

St Joseph's Specialist School and College

Long Barn Supported Living

Inspection report

Long Barn
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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

Long Barn is a supported living service for up to six people with a learning disability, autism, communication needs and challenging behaviours. At the time of the inspection, there were six people living at the service. The service consisted of a main house where four people shared a kitchen and communal living area and a further two self-contained flats on site for which the other two people lived in.

People had significant communication needs. People mainly used body language, gestures or sounds to communicate, some people could use a few key words to communicate their needs.

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.

People's medicines were administered, stored and disposed of safely. Staff were trained in the safe administration of medicines and kept relevant and accurate records. However where some people had an as required medicine, there weren't always guidelines in place to tell staff when and how people should have them. We have made a recommendation about this in the report.

There were sufficient staff to keep people safe. There were recruitment practises in place to ensure that staff were safe to work with vulnerable people.

People were protected from avoidable harm. Staff received training in safeguarding adults and were able to demonstrate that they knew the procedures to follow should they have any concerns.

Staff had written information about risks to people and how to manage these. Risk assessments were in place for a variety of tasks such as personal care, activities, health conditions, and the environment and they were updated frequently. The registered manager ensured that actions had been taken after incidents and accidents occurred.

People's human rights were protected as the registered manager ensured that the requirements of the Mental Capacity Act 2005 were followed. Where people were assessed to lack capacity to make some decisions, mental capacity assessment and best interest meetings had been undertaken. Staff were heard to ask peoples consent before they provided care.

People had sufficient to eat and drink. People were offered a choice of what they would like to eat and drink. People's weights were monitored on a regular basis to ensure that people remained healthy.

People were supported to maintain their health and well-being. People had regular access to health and

social care professionals.

Staff were trained and had sufficient skills and knowledge to support people effectively. There was a training programme in place to meet people's needs. There was an induction programme in place which included staff undertaking the Care Certificate. Staff received regular supervision.

People were well cared for and positive relationships had been established between people and staff. Staff interacted with people in a kind and caring manner.

Relatives and health professionals were involved in planning people's care. People's choices and views were respected by staff. Staff and the registered manager knew people's choices and preferences. People's privacy and dignity was respected.

People received a personalised service. Care and support was person centred and this was reflected in their care plans. Care plans contained sufficient detail for staff to support people effectively. People were supported to develop their independence.

There were activities in place which people enjoyed. People were supported to increase their independence by staff supporting them in household tasks and attending activities outside such as college.

The home listened to staff and relative's views. There was a complaints procedure in place. There had been no complaints since the last inspection. The registered manager supported people to make complaints when necessary.

The management promoted an open and person centred culture. Staff told us they felt supported by the manager. Relatives told us they felt that the management was approachable and responsive.

There were robust procedures in place to monitor, evaluate and improve the quality of care provided. Staff were motivated and aware of their responsibilities. The registered manager understood the requirements of CQC and sent in appropriate notifications.

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.

Risks to people were identified and managed. Staff were aware of individual risks and how to keep people safe.

Staff understood and recognised what abuse was and knew how to report it if this was required.

There were enough staff to meet the needs of people. All staff underwent complete recruitment checks to make sure that they were suitable before they started work.

Medicines were administered, stored and disposed of safely. However, there were not always guidelines in place for 'as required' medicines.

Is the service effective?

Good ●

The service was effective.

Mental Capacity Assessments had been completed for people where they lacked capacity.

Staff had the knowledge and skills to support people. Staff received regular supervision.

People had a choice of healthy and balanced food and drink. People's weight was monitored and effectively managed for any changes.

Staff supported people to attend healthcare and social care appointments to maintain their health and wellbeing.

Is the service caring?

Good ●

The service was caring.

People were well cared for. They were treated with care and kindness. People's dignity and privacy was respected.

Staff interacted with people in a respectful, caring and positive

way and used individual communication methods to interact with people.

People, relatives and appropriate health and social care professionals were involved in their plan of care.

Is the service responsive?

Good ●

The service was responsive.

Care plans were person centred. Care needs and plans were assessed regularly.

There were a range of activities on offer, based on people's interests and that focused on increasing people's independence.

Relatives told us they felt listened to. No new complaints had been received since the last inspection.

Is the service well-led?

Good ●

The service was well led.

There was an open, positive and person centred culture.

There were procedures in place to monitor the quality of the service. Where issues were identified, actions plans were in place these had been addressed.

Staff and relatives said that they felt supported and that management were supportive and approachable.

Long Barn Supported Living

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 3 November 2016 and was announced as we wanted to make sure the registered manager was available. It was conducted by one inspector who was experienced in care and support for people with learning disabilities.

