this inspection the registered manager told us their responsibilities had been reduced so they managed two registered services, including Martin's Close. They also managed a service not registered with us. We found responsibilities for staff were clear and the registered manager was maintaining a detailed oversight

of the services they were responsible for. There was no adverse impact for people or staff at Martin's Close.

The provider had robust systems and processes in place to safeguard people. Staff were aware of their responsibilities to alert the relevant professionals if they suspected abuse and were appropriately trained. Risks to people were assessed and managed safely by appropriately trained staff.

People were supported to take part in their preferred activities and to have choice in their lives so that their independence was promoted and their freedom respected. Sufficient numbers of staff were deployed to meet people's needs. Medicines were managed safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People's needs and choices were met by suitably trained staff. Care plans and risk assessments were personalised and regularly reviewed and updated.

Staff liaised effectively with healthcare professionals to support people's health and wellbeing. Staff knew people well, supported them consistently and treated them with respect. People were able to easily discuss their preferences and tell staff about how they wished to be supported.

The provider had a complaints policy in place. People knew how to complain.

No-one at the home was receiving end of life care at the time of the inspection, however, people's care and support documents contained information about what people wanted to happen in and after their last days.

The provider demonstrated an inclusive, person centred approach to delivering care which was understood and shared by staff.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service has improved to Good.

The registered manager had a vision to provide care which enhanced people's lives and gave them independence. This was shared by the staff team.

Effective systems were in place for monitoring quality and safety within the service. The roles of the registered manager and staff were clearly defined.

The provider sought feedback from people and their relatives about service improvements.

Staff reflected on ways to improve care. People received timely support from relevant health and social care professionals.

Martin Close

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 18 and 22 October 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location was a small residential home for adults who were not accustomed to having strangers enter their home. We needed to be sure that we would not cause them any unnecessary distress. The inspection team consisted of one inspector.

We reviewed information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

We observed people receiving care and support in Martin Close. We also spoke with the registered manager and two members of staff. We also spoke with three people living in the service. We reviewed records which included five people's care and support plans and medicines administration records, two staff recruitment files and supervision records and records relating to the management of the service. We also reviewed records relating to relatives' feedback, staff feedback, staff training, risk assessments, legionella safety, equipment checks, quality assurance records and policies and procedures for safeguarding, infection control and medicines management.

Is the service safe?

Our findings

People were protected from harm and abuse. Staff completed safeguarding training which was refreshed regularly. Staff knew which actions to take if they suspected someone was being, or was at risk of being abused.

People's care plans contained detailed risk assessments with specific guidance for staff to ensure people's wellbeing and safety was maintained, whilst upholding their independence. Risks identified included slips, trips and falls, money management and the use of mobility equipment. Risk assessments were specific to the person and contained sufficiently detailed guidance for staff on managing these risks. One person's care plan described the risk of the person experiencing poor health and poor hygiene through self-neglect. The person's risk assessment contained detailed instructions for staff about methods they should use to reduce this risk by supporting the person with self care and taking medicines. The care plan contained a consent form signed by the person which showed they had been involved in the decision-making process. The use of detailed risk assessments with relevant information enabled staff to maintain people's safety as they had a clear understanding of ways of managing risks for people.

The registered manager ensured that appropriate numbers of suitably qualified staff were deployed to meet people's needs and keep them safe. Rotas for the four weeks prior to our inspection showed that safe staffing levels were maintained.

Staff recruitment files contained appropriate checks such as references and a criminal record check from the Disclosure and Barring Service (DBS). The DBS check helps employers make safer recruitment decisions and prevent unsuitable staff from working with people made vulnerable by their circumstances.

The provider used safe systems and processes to store, record, administer and dispose of people's medicines. Medicines were administered by staff who had their competency regularly assessed. People's medicines were stored at the appropriate temperatures in a locked cabinet which could only be accessed by suitably qualified staff. We reviewed medicines administration records. These had all been completed correctly and there were no gaps. They also included details of people's allergies, consents to help with taking medicines and medicines administration risk assessments.

People were protected from the risk of acquiring an infection. Staff used the correct hand hygiene techniques when administering medicines or when preparing food. Personal protective equipment was available in all bathrooms. People's rooms and communal areas were kept clean. The registered manager had nominated an infection control champion to lead practice and continue to complete regular audits.

