

Field Lane Foundation(The) Badgers

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 the 20 January 2016 which was unannounced, the inspection team consisted of one inspector.

Badgers is a care home for up to 10 people with nursing staff for adults who have a learning disability, physical disability and complex care needs. At the time of our inspection they were nine people living in the service.

The service has 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

Suitable arrangements were in place to ensure that people received appropriate care and support to meet their needs. Staff knew the needs of the people they supported and they were treated with respect and dignity. People's healthcare needs were well managed and they had access to a range of healthcare professionals.

People's needs were met by sufficient numbers of staff. Suitable arrangements were in place to ensure that staff had been recruited safely and they received opportunities for training and supervision. People were safeguarded from harm; staff had received training in Mental Capacity Act (MCA) 2005 and had knowledge of Deprivation of Liberty Safeguards (DoLS). The manager was aware of how and when to make a referral. People had sufficient amounts to eat and drink to ensure that their dietary and nutrition needs were being met.

People were provided with the opportunity to participate and engage in activities of their choice which met their needs. Relatives and people who used the service knew how to make a complaint and we felt assured that all complaints were dealt with and resolved efficiently and in a timely manner. We found people with nursing needs had their needs met by qualified nursing staff, who were there to ensure that people were safe and all well cared for.

The service had a number of ways of gathering people's views which included holding meetings with people, staff, and relatives. The manager carried out a number of quality monitoring audits to help ensure the service was running effectively and to help them make improvements.

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 felt safe living at the service. People's safety was supported by appropriate risk assessments to ensure people's safety.

The recruitment process was effective in recruiting skilled staff after appropriate checks had been carried out. Staffing levels were adequate to meet the needs of the people.

Medicines were dispensed and stored safely for people's health and wellbeing.

Is the service effective?

Good ●

The service was effective.

Staff received an induction when they commenced employment with the service and attended various training courses to support them to deliver care safely and fulfil their role.

The dining experience for people was suitable to meet their needs and people's nutritional requirements were being met.

The person had access to healthcare professionals as and when needed to meet their needs.

Is the service caring?

Good ●

The service was caring.

Staff knew people well and what their preferred routines were. Staff showed compassion towards the people they supported and treated them with dignity and respect.

People had been involved in planning their care as much as they were able to be. Advocacy services were available if needed.

Is the service responsive?

Good ●

The service was responsive.

Care was person centred and met people's individual needs.

Care plans were individualised to meet people's needs. There were varied activities to support individual's social care needs.

Complaints and concerns were responded to in a timely manner.

Is the service well-led?

The service was well-led.

Staff felt valued and were provided with the support and guidance to provide a high standard of care and support.

There were systems in place to seek the views of people who used the service and their relatives and used their feedback to make improvements.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

Good 

Badgers

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 the 20 January 2016 which was unannounced. The inspection team consisted of one inspector.

Before the inspection we reviewed the information we held about the service including previous reports and notifications. We also reviewed safeguarding alerts and information received from a local authority and other Commissioners. Notifications are important events that the service has to let the Care Quality Commission know about by law.

We spoke with one person using the service as most people in the service were nonverbal; we also spoke with the manager, one nurse in charge and one support staff. We reviewed two people's care files. We also looked at quality monitoring, audit information and policies held at the service and the service's staff support records for the members of staff including the manager.

Is the service safe?

Our findings

We found people living in the service to have clear trust of the staff to do their best for them. One person told us they felt safe living in the service. The person said, "Staff here are kind to me and always make sure nothing bad happens to me."

Staff had a good knowledge of safeguarding and had received training on the subject. Staff were able to indicate how people may be at risk of harm or abuse and how they would go about protecting them and ensuring their safety. Staff told us that they would escalate their concerns to the manager. If the concerns were about the manager staff stated they would contact the provider and/or other external agencies, such as, Social Services. Staff knew about the provider's whistleblowing policy and procedures.

Staff had the information they needed to ensure people's safety. Each person had support plans and risk assessments in place that were regularly reviewed. They documented up-to-date knowledge of each person's current risks and practical approaches to keep people safe when they made choices involving risk. For example, a risk assessment was in place for people accessing the community using the service minibus it was documented how each person would be supported without impacting on people's freedom. In addition, each person using the service had an allocated keyworker who was responsible for ensuring that each person's risk assessments were kept up to date and any changes to the level of risk were communicated to all the staff working in the service. We saw other risk assessments covering areas such as supporting people in the community safely, managing their medication and supporting their personal care.

People were cared for in a safe environment. The provider employed maintenance staff for general repairs at the service. Staff had emergency numbers to contact in the event of such things as plumbing or electrical emergencies. There was also a policy in place should the service need to be evacuated and emergency contingency management implemented. Staff were trained in first aid and if there was a medical emergency staff knew to call the emergency services. Staff also received training on how to respond to fire alerts at the service.