Before the inspection, we reviewed all the information we held about the provider. This included information sent to us by the provider in the form of notifications and safeguarding adult referrals made to the local authority. A notification is information about important events which the provider is required to tell us about by law. We contacted the local authority quality assurance and safeguarding team to ask them for their views on the service and if they had any concerns, no concerns were raised.

Before the inspection, the registered manager 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.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with three staff members, the registered manager, the residential services director, three relatives and the chief executive. We contacted three health and social care professionals.

We spent time observing care and support provided throughout the day of inspection, at lunch time and in the communal areas. We reviewed a variety of documents which included two people's support plans, risk assessments, and people's medicine administration records (MAR). We also reviewed four weeks of duty rotas, some health and safety records and quality assurance records. We also looked at a range of the provider's policy documents. We asked the registered manager to send us some additional information following our visit, which they did.

The service was registered on 1 January 2015 and this was its first inspection.

Is the service safe?

Our findings

Relatives told us that their loved ones were safe. One relative told us "The care is safe, very much so." Another said "Yes X is safe."

Medicines were stored, managed and administered safely by staff. People required staff support to enable safe administration of their medicines. There was a medicine administration record (MAR) in place which detailed how to take it, the dose and time of medicines to be administered. One relative said "Staff always make sure X gets their medicines." We saw copies of the MAR; they had been completed fully, indicating that medicines were being administered. There was a protocol in place for people who visited their relatives and took their medicine out of their home.

For people that were prescribed an as required medicine (PRN), such as an anxiety reducing medicine or some emergency medicine there were some guidelines in place. However, for some as required medicines, such as creams there were no guidelines in place to tell staff how to administer the medicine safely. Although no harm came to people, this meant that there was a risk that people were not always receiving their medicines when they needed it.

We recommend that for people who are prescribed PRN medicines, guidelines are in place to enable staff to know when and how to administer in line with current guidance.

Staff and the registered manager told us that medicine training was completed annually and the registered manager completed a competency assessment on staff's skill. When required staff had training in administering specific medicines for emergency use.

People were protected from avoidable harm because staff had a good understanding of what types of abuse there were, how to identify abuse and who to report it to. One staff member told us different types of abuse could mean; "There is inappropriate touching, financial abuse, neglect. If I suspected anything I would report this to a director or to CQC." Staff told us that they had training in safeguarding and this was confirmed by the training records. The registered manager told us that the manager is also the safe guarding lead for the organisation and they visit the service weekly.

There was a whistleblowing policy and safeguarding policy in place with contact details of CQC and the local authority. Staff knew that there were telephone numbers of the local safeguarding team and CQC to contact if required. Safeguarding information was displayed in the staff office as well as in the dining room for people. A person had written a poster about safe guarding and had written "Long Barn is safe." The registered manager had notified us when safe guarding concerns were identified and ensured that plans were in place to reduce the risks of harm to people.

There were enough staff to meet people's needs. Relatives and staff agreed that there were enough staff. One relative told us that their loved one had four hours extra staffing a day to enable them to go out of the home. We saw this happen on the day of inspection.

The registered manager told us that people received 15 hours of 1:1 care a day. Three people required two staff members to enable them to go into community. At night there were two waking night staff and one staff member sleeping in. People had individual rotas to ensure that their needs were met. The rotas and our observations on the day confirmed that these staffing levels were consistently maintained. We saw that people did not wait for care or support when it was required.

There were robust systems in place to ensure that staff employed were recruited safely. Appropriate checks were carried out to help ensure only suitable staff were employed to work at the home. Staff recruitment records contained information to show us the provider had taken the necessary steps to ensure they employed people who were suitable to work at the home. Staff files included a recent photograph, written references and a Disclosure and Barring Service (DBS) check. The DBS checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people.

Risks to people were managed to ensure that their freedom was protected. Staff had individualised guidance so they could provide support to people when they needed it to reduce the risk of harm to themselves or others. Staff were able to describe individual risks to people and how to address these to keep people safe. We could see from people's plans that their relatives and where possible people were involved in their risk assessments. Person centred plans contained risk assessments in relation to bathing, preparing meals, attending various activities and travel. All risk assessments were reviewed frequently and as required.

Where needed there were risk assessments in place for people with individually identified risks and an action plan on how to manage them. Clear and detailed guidance was in place for staff to advise them how to keep people, themselves and others safe when some people displayed certain risky behaviours. The positive behavioural plan included information on what triggered the behaviour and how staff can support the person to reduce the intensity and frequency of the person's distress. Staff had received training in supporting people when people's behaviours became challenging and this was ongoing. Staff were aware of the risks to people and how to keep people safe. We saw staff on the day support people safely and calmly when people became distressed or anxious.