The provider maintained a log of accidents and incidents and used this to reflect on ways of preventing reoccurrences. Records we reviewed showed events had been reported promptly to the local authority and to us where appropriate. Incidents were discussed during staff meetings to help staff identify actions to take to manage or prevent reoccurrences.

Is the service effective?

Our findings

Before moving into Martin's Close people's needs and choices were effectively assessed and documented. Appropriately trained staff members completed a thorough assessment of people's needs, including risk assessments for overnight visits. These assessments identified the type and level of support people required, such as social support, support to access healthcare services and support to pursue hobbies and interests. Barriers to people receiving individualised care were also identified, alongside methods to overcome these. This thorough assessment process ensured people received safe, appropriate care and support in line with their needs and preferences.

Care plans contained specific information about people's health, social interests and relationships with family and friends. They were highly individualised. From reading the care plans it was possible to gain a sense of who people were. Care plans contained information for staff about enjoyable activities people engaged in, to help staff support people to plan their time and leisure pursuits. Each person's plan contained a section entitled 'A good week for me normally includes.' This helped staff identify the most effective ways to help people access their chosen work and leisure activities. One person's care plan contained specific information for staff about their working schedule in a local café. This helped staff promote the person's independence and sense of self-worth through supporting them to access paid employment.

People were supported to maintain a healthy diet. People at risk of becoming overweight had support plans in place to help them monitor their dietary intake. People chose which meals they wished to eat and ate at times which suited them.

Staff worked effectively with health and social care professionals from other agencies to meet people's care and support needs. This included doctors, dentists, social workers and nurses. Records we reviewed showed that staff were in regular contact with appropriate professionals. One person's care plan contained a letter from a dentist about the type of toothpaste they should use. Another person's care plan contained records of regular doctors reviews for a particular treatment. Records showed people were consulted regarding decisions about their healthcare support and treatment. Staff ensured people understood why they needed to receive treatments such as dental care. During the inspection we observed the registered manager reassuring a person about the dental procedure they would be receiving to treat a condition.

The building was suitable for the needs of the people living at the service. People's rooms were spacious and were decorated according to their personal preferences. Communal areas were clean, spacious and well decorated. All bathrooms were clean and contained suitable equipment.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. Where people were at risk of being deprived of their liberty, the registered manager had made the appropriate applications. The provider maintained a record of these applications which were due to be approved. Staff had received training on the MCA and demonstrated able how to apply its principles through seeking

consent from people before providing support.

Is the service caring?

Our findings

Staff had developed caring bonds with the people they supported and knew them well. We observed staff having reciprocal, respectful conversations with people during the inspection. The registered manager spoke with people at length about their family relationships, interests and the holidays they had gone on whilst being supported by staff. This showed people had access to a wide range of experiences and opportunities of their choosing as staff had taken time to understand their ambitions and interests.

Staff consistently sought people's views to provide care which met their needs. People were supported in accessing leisure and work opportunities. People took pride in their interests and showed a clear sense of themselves as individuals. They spoke confidently and with pride about what they had achieved. One person spoke enthusiastically about staff taking them to see their favourite pop singer. Staff had noted the person liked a particular singer as they had asked to attend a concert. Staff supported the person to pay for the concert from their earnings and made all the necessary transport arrangements for them to attend, in partnership with the person. Another person spoke about their job and how they had used their earnings to buy extra furniture for their room. People were also supported to maintain important relationships through visiting family and friends. Staff we spoke with had a detailed understanding of people's relationships and provided the necessary support whilst maintaining people's independence.

People ate at times which suited them and staff ensured they received their support hours at their preferred times. Care and support documents helped ensure staff had all the necessary information to follow people's support preferences. We observed staff holding frequent conversations with people to ensure these preferences were being met and adapted as people wished.

There was a calm and relaxed atmosphere in the home and staff laughed and joked with people often. Staff respected people's home, privacy and independence. People took pride in their home and undertook cleaning and maintenance tasks independently and with supervision. Staff respected people's privacy and dignity and knocked before entering people's rooms. People socialised with staff and each other at times which suited them. If people wished to spend time alone this was respected by staff. People's rooms were respected by staff as their private spaces.

Is the service responsive?

Our findings

People's care and support plans contained relevant information about their backgrounds, family relationships, leisure activities and working schedules. Medicines support plans contained detailed information about how people wished to be supported to take their medicines. Assessments showed that levels of support had been agreed between people and staff and signed support consent forms were in place. Care plans were written from the perspective of the person and included sections such as 'My care and support plan' and 'My reference file'.