There were sufficient staff on duty to meet people's assessed needs and when people accessed the community additional staff were deployed. The manager adjusted staffing numbers as required to support people needs. A sample of rotas that we looked at reflected sufficient staffing levels.

The provider had a robust recruitment process in place which showed that staff employed had the appropriate checks to ensure that they were suitable to work with vulnerable people. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS).

People received their medication as prescribed. We found all medication records (medication administration charts) were all up to date and there were no omissions or gaps. Where possible and deemed safe to do so, the service encouraged people to participate in the administration of their own medication, whereby people were reminded of the time they had their medication and encouraged to visit the medication room at the prescribed time so they can take their medication. One person informed us that

they received their medication on time and knew what time they had to attend the medication room.

Medication was safely and securely stored and the service had a procedure in place for the safe disposal of medication. Staff involved in the administration of medication had received appropriate training and competency checks had been completed in order for them to safely support people with their medications. Medication was clearly prescribed and reviewed by each person's General Practitioner (GP). The service carried out regular audits of the medication. This assured us that the service was checking people received medication safely.

Is the service effective?

Our findings

People received effective care from staff who were supported to obtain the knowledge and skills to provide continuous good care. Staff received on-going training in the essential elements of delivering care. The staff training files showed that staff received reminders from the head office of training that was required or due. All the staff working in the service had attended training provided in house by the Local Authority and other Healthcare training agencies.

Staff felt supported at the service and one member of staff reported how much they valued the on-going support and patience of the registered manager. Staff received an induction into the service before starting work and documentation on staff files confirmed this. The induction allowed new staff to get to know their role and the people they were supporting. Upon completion of their training staff then worked 'shadowing' the manager or another member of staff. 'Shadowing' is a form of training which involves a member of staff observing a more experienced member of staff over a period of time.

Staff told us that they received regular one-to-one supervision from a senior member of staff. Senior staff were supervised by the manager and the manager received their supervision from the head office. Supervisions are used as an opportunity to discuss the staff members training and development and ascertain if staff were meeting the aims that had been set out from the previous supervision. Staff added that they had regular team meetings and that the meetings were open and gave staff the opportunity to raise any issues they may have. Staff also received yearly appraisals.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application 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. Details on how to involve the person in decision-making according to their Individual levels of understanding and preferred communication methods were included in each person's care plan. In addition an Independent Mental Capacity Advocate (IMCA) was available to advocate for people, to ensure that people's rights in this area of their care were protected.

The manager and staff had a good understanding of the Mental Capacity Act and confirmed their awareness of how to make an application if deemed necessary. The manager went on to say that they had recently attended training offered by the local authority as this ensured that they were up to date with the changes in legislation. The manager and senior staff knew how to make an application should one be required.

People had enough to eat and drink and appeared well nourished. All meals were cooked using fresh produce by the in house chef. Staff in the service supported the chef to identify what people like and dislike through speaking to family and observing people's reactions when they eat particular foods. Support plans contained risk assessments regarding dietary and healthy eating specific to individuals' needs and identified the importance of monitoring weight and encouragement of consuming healthier foods. Support plans also contained monthly weight monitoring records; no gaps or adverse changes were identified in the monitoring records. We observed staff supporting people with meal provision, staff sat with people and encourage them to eat and ensured that people eating and drinking enough.

The service employed nursing staff who work on each shift. Nursing staff supported people with all their medication needs and carrying out of initial assessments to ascertain if people needed further medical attention should their health care needs change over. People had access to healthcare professionals as required and we saw this recorded in people's care records. We noted people were supported to attend any hospital appointments as scheduled. When required people liaised with their GP, mental health professionals and community mental health services, in addition people were supported to obtain dental care and vision tests in the community.

Is the service caring?

Our findings

One person was able to tell us that they liked living at the service. The person went on to say, "It is good here I really enjoy living here and the staff are very nice to us."

We found staff to be friendly and caring towards people living in the service. Staff made people feel that they mattered. Staff made eye contact with the person and always waited for the people to have time to respond. Staff had positive relationships with people.

The service had a very strong, person-centred culture, care plans we viewed were personalised to each individual. People were supported to be as independent as they chose to be as this was documented in their support plans; the manager also added how they supported people to be independent. People and staff were really relaxed in each other's company and with the staff who were present. Independence was promoted and people and staff respected each other's choices, for example ensuring each other's privacy. We observed a member of staff asking and listening to people what they wished to do for the day and then proceeding to support them with their decision.

The interaction was a display of respecting people's privacy whilst ensuring their safety and wellbeing. Staff knew people well, their preferences for care and their personal histories. Staff said, "We can give a lot of one-to-one time with people especially when we take people out into the community." This demonstrated that staff understood how to care for and support people as individuals. The service held regular support plan review meetings with people, relatives and professionals to ensure people's need were being met. Details of these regular meetings were verified within the support plans.