The registered manager had oversight of incidents and accidents. All accidents and incidents were recorded, which included any incidences of challenging behaviours. There was detailed information about the accident, any witnesses, injuries and treatment people received. The registered manager told us that when a person displayed some signs of distress or anxiety, this would be recorded and analysed over a monthly period. This information was used to review behavioural support plans, so they could be amended as necessary. We saw that this had been done. Staff knew what to do if someone had an accident, for example if someone cut themselves. Staff told us that they would apply first aid and seek medical advice if appropriate.

People would be kept safe in the event of an emergency and their care needs would be met. The manager told us the service had an emergency plan in place should events stop the running of the service. We saw a copy of this plan which detailed what staff should do and where people could stay if an emergency occurred. People had personal evacuation and emergency plans (PEEPs) which told staff how to support people in an emergency. Staff confirmed to us what they were to do in an emergency.

Is the service effective?

Our findings

People's human rights were protected as the registered manager had ensured that the requirements of the Mental Capacity Act were followed. 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 registered manager and staff had an understanding of the MCA including the nature and types of consent. Staff understood people's right to take risks and the necessity to act in people's best interests when required. One staff member said "People have some capacity to make a decision. We support people to make choices about their food, clothes and activities. If they lack capacity to make a big decision, we have a best interest meeting."

Where people were unable to give consent to decisions in relation to their care we found that they were made by people who had the legal authority to do so. A relative confirmed with us that staff understood mental capacity and decision making for people who lacked capacity. We saw that the management completed mental capacity assessments and co-ordinated best interest meetings when required for people. We saw staff throughout the day asking people's consent before supporting them with their needs.

People received care from staff that had the skills and knowledge to care and support them effectively. Relatives told us that they thought staff had the right skills to support their loved ones.

Staff received mandatory training in moving and handling, infection control and fire safety. Staff also told us that they received training in how to keep people safe when they became challenging and how to administer specific medicines.

One member of staff told us that a person had a specific health condition that significantly impacted on the person. The staff member researched the condition and how the health condition impacted on the person and presented the findings to staff. The presentation has also been given to other agencies involved in their care to improve their understanding of the person.

The registered manager told us that all staff have or are working towards a level three diploma in health and social care (recognised qualification in health and social care.) The registered manager supported staff to undertake the appropriate induction and training in their personal and professional development needs. The induction consisted of the Care Certificate (an induction programme that sets out standards for all health and social care workers), with one or two weeks of shadowing other staff to observe the care and support given to people prior to them starting work.

People were supported to have a healthy and balanced diet. People had choice throughout the day of what to eat and drink. One person told us that they were having a cheese sandwich for lunch, which they made

themselves. Another person was supported to have a meal of spaghetti at a time when they wished to eat. One relative told us "Staff support X with a healthy, balanced diet. There is always fruit and vegetables to pick at. Staff support X to go shopping so X can choose what they want to eat." Two people were out for the day so had lunch away from their home.

People had individual menus; they were developed in conjunction with people and their relatives. Pictures were used to display the food for the day. The lunch matched what was on the board. A relative said "On the whole x eats a varied diet. Staff are good at getting x involved in his own cooking." People's weights were monitored regularly. Where people needed support with reducing their food intake, portion sizes were monitored as was the food intake. To support a person with their food intake, staff told us that each morning they put a box of food together with the person to demonstrate what food was available for that day.

People were supported to maintain their health and wellbeing. When there was an identified need, people had access to a range of health professionals such a dietician, psychiatrist and optician. One relative said "The staff support X to attend the GP, optician and dentist when they need to see them." People had hospital passports in place, this identifies people's health needs and which health professional is supporting them. The GP also had a health action plan in place which told staff what health needs people had and how they were being met.

The registered manager told us how they supported one person to have a medicine review and health check up when they first moved into the home. As a result of this, the person's health has improved significantly and they are now able to participate in more activities and are happier.

Is the service caring?

Our findings

Relatives told us that staff were kind and caring. One relative said "Staff are friendly." Another said "Staff more or less provide perfect care."

Staff had developed positive and caring relationships with people. Companionable, relaxed relationships were evident during the day of our inspection. We saw staff using humour and touch when engaging with people. There was a family atmosphere, with people and staff chatting. A relative told us "Staff are always kind and polite."

A staff member enabled a person to show us around their home. The staff member prompted the person to talk about their home and what they liked to do. The staff member was professional and friendly when they talked to the person.

