

Field Lane Foundation(The) Badgers

Inspection report

53 Rayleigh Avenue
Eastwood
Leigh On Sea
Essex
SS9 5DN

Tel: 01702526027
Website: www.fieldlane.org.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Badgers is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Badgers is registered to provide residential and nursing care for up to 10 people who have complex learning disabilities or mental health and physical health care needs. During our inspection we found that 12 people were living at the service and this is a breach of Section 33 of the Health and Social Care Act 2008. Therefore, the lack of oversight by the provider and registered manager means there is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The accommodation for people is spread over a single storey building. Most people have single bedroom accommodation although there is a double bedroom at the service where two people share the room. People have shared access to communal rooms, garden and sensory room.

The care service had not originally 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. However, most people living at Badgers have very complex needs learning and physical disabilities and are unable to verbally communicate their wishes.

The service had 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.

People were kept safe and safeguarding processes were in place and followed by staff when required. Incidents of a safeguarding nature were reported to the appropriate authorities and investigated. Staff understood their responsibility in safeguarding people and told us of the action they would take if they had concerns.

We saw positive relationships between staff and people. Staff treated people with compassion and kindness during their interactions. Staff we spoke with described ways in which they worked which demonstrated a caring attitude.

We found care plans were person-centred and consistent in the level of detail and information they contained. Person-centred care planning is a way of helping someone to plan their care and support, focusing on what is important to them. Staff knew people well and delivered personalised care to people. Risk assessments related to the delivery of care and the environment were up to date. Emergency plans were in place and health and safety checks in the environment were carried out to ensure it remained safe.

The administration and management of medicines was carried out in a safe way.

Consent to care and treatment was sought in line with the Mental Capacity Act 2005 (MCA). The best interest's decision-making process had been consistently followed for people who lacked capacity to make certain decisions themselves.

People were offered a choice of meals. We saw the quality of the food available to be of a high standard. People were offered an alternative meal if they did not like the choice on offer. Records were available to highlight if people required a specific textured meal due to swallowing difficulties.

There were enough staff employed to ensure people's needs were met safely. Safe recruitment procedures were followed during the employment of new staff. Staff told us they felt supported and had received regular supervisions and appraisals. Newly recruited staff received an induction and training the provider had deemed to be mandatory was completed by staff.

We saw evidence of relatives, staff and professionals that were positive about Badgers and the staff that worked there.

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.

There were enough staff to care for people in a safe way.

Medicines were managed in safe way. Systems were in place to protect people in an emergency.

Staff were aware to raise concerns where alleged abuse may have taken place.

Robust recruitment checks were in place that ensured that only suitable staff worked at the service.

Is the service effective?

Good ●

The service was effective.

Staff were acting in accordance to the MCA 2005 and DoLS. People's capacity had been assessed before decisions were being made on their behalf.

Staff were competent to carry out their role and training was effective.

People had their nutritional needs met.

People had access to health care professionals when they needed.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect by staff.

People had access to advocates when required.

Staff interactions with people was with kindness and compassion.

Is the service responsive?

The service was responsive.

Care plans were detailed with information of people's needs to ensure staff had a clear understanding of the support that each person required.

Complaints were being recorded and analysed. People were encouraged to raise a complaint.

End of life care planning was completed for each person to ensure their wishes would be known.

Good ●

Is the service well-led?

The service was not always well-led.

The provider had not informed CQC of the changes to the service.

Staff were attending meetings to discuss best practice and said that they felt supported and valued.

Audits and systems were in place to monitor the service and drive for improvement.

Requires Improvement ●

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.

We commenced an unannounced comprehensive inspection on 30 November 2018. This meant that the provider and staff did not know we would be visiting.

The inspection team consisted of one inspector.

Prior to the inspection, we checked all the information which we had received about the service including statutory notifications which the provider had sent us. Statutory notifications contain information about certain events which the provider is legally obliged to report to us. 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.

Most people at Badgers were unable to communicate with us, although one person did speak with us. Throughout the inspection we spent time in the communal areas of the home observing how staff interacted with people and supported them.

We spoke with the registered manager, administrator, one nurses, two care workers and the chef. We reviewed records relating to the care of three people. We looked at four staff personnel files, in addition to a range of records in relation to the safety and management of the service.

Is the service safe?

