Young Foundations Limited

Mowbray House

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

This inspection took place on 2 November 2017 and was unannounced. This meant the staff and provider did not know we would be visiting. We also contacted family members by telephone on 7 November 2017.

Mowbray House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Mowbray House accommodates up to five people with learning disabilities. On the day of our inspection there were five people using the service.

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.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like 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.

We last inspected the service in September 2015 and rated the service as 'Good.' At this inspection we found the service remained 'Good' and met all the fundamental standards we inspected against.

Accidents and incidents were appropriately recorded and risk assessments were in place. The registered manager understood their responsibilities with regard to safeguarding and staff had been trained in safeguarding vulnerable adults.

Appropriate arrangements were in place for the safe administration and storage of medicines.

The home was clean, spacious and suitable for the people who used the service, and appropriate health and safety checks had been carried out.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. The provider had an effective recruitment and selection procedure in place and carried out relevant vetting checks when they employed staff.

Staff were suitably trained and received regular supervisions and appraisals.

People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible.

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. Care records contained evidence of people being supported during visits to and from external health care specialists.

Family members were complimentary about the standard of care at Mowbray House.

Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

Care records showed that people's needs were assessed before they started using the service and care plans were written in a person-centred way. Person-centred is about ensuring the person is at the centre of any care or support plans and their individual wishes, needs and choices are taken into account.

Activities were arranged for people who used the service based on their likes and interests and to help meet their social needs.

The provider had an effective complaints procedure in place and people who used the service and family members were aware of how to make a complaint.

The provider had an effective quality assurance process in place. Staff said they felt supported by the registered manager. People who used the service, family members and staff were regularly consulted about the quality of the service via meetings and surveys.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Mowbray House

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.

This inspection took place on 2 November 2017 and was unannounced. One adult social care inspector carried out this inspection. We also contacted family members by telephone on 7 November 2017.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, statutory notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We also contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. Information provided by these professionals was used to inform the inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with one person who used the service. Some of the people who used the service had complex needs which limited their verbal communication. This meant they could not always tell us their views of the service so we carried out observations and spoke with three of their family members. We also spoke with the registered manager, deputy manager and three care staff.

We looked at the care records of three people who used the service and observed how people were being cared for. We also looked at the personnel files for three members of staff and records relating to the management of the service, such as quality audits, policies and procedures.

Good

Is the service safe?

Our findings

People were safe at Mowbray House. Family members told us, "Safe? Yes. He's safe when he goes out with them [staff]", "Safe? Everything's fine" and "No concerns."

There were sufficient numbers of staff on duty to keep people safe. We discussed staffing levels with the registered manager who told us there were currently two staff vacancies at the home. The vacancies were being covered by the home's permanent staff and bank staff. No agency staff were used. 'Staff matching sheets' were in place for each person and were used to identify the skills needed, type of support the person needed and wanted, personal characteristics required and shared common interests. The registered manager told us potential new staff visited the home to meet the people who used the service so that people could have an input into the recruitment process.

The provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks when they employed new staff to ensure they were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), three written references and proof of identification. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults.

Accidents and incidents were appropriately recorded and included in a monthly report. This was used to identify any trends and lessons learned to reduce the risk of a re-occurrence. People had risk management plans in place, which assessed the risks to the person, staff and others, and included actions to be taken to eliminate or reduce the risk. These included, accessing the community, travelling in the car, risk of injury whilst bathing and aggression towards others. This meant the provider had taken seriously any risks to people and put in place actions to prevent accidents from occurring.

We saw communal areas, bathrooms and individual bedrooms were clean. Regular checks of the environment took place and an annual infection control audit was carried out. Hot water temperature checks had been carried out for bathrooms and were within recommended ranges. Electrical testing, gas servicing and portable appliance testing (PAT) records were all up to date.

Risks to people's safety in the event of a fire had been identified and managed. For example, a fire risk assessment was in place, weekly fire checks were carried out and regular fire drills took place. People who used the service had Personal Emergency Evacuation Plans (PEEPs), which meant appropriate information was available to staff or emergency personnel, should there be a need to evacuate people from the building in an emergency situation, such as a fire or flood.

We saw a copy of the provider's safeguarding policy. Safeguarding related incidents had been appropriately recorded and actioned. We found the registered manager understood safeguarding procedures and had followed them, statutory notifications had been submitted to CQC and staff had been trained in how to

protect vulnerable people.

We found appropriate arrangements were in place for the safe administration and storage of medicines. Medicines were safely stored in a locked cabinet inside a locked room on the ground floor.

People had support plans in place for the administration of medicines. These described whether people were able to self-administer their medicines, choices and preferences about how and where they take their medicines, and guidance for staff to follow when administering the medicines.