Staff were attentive and supportive towards people. One relative said "They have so much patience." Staff were seen to promote people's independence throughout the day. We saw staff support a person to clean with flat. There was a rota for laundry; one person told us that they had washed their clothes the day before. People were encouraged to do as much as they could and maintain their independence.

Staff knew people's individual abilities and preferences. One staff member told us that a person liked to play basketball, so they got a basketball hoop installed in the back garden. Another staff member told us what food a person liked to eat and that they enjoyed going to the garden centre. We checked their daily record and we could see that the person was supported regularly to eat their favourite food and to visit the garden centre.

Staff knew people's individual communication needs. One person indicated to staff about their next family visit. Staff reassured the person that the relative was due in that afternoon. Another person used photographs to communicate their needs; staff were regularly involved in talking to the person about their pictures. A relative told us that their loved one needed extra time and support from staff to enable them to communicate and staff enabled the person to make their needs and wishes known.

Staff offered people choice. Throughout the day, we heard people being offered choices of drinks and what activities they would like to do. For example, staff asked a person "Are you ready to go out to the garden centre." The person indicated they were ready and they left.

People's choices are respected. A staff member told us that a person had not had a birthday party before and they asked the staff to have one. The staff member organised for the person's friends and family to come, they had a bouncy castle and a BBQ. We saw photographs from the event; the person was smiling, indicating that they were happy.

People's privacy and dignity was respected. Throughout the day staff supported people to the toilet. Staff discreetly prompted and supported people with this. We observed staff knocking on people's bedroom

doors before entering. One staff member told us how they support someone's dignity whilst providing personal care, "I get a towel, close the door, stand outside. I like to talk it through with the person, what we are doing, get them involved, ask them to do things for themselves where they can."

People's bedrooms were individually decorated and contain pictures and photographs of things that people were interested in and had chosen themselves. Relatives told us people's bedrooms and flats were clean, tidy and could display their personal items. The communal area and paintings and drawings on display that people had done. There was also a display of photographs that people had chosen of holidays and activities they had joined in. We saw staff talk to people using their preferred names.

People were well dressed and their appearance was maintained by staff. People wore appropriate clothes that fitted and nicely combed and styled hair which demonstrated staff had taken time to assist people with their personal care needs.

Staff supported people to maintain their relationships with loved ones. A staff member and relative told us that staff supported one person to visit them at their home. A staff member told us that one person is supported to use to video call their family members frequently, which the person enjoys and looks forward to.

Relatives told us that there were no restrictions on visiting their loved ones. Relatives told us that staff were kind and caring towards them when they visited. One relative told us "Its x home, staff are very welcoming. We have get to gethers regularly, we all contribute food. There was a summer bbq." Another relative told us "Staff were very welcoming and always offer a drink."

Is the service responsive?

Our findings

People received a personalised service that met their needs. One person told us that they attended college to study arts and computers. A relative told us "Yes, x receives personalised care. Staff know x very well. They support x to make their own choices.

People had personalised and detailed person centred care plans in place. People had a profile in place which told staff what a person liked, disliked, their communication, triggers to behaviours and strategies to support a person. There was a communication profile in place which told staff how the person communicated. For example, where one person used a few key words to communicate a translation was made of what the words meant. We saw staff use those words throughout the day and could tell us that they meant.

People's preferences, such as food likes, and preferred names were clearly recorded. We saw that care was given in accordance with these preferences. The registered manager and staff confirmed they knew what people's likes and dislikes were and how people liked to receive their support. One relative said "It's about x, about how he chooses to live his life."

Support plans were designed to promote people's independence. They detailed what tasks people were able to do and what tasks people required support for. One care plan detailed that the person was able to put their night clothes on, brushed their teeth and liked a bath. We could see from the persons daily records that this was occurring on a regular basis. People had goals in place, ranging from doing more housework, to attend a college, going on holiday and getting a job. Relatives confirmed that the service prompted people's independence and supported people to gain more skills. There was an achievement file in place which provided evidence that the goals had been achieved, such a photographs, and staff writing examples down. The registered manager told us that there was a new monitoring form being introduced that staff have just started to use. Goals were very specific, such as 'to cut vegetables with minimal support.' Staff were monitoring progress and this was being overseen by an occupational therapist.

People's needs were assessed prior to moving in to their home and there was an on-going assessment of people's needs. Peoples care was reviewed as required. Relatives and health professionals were involved; this was evidenced in people's care plans. One relative told us that when their loved one had moved in, they provided staff with a lot of information about how the person needed and liked to have their care. The relatives went on to say that the staff were very receptive of this and they now know the person very well.