Our findings

People who lived at this service were not able to tell us their views. One person who could, told us that they liked the staff. We saw that people looked comfortable and relaxed in the home and with the staff who were supporting them. A relative's comment that had been recorded was, "You all do an amazing job and can't thank you enough."

People were protected from the risk of potential abuse. Systems and processes were in place for staff to follow if required. Staff told us that they had received training that ensured they were able to protect vulnerable people from bullying, harassment and avoidable harm. They were able to explain how to identify and report different kinds of abuse.

Staff felt confident to report concerns to management and external agencies about potential abuse and poor care practices. One staff member told us, "I've never witnessed anything untoward here but I know I can report anything to my manager."

Health and safety risks were assessed and checked through maintenance contracts, fire checks, gas and electrical installation certificates and infection control audits. We walked around the building and found it safe and secure. Good infection control measures were in place. We saw records related to the premises and to the equipment in the home. The environment was as safe as possible. The service had a good contingency plan in place for any potential emergency.

Staff had worked very closely with people and knew triggers to people's behaviours which could place them at risk. Care records contained individual risk assessments and the guidance necessary to keep people safe without reducing their freedom unnecessarily. These risk assessments were up to date, regularly reviewed and gave clear steps for staff to follow.

There had been no reports of any accidents or incidents in the home but the staff we spoke with understood their responsibilities in reporting and dealing with any serious incidents. The provider had suitable policies and procedures in place.

People's medicines were stored securely in people's individual locked cabinets in their bedrooms to prevent them being misused. Good procedures were used to ensure people had the medicines they needed at the time that they needed them. Medication was managed and administered by a trained nurse at all times. People received their medicines in a safe way and as they had been prescribed by their doctor, this helped to ensure that they maintained good health.

Staff had recently introduced a new pain assessment format which they had personalised for each person. Due to people using the service being unable to express verbally and sometimes physically when they are in pain, staff have worked closely with each person to ensure staff are aware when a person may be in pain and this is recorded in people's care records. For example, one person may lift one of their arms slightly, staff have learnt that this is a sign of pain for this person.

People had their support delivered by staff suitable for their role. Recruitment procedures were in place and were being followed in practice to help ensure staff were suitable for their roles. This process included making sure that new staff had all the required employment background checks, security checks and references taken up. We saw relevant references and checks from the Disclosure and Barring Service (DBS) had been obtained before applicants were offered their job. A DBS check is to determine people's suitability to work with vulnerable people.

Is the service effective?

Our findings

People received support from staff trained to undertake their role effectively. Staff had relevant training to support their continued learning in their work. Speaking with staff and looking at records confirmed staff had received training in areas such as safeguarding, infection control, health and safety, mental capacity and fire safety.

Staff received specialist training from professionals to enable them to provide support where necessary to specific people with complex health needs. There was a good mix of staff skills and knowledge across the staffing team which ensured people received effective care. There was a training plan in place which the registered manager and provider used to identify when staff were due for refresher courses to help them remain up to date with their knowledge.

All the staff we spoke with told us they felt very well supported by the registered manager. Staff understood their role to promote people's independence whilst they maintained safe standards of practice.

Supervision records showed staff discussed their wellbeing, areas of personal responsibility and the support they needed to be effective in their role and to identify any training needs. Staff received an annual appraisal where they discussed their responsiveness to people's needs, providing a quality service and involving people in their care. Staff we spoke with were very positive about the support they received. One staff member told us, "We get great support and the staff team all pull together. It is like a family here and everyone looks out for each other." The registered manager maintained a schedule of supervisions and appraisals and ensured any follow up actions were implemented.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the 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 Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA and whether any conditions on authorisation to deprive a person of their liberty were being met. We found the service to be meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The staff we spoke with had a good understanding and knowledge of this subject, and people who used the service had been assessed to determine if a DoLS application was required. We looked at the care files of people who had an authorised DoLS. We saw this was detailed in a care plan, which clearly described any imposed conditions to act in a person's best interests.

Most people had an advocate in place due to their complex needs and the service encouraged this to ensure people's needs were considered at all times.

People were very well supported to maintain their healthcare needs. The service was effective in seeking the advice of health professionals to ensure risk assessments were completed with the input of those with specialist skills. People's care records showed they had regular input from a range of health professionals such as General Practitioners (GPs), district nurses, palliative care team, psychologists and speech and language therapists (SALT). Care plans reflected the advice and guidance provided by external health care professionals. A healthcare professional had recorded a comment in the compliments book with regards to the 'excellent care given' to a person.