Each person also had a medication profile that included the name of the medicine, dosage, time of administration, what the medicine was for, and whether there were any possible side effects or contra-indications. We saw people's records were regularly reviewed and regular audits were carried out. Staff were appropriately trained and completed annual competency checks.

Good

Is the service effective?

Our findings

People who used the service received effective care and support from well trained and well supported staff. Family members told us, "They [staff] know what they are doing", "They try and work with [name]. They understand [name] well" and "He's well looked after."

Staff were supported in their role and received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. The majority of staff mandatory training was up to date and where it was due, we saw it was planned. Mandatory training is training that the provider deems necessary to support people safely. Each staff member had a personal development plan in place. New staff completed an induction and were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training and forms a set of minimum standards for new staff working in health and social care.

People's needs were assessed before they started using the service and continually evaluated in order to develop support plans.

People were supported with their dietary needs. Eating and drinking support plans described the level of support people required. For example, one person had been identified as being at risk of choking. They required specially adapted cutlery and staff to cut their food into bite size pieces. Healthcare specialists, including a speech and language therapist (SALT), had been involved in reviewing the person's dietary needs and their guidance was included in the support plan.

Communication plans provided guidance for staff on people's individual communication needs. These described what a person meant or wanted when they did or said something. For example, repetitive questioning from one person meant they were possibly bored and wanted some interaction. When this happened, staff were advised to offer fun activities to the person.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The 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. Applications to deprive a person of their liberty had been appropriately submitted to the relevant local authority and where these had been authorised, CQC had been informed. People had varying capacity to make decisions and where they did not,

action had been taken to ensure relevant parties were involved in making best interest decisions. People had 'Self advocacy' support plans in place that described the everyday choices that people could make for themselves and what decisions they needed support with.

The premises were suitable for the people who used the service. On the ground floor, there was a large kitchen and dining room, and two lounges that were used for activities and watching television. People's bedrooms were spacious and individually decorated. There was also a separate building in the grounds that one person accessed with the support of staff so they could take part in independent activities in a quiet area. The registered manager told us this had helped to significantly reduce the number of incidents involving the person and they were now able to more effectively access the community.

People who used the service had health action plans and 'Hospital passports' in place, had access to healthcare services and received ongoing healthcare support. The aim of the hospital passport is to assist people with learning disabilities to provide hospital staff with important information about them and their health if they are admitted to hospital. Care records contained evidence of visits to and from external specialists including GPs, SALT, hospital appointments, opticians and dentists.

Good

Is the service caring?

Our findings

People we saw were well presented and looked comfortable in the presence of staff. Family members told us, "The care is quite good" and "They [staff] are very caring."

We saw staff speaking with people in a polite and respectful manner and staff interacted with people at every opportunity, demonstrating patience and kindness. Staff we spoke with had a good understanding of people's individual needs and knew how best to get people to carry out a task. For example, one staff member told us how you had to phrase something just right to get the person to take part and make the task into a game rather than a chore.

We saw staff knocking on bedroom doors and asking permission before entering people's rooms. People's care records described how staff were to promote dignity and respect people's privacy. For example, "Staff are to knock on my bedroom door at 11am to wake me up if I am asleep", "Staff need to stay outside whilst I am in the bathroom", "When I am in the bath I will call the staff member's name for them to come in and wash my hair" and "Dignity and respect to be paramount." Our observations confirmed staff treated people with dignity and respect and care records demonstrated the provider promoted dignified and respectful care practices to staff.

Care records described how people were supported to be independent. For example, "I will independently get out of the bath and get dried", "Give choice and independence as much as possible", "Staff should encourage and support [name] to make independent choices" and "[Name] is able to dress independently, choosing clothing appropriate for the seasons." One person told us they enjoyed helping with the shopping. They made a shopping list and helped to put the items on the conveyor belt and pack them away. Staff helped promote the independence of another person by encouraging them to help with the vehicle safety checks. This demonstrated that staff supported people to be independent and people were encouraged to care for themselves where possible.

We saw that records were kept securely and could be located when needed. This meant only care and management staff had access to them, ensuring the confidentiality of people's personal information as it could only be viewed by those who were authorised to look at records.

Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. We discussed advocacy with the registered manager who told us two of the people using the service at the time of our inspection had an independent advocate.

Good

Is the service responsive?

Our findings

People's care records were person centred and we saw people who used the service and their family members had been involved in compiling the records. Person centred means the person was at the centre of any care or support plans and their individual wishes, needs and choices were taken into account.

People had 'All about me' documents in their care records. These described what was important to the person and how best to support them. For example, "Be patient when supporting me. I do not like to be rushed" and "Provide me with re-assurance, consistency, structure and routine. This makes me feel safe and trust the staff member supporting me."