People's views about their care and support preferences were sought. There was a keyworker system in place, which supported them when planning activities and to access the community and updating their care plans. One relative told us that "Staff give me regular feedback; they know I want to be kept informed. They call, text, email and send 'photos of that x is doing.'"

People had a range of individual activities for people to choose from. We saw that one person was supported to go out to meet a friend and went bowling. Another person went out to the garden centre and

another person went out for a drive and for a meal. For people who choose to remain in their home, they enjoyed playing computer games and using their I- pads.

People had individual timetables in place, which contained a mixture of household tasks, food shopping, attending college and or leisure activities. The registered manager told us that they wanted to support people to achieve their potential that maybe supporting them to find employment to supporting someone to make themselves a meal. The registered manager told us that they have supported one person to go on holiday and to go swimming which they had not done for a number of years due to their health condition. Since the person has moved in, the staff have supported the person in a way that their health condition has improved enough to increase their involvement in activities. This was confirmed by their relative who said "Since they have moved in their world of opportunity has become wider."

Relatives told us that they felt listened too. One relative said "I feel able to raise concerns and I always have a good response." The service had a complaints policy in place which detailed how a complaint should be responded too. Staff had a clear understanding of the complaints procedure and understood that they had a duty of care to report any complaints to the registered manager so they could put things right. Where complaints or concerns had been made, the registered manager responded in line with the organisations complaints policy. The registered manager had supported people to complain to the housing association who they rent their homes from to complain about some maintenance issues.

Is the service well-led?

Our findings

Relatives told us that the management were supportive and approachable. One relative said "The service is well led, there is a high level of care generated at Long Barn." Another said "I am very happy with the placement, the managers are very good."

There was a positive culture within the service between the people that lived here, the staff and the management team. When we arrived at the home, the staff ensured that we were introduced to the people who were at home; because they understood it was the people's home, and not just a place they stayed to get support.

The management team interacted with people with kindness and care. We observed members of staff approach the registered manager during our inspection and observed an open and supportive culture. The registered manager had an open door policy; we saw people and staff regularly go to the office and chat. We saw the registered manager walk around the home at certain parts of the day to talk with people and staff. The management team support people a few times over the week, including some weekends.

Staff told us that the management were supportive and was active in supporting staff and people. One staff member said "Yes the service is well led. If I have an issue or a question, the registered manager or the Director of residential services, they both give advice." Another said "She is such a good manager, she bends over backwards to accommodate us." The registered manager told us that the staff were "Dedicated, hardworking and caring."

Staff are clear about the values of the organisation and the service. One staff member said "It was to make sure each person feels secure and supported. To progress to be the best of their own ability and to enjoy themselves." The registered manager stated that they wanted to promote people's independence, and involve people more in their community. This was confirmed with what was written in the statement of purpose.

The registered manager told us that recently people and staff have undergone some difficult times due to some people requiring extra support to meet their needs. This has put extra pressure on staff to ensure that people are being kept safe. The director of residential services and the registered manager provided extra support to people and staff during this time and staff de-briefing sessions were used. A staff member told us that the chief executive had visited recently to offer support and bought cakes for staff as a thank you. Staff confirmed that they felt supported during this time.

Staff told us they had staff meetings regularly. We saw minutes of staff meetings, items on the agenda included care practise issues, updates on people and training. Staff were clear about their roles and responsibilities. The registered manager told us that learning skill sets were incorporated into team meetings, these included, rapport building and how to get to know a person. Meetings also included discussions around the five key lines of enquiry related to CQC. This was confirmed by minutes.

There were systems in place to ensure that quality care was provided and improved where identified. There were various audits including health and safety, medicines and infection control. Some actions had been identified; the registered manager told us that the actions had been completed. One action was that staff needed refresher training in the use of an emergency medicine, this was being organised by the organisation, although no date had been agreed. The regional services director visits weekly and speaks with people and staff.

The registered manager completed quarterly reports to the supported living committee, which had the chief executive and governors. The feedback was focused on what people were engaged in. The registered manager told us that they had supported a person to complete a computer presentation to the meeting. This included information about what the person liked to do and how the staff have supported the person. The person stated that they were really happy.

Although there was no regular feedback systems in place and the registered manager told us that they were going to put one in place. The management had obtained feedback from relatives and from some people. The feedback was complimentary from relatives, stating that staff were friendly and caring and people were happy. People said that they were happy with living at Long Barn.

The registered manager was aware of their responsibilities with regards to reporting significant events, such as notifications to the Care Quality Commission and other outside agencies. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was on display in the home, so they would know what to do if they had any concerns. The information that the manager provided on the Provider Information Report (PIR) matched with what we found and saw on the day of our inspection.