The service had the 'Red Bag' scheme in place, the purpose of the Red Bag is, should a care home resident become acutely unwell and need to go to hospital, care home staff will fill the red bag with the residents' personal belongings such as medication, clothes for discharge, glasses, hearing aids, as well as an assessment of the resident's health, existing medical conditions, highlighting the current health concern. The red bag is passed to the ambulance crew to take to hospital with the resident. This means that transitions between services is better for the person and promotes dignity.

The registered manager told us that it is their policy that if a person is taken ill and admitted to hospital a member of staff will be with them at all times during their admission. The registered manager explained that due to people's high complex needs and how staff know their needs so in-depth? well, they like a member of staff to be with the person and offer support even when they are away for the service.

People's nutritional needs were assessed and monitored, including support with weight management and advice from dietitians. People were well supported by staff to maintain a healthy lifestyle. We saw the food offered was to a high standard and people were given lots of choice from a varied menu. We spoke with the chef who was very passionate about the food they prepared for people. They were able to explain in detail people's needs with regards to food consistently and any allergies people may have.

The chef has been employed at the service for many years and was knowledgeable about all the people that live there. The registered manager told us about a person who had recently become a resident at Badgers. They had not been eating at their last home and were continuing not to eat whilst at Badgers. With staff encouragement and support from the chef, the person had started to eat a meal and appeared to have enjoyed it.

The home had been adapted to meet the current needs of the people living there. For people with mobility support needs a ramp had been installed and aids were in place in bathrooms and toilets. Technology was being put to good use. For example, sensory mats were placed in a person's room to ensure support could be given quickly during the night. The service also had a sensory room in place which was filled with lighting technology for people to relax and enjoy.

Is the service caring?

Our findings

We observed that staff supported people in a warm, friendly and respectful manner. We saw that relatives had written lots of compliments to staff comments included, "You are all so wonderful, thank you for everything." And, "You all deserve medals for your wonderful work."

Staff were given training in equality and diversity and person-centred approaches to help them recognise the importance of treating people as unique individuals with diverse needs. The staff we talked with took a pride in their work, telling us, "We're very focused about people's support and supporting them to have real quality of life." The way staff wrote up care records demonstrated a respect for the person and positive language was used throughout. There was an equality and diversity policy in place, setting out the provider's commitment to treating people fairly and without discrimination.

Most people who used the service had high complex learning and physical disabilities and were unable to communicate verbally and most were unable to physically communicate either. Staff have worked closely with people to understand their needs and their likes and dislikes. Staff were knowledgeable about each person's preferences.

The service had good links with local advocacy services. An advocate is a person who is independent of the home and who supports a person to share their views and wishes. The staff in the home knew how they could support someone to contact the advocacy services if they needed independent support to make or communicate their own decisions about their lives.

People who used the service were treated with dignity, respect and their privacy was maintained. We observed that care was delivered to people in the privacy of their bedrooms or bathrooms. The registered manager told us that the service promotes dignity and respect at all times, they told us about two people who would remove their clothes in communal areas, the service sought a seamstress to make clothes for both people that appears they have a blouse/ shirt and trousers on but these are an 'all in one' garment with a zip at the back to ensure the person cannot remove the clothing. These garments were made personally for people and reflected the clothing they liked.

People had their information kept confidential as appropriate. Staff understood the provider's policy and procedures on confidentiality and shared sensitive information with healthcare professionals on a need to know basis. They did not speak about people within hearing of other people and knew not to share sensitive information about them outside of the service. There had been an incident in the past of this happening and appropriate action was taken with the member of staff.

Information was stored safely and securely at the service. Computers and electronic files were password protected and paper documents were kept in a locked office and only accessible to authorised staff. We looked at records from team meetings and saw evidence that the importance of The General Data Protection Regulation (GDPR) was shared with the staff team. GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals.

Is the service responsive?

Our findings

People's needs and abilities were thoroughly assessed and care plans were personalised, stating the ways people communicated, their routines and how they preferred to be supported. The care plans gave staff clear guidance to follow and were evaluated and revised as people's needs changed.

People's care was regularly reviewed, including staff attending multi-disciplinary meetings with other professionals. Staff made detailed records which accounted for the care they provided and reported on the person's wellbeing. People's care plans described how they wanted care provided and contained details about their background, medical history, current needs, daily routines and preferred activities.