Records showed that care and support plans were regularly reviewed. People were involved in their reviews and were encouraged to talk about any changes needed in their care and support. People's families were also involved in reviews as appropriate and were encouraged to provide feedback about their loved one's care.

The provider complied with the Accessible Information Standard (AIS). The AIS was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. People we spoke with were not able to tell us if they knew how to complain, however, the provider had a complaints policy in place which was available in an easy read format. This included details of how to make a complaint and actions the provider would take to resolve a complaint. Staff we spoke with told us that they held regular conversations with people and maintained relationships with them so they could support people to express themselves if they were not happy with an aspect of care or support.

At the time of inspection no one in the home was receiving end of life care. However, where appropriate, people and their families were consulted about their wishes regarding the care they wanted to receive as they approached the end of their life. This included preferred funeral arrangements and support from family members. These were recorded in people's care plans.

Is the service well-led?

Our findings

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.

At the last inspection the registered manager told us the provider had been through a series of restructures. The registered manager had been given responsibility to manage three other services within a thirty mile radius of Martin Close. A senior support worker had been given responsibility to manage Martins Close when the registered manager was at another service. Staff and relatives had expressed concerns about the impact of the restructure on Martin's Close. Staff we spoke with had told us they felt roles should be more clearly defined following the restructure.

At this inspection we found the provider had made significant improvements. Staff we spoke with said their roles were clearly defined. The registered manager's time was split between only two registered services and one service which was not registered with us. The registered manager told us that they had expressed concerns from staff about their workload and ability to support staff. As a result the provider had reduced their management responsibilities. The registered manager told us they felt they were more available to people and staff as their workload was manageable.

The registered manager divided their time equally between services to ensure that they maintained a detailed oversight of quality and required developments within each one. They travelled between the services as required. They were supported by senior support workers and a regional manager. Staff told us that the registered manager provided strong leadership and support. Results from the latest staff survey showed staff felt well supported by the manager. One staff member said, 'I'm lucky to work in a unit that is very active and has support from our management if needed.'

Staff roles and responsibilities were clearly defined. The registered manager held regular supervisions and meetings to support staff. Staff were encouraged to pursue their professional development by taking on additional responsibilities and enrolling on courses. One staff member had been nominated to engage in the provider's improvement project called 'Game Changers'. The registered manager told us "[Staff member] was nominated [to be] a 'game changer'...employees can contact him...he meets with the CEO." This was confirmed by the member of staff. They told us, "Anyone from [registered manager's] region can bring up any issues...anything to do with the operational issues...they can come to me and I can represent them. We have a direct meeting with our CEO who will address any issues."

The provider used robust systems and processes for monitoring quality and safety within the service. Records confirmed the registered manager maintained a comprehensive action plan which detailed required improvements with dates for completion. These were reviewed monthly by the registered manager. During their monthly quality assurance visits the regional manager completed a review of the registered manager's progress and offered guidance and support. Outstanding actions were highlighted by the

regional manager to prompt the registered manager to ensure that they were completed. Completed actions were then uploaded to the provider's electronic record to maintain an up to date account of improvements actioned.

Records we reviewed showed full monthly audits were completed so that areas such as health and safety, medicines, and incidents were monitored. Audits were used effectively to identify areas for improvement which were then incorporated into the overall service improvement plan.

Staff engaged people who lived in the service through maintaining open and reciprocal communication. They encouraged people to talk about their interests, ambitions and relationships. These were recorded in people's care plans as part of their regular reviews. People were supported to maintain relationships with friends and relatives who visited the home. People also made regular visits to relatives and stayed for periods of several days.

There was a culture of learning in the home. The provider continually sought feedback from family members who were involved in planning people's care where appropriate. Results from the latest friends and family survey showed they were happy with the care and support their loved ones received. One person stated, 'We feel the staff treat [loved one] really well...[they are] treated with respect and [their] dignity protected.'

Staff reflected on incidents to prevent reoccurrences. The registered manager kept a record of accidents and incidents and encouraged staff to reflect on the actions needed to improve care for people and keep them safe.

Staff at the home worked effectively in partnership with a range of professionals to support people's health and care needs. This included nurses, social workers and GPs. Records we reviewed showed staff attended regular reviews with social care professionals to ensure people's care and support needs were appropriately met. Staff acted as advocates for people and liaised promptly with healthcare professionals if there were changes in people's health needs. This ensured that people received prompt, appropriate treatment and a high quality of care was maintained.