Records also described what made a good or bad day for the person, which helped staff to understand the person they were supporting. People's routines were clearly documented, with evidence that the person had been involved in planning the routine and making choices.

Individual support plans were in place and included pain management, administration of medicines, skin care, oral care, sleep, eating and drinking, mobility, self advocacy and activities. Each plan included information on what the current situation was, what the expected outcome was and actions to be taken. For example, one person required support with their personal care. They had a detailed routine in place to ensure their personal care needs were met. A risk assessment was in place should the person display any distress or anxiety while personal care was being carried out.

Care records we looked at were regularly reviewed and evaluated, and monthly reports were completed that included updates on activities, appointments, health and medicines.

Daily records were maintained for each person who used the service. Records we saw were up to date and included information on the person's personal care, food and fluid intake, daily tasks, observations and any health needs.

We discussed with the registered manager whether any plans were in place for people's last wishes or end of life care. Due to the sensitivity of the subject and as the service supported young adults, discussions had not taken place with people or their family members. The registered manager told us all the people were in good health, however, discussions would take place if that changed.

We found the provider protected people from social isolation. People had activities support plans in place that described what they enjoyed doing and how staff were to support them to choose and access their chosen activity. People also had visual planners so they could see what activities they had planned. We saw people enjoyed a variety of activities. For example, aqua exercises, walking, music, holidays and day trips. One person had recently been on holiday to a cottage and another to a holiday park. The registered manager told us they were looking into gym membership for one of the people. A family member told us, "There's always somebody there to take him out" and "He does a lot more than he would if he was at home."

People who used the service were actively involved in the local community. One person had worked at a local shop and another was taking part in a Christmas fayre at a local community centre, where they were going to have a stall selling Christmas gifts they had made. The registered manager told us they had hired a room at a local pub for a Halloween disco that had been enjoyed by four of the people and planned to do it again in the near future.

People had 'Education plans' in place that provided information on new things they had learned, how they were progressing and what the goal was for six months' time. For example, one person had enrolled on a college course but it had been cancelled as there were not enough students. The person had enrolled on a different course commencing in December.

The provider's complaints policy was made available to people who used the service and visitors. This described the procedure to follow to make a complaint and how the complaint would be dealt with, including how long it would take for a response. There had not been any complaints recorded at the service in the previous 12 months. Family members we spoke with knew how to make a complaint but did not have any complaints to make.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. We spoke with the registered manager about what was good about their service and any improvements they intended to make in the next 12 months. The registered manager told us about the plans to modify the kitchen and dining area to make the kitchen more appropriate for people to access and to provide a separate, quiet dining area at the rear of the dining room for one of the people. Plans were also in place to replace all of the flooring on the ground floor.

The service had a positive culture that was person centred and inclusive. Staff we spoke with felt supported by the management team and enjoyed their role. They told us, "Here you feel you've got more of a role, more responsibility", "I'm very well supported" and "They [management] are very approachable." Family members told us, "I've got a good relationship with [registered manager]. I can just ring up when I want", "Communication is good" and "We had some issues in the past but they were all resolved with the management."

Staff were regularly consulted and kept up to date with information about the home and the provider via monthly staff meetings. The registered manager identified a topic for each meeting and informed the staff in advance so they could be prepared for the discussion. The registered manager told us the provider did not carry out a staff survey but they were looking at producing their own.

We looked at what the provider did to check the quality of the service, and to seek people's views about it.

Annual questionnaires were provided for people who used the service, family members and visiting professionals. These asked questions on health and wellbeing, staff, safety, responding to people's needs, the premises, and whether there were any suggestions. The results were analysed and we saw all the responses from family members were rated 'Good' or 'Outstanding'.

Monthly meetings took place for the people who used the service. An easy to read agenda was prepared for each meeting and included discussions about activities and the décor of the premises. The registered manager told us it was difficult to involve all the people in a meeting at the same time so they also had the same discussions with people on an individual basis as required.

An external company were used to carry out quarterly audits of the service. The registered manager completed a monthly audit of the service. This included care and wellbeing, communication, participation and decision making, health and safety, environment, medicines management, safeguarding, staffing, and quality management. An action plan was in place for any identified issues. For example, the registered manager and deputy manager told us how they had taken a day away from the service to devise an action plan to make the care records more streamlined and easier for staff to follow. Now this has completed, they have devolved responsibility to the care staff to keep the records up to date.

The registered manager or deputy manager also carried out unannounced spot checks at the service on a

night time or at weekends. The registered manager also conducted daily walkarounds of the home to check health and safety and carry out observations.

This demonstrated that the provider gathered information about the quality of their service from a variety of sources and acted to address shortfalls where they were identified.

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law.