Records contained information on each person's mental and physical health including diagnosis and the behaviours that may trigger a decline of their health. Good detail was noted in care plans to ensure that people's needs were met. We observed that the staff were knowledgeable about the individuals they were supporting and about what was important to them in their lives. People were supported on a one to one basis and the support staff organised activities that were known to be of each person's interest.

The registered manager told us that due to the high complex needs for people living at the service, communication was difficult but they attempt different types of communication skills to interact with people. For example, the service uses a system called 'Tacpac' is a sensory communication resource using touch and music to help communication and social skills.

People had individualised decorated rooms, each room reflected people's personalities and preferences. The registered manager told us that discussions had with one person's family found that the relatives wished to decorate the room for the person and this was completed recently.

Although there had only been one complaint made since our last inspection, we saw evidence that the registered manager had investigated and responded to the complaint in line with the provider's policy. The service had a complaints procedure in place and details of this were available to people who visited the home.

Most people who use the service were on palliative care and staff had recently achieved the Gold Standard Framework in end of life care. Gold Standards Framework gives training to all those providing end of life care to ensure people have a dignified and pain-free death. Badgers staff had received a compliment from a palliative nurse for the care that was given leading up to and during a person's passing. The registered manager told us that someone had recently passed away and they encouraged the family members to stay at Badgers with the person so they could be with them at all times. All staff had been trained in end of life care.

Is the service well-led?

Our findings

At this inspection we found the provider had breached their registration conditions. The provider is registered for up to 10 people at Badgers and at the time of the inspection we found there to be 12 people using the service. The provider had extended the building to include three further bedrooms to the service. The registered manager told us that the provider's head office deals with all registration details and they were assured that all appropriate applications had been submitted. On further investigations there is no evidence that these applications had been received by CQC. This meant that the provider did not have a clear oversight of the service.

Providers of health and social care are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The provider took immediate action and submitted the applications to CQC for consideration but at the time of the inspection it was found that there was a clear breach of Section 33 of the Health and Social Care Act 2008.

Although it was not the registered manager's responsibility to submit the applications for the variations to the registration, they should have had the oversight of the service to ensure this was completed and that the service was working within their registration conditions.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager was suitably qualified and experienced. They had worked in the learning disability field for several years and were experienced in both support work and in the management role. They were knowledgeable about each person that used the service.

All the staff we spoke with told us they thought the home was well managed. Staff told us, "[Name of manager] is extremely supportive and I know I can go to them for anything." Another comment was, "They [registered manager] know everything about each and every one of the people here, they are very involved in the day to day running of the home." The registered manager told us that some staff had worked for many years at Badgers and that staff turnover was very low. They also told us that the service does not use agency staff at any time.

We saw that the registered manager and staff promoted positive values and an open and inclusive culture in all areas of the service. We saw comments from other professionals that had been working with the home had been positive about how the home was managed. One comment recorded was, "Well done on the excellent care." Another was congratulating the manager and staff on being pro-active of visual breast screening.

The registered manager told us that she often works in shifts and this enables her to keep 'hands on' and can also see how shifts are managed with staffing levels. Staff we spoke to were positive about the working environment and the team members at the service. One comment was, "I love working here, it honestly does

not feel like I come to work as I enjoy it so much. Everyone works together to make sure people have the best quality of life."

Staff told us that meetings were held regularly, and they felt supported and listened to by the manager. One comment received was, "[name of manager] will always listen to our concerns or ideas and will act on them too." We saw from records we viewed that meetings were varied and covered different topics. The registered manager told us that it was difficult to hold relative's meetings as most people do not have any relatives but those that do were spoken to regularly to gain their views of the service.

We found that records relating to staff and people who used the service were kept securely in order to maintain confidentiality. Records showed audits were carried out regularly and updated as required in order to monitor the service provided by the home. Monthly audits included checks on medicines management, care documentation and accidents and incidents. Any issues highlighted from the audits were then rectified. Risk assessments and care plans were of a good standard and reflected people's needs fully.

The provider also had a questionnaire that people were asked to complete to share their views of the service. The provider used formal and informal methods to gather the experiences of people who lived in the and used their feedback to develop the service.

The service was displaying the rating of the last CQC inspection within the home as required.