People were supported and encouraged to maintain relationships with their friends and family, this included supporting trips home to their family and into the community. Daily notes confirmed this.

People were supported and encouraged to access advocacy services. The mental capacity assessments relating to people's capacity to decide about moving on had indicated that some people required the services of an Independent Mental Capacity Advocate (IMCA). Advocates attended people's review meetings if the person wanted them to. The registered manager gave us examples of when the service had involved an advocate, such as a person in the service did not have family or friends to support with annually reviews and support planning. Advocates were mostly involved in decisions changes to care provision. People were given the opportunity to attend self-advocacy groups.

Is the service responsive?

Our findings

People's care and support needs were well understood by the staff working in the service. This was reflected in detailed support plans and individual risk assessments and also in the attitude and care of people by staff. Staff encouraged choice, autonomy and control for people in relation to their individual preferences about their lives, including friendships with each other, interests and meals.

The manager met with other health professionals to plan and discuss people's transfer to the service and how the service would be able to meet their needs. People and their relatives were encouraged to spend time at the service to see if it was suitable and if they would like to live there. Staff had carried out comprehensive assessments of people's needs before they were admitted to the service. They had spoken with, and in some instances worked with, everyone already involved in caring for and supporting the person, in order to learn as much about the person as they could.

Staff used this information to devise the person's support plan. Staff used a range of means to involve people in planning their care, such as trying different ways of delivering care and watching people's responses to their care. People's needs were discussed with them and a support plan put in place before they came to live at the service. Support plans included photographs of the person being supported with some aspects of their care so that staff could see how the person preferred their care to be delivered. These were fully person centred and gave detailed guidance for staff so that staff could consistently deliver the care and support the people needed, in the way each person preferred. People's strengths and levels of independence were identified and appropriate activities planned for people. The support plan was regularly updated with relevant information if people's care needs changed. This told us that the care provided by staff was current and relevant to people's needs.

They were in the process of expanding the premises by adding three additional bedrooms and an office. The manager also identified that people living in the service could benefit from assistive technology to communicate with friends and family so the service purchased electronic tablets to aid communication and as a learning tool. The service also encouraged people to access activities in the community. One person informed us, "I used to go to the day centre at least once a week". The manager expressed that staff continued to encourage and support people to develop and sustain their aspirations. The service had a garden area in which people had regular access and staff were able to observe them from a distance to ensure they were safe.

The service had policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised. Staff knew about the complaints procedure and that if anyone complained to them they would either try and deal with it or notify the manager or person in charge, to address the issue. The manager gave an example of a complaint they had received and how they had followed the required policies and procedures to resolve the matter.

Is the service well-led?

Our findings

The management in the service was visible and accessible to people at all times. We were informed that in the absence of the manager there were two senior care coordinators that looked after the service and kept them up-to-date of all the changes and concerns. The registered manager had a very good knowledge of people living in the service and their relatives.

People benefited from a staff team who felt supported by their manager. Staff said this helped them to assist people maintain their independence and this also showed that people were being well cared for by staff who were well supported in undertaking their role. Staff had handover meetings at the end of each shift and there was a communication book in use which staff used to communicate important information to others. The communication book enabled staff that had been off duty to quickly access the information they needed to provide people with safe care and support. This showed us that all staff were kept up-to-date with information about changes to people's needs to keep them safe and deliver good care.

Staff we spoke to told us they felt the registered manager valued their views on how the service was running and listened to ways in which the service could improve. Staff went on to say the registered manager always asked for staff's input and involved staff in changes within the service. Staff told us the registered manager was always accessible, spending a lot of time in the service and was always available if they phoned them.

Staff described a homely culture, where they communicated well with each other and knew the registered manager well. The registered manager and the deputy manager regularly carried out checks on the care being provided and monitored complaints, incidents and accidents to ensure that there had been an adequate response and to determine any patterns or trends that could help improve the service.

The registered manager was open and transparent and they worked in a way that ensured the service was running smoothly and continually improved the care delivered to people. There was a number of quality monitoring systems in place. The records at the service which we sampled were up to date and showed that the registered manager and staff carried out regular audits and checks to make sure that the quality of the service was maintained and improved on, where possible. Where we had highlighted some areas of improvement, for example, some audits that required updating the registered manager responded immediately to bring all systems up to date.

The registered manager made sure that the service was meeting people's needs and meeting the requirements of regulators and people who commissioned their services. They demonstrated that they had kept up to date with best practice in relation to people's needs and health conditions and the requirements of the law in relation to the running of the service. The registered manager and care team expressed a commitment to providing a good service and continually seeking to improve. The registered manager and staff told us that service had good links with the local community. This was confirmed by visitors to the service. The records showed that people were encouraged to use services in the community where possible and to go out of the service to shop and attend functions.

Personal records were stored in a locked office when not in use. The manager had access to up-to-date guidance and information on the service's computer system which was password protected to help ensure that information was kept safe.