

Field Lane Foundation(The)

The Field Lane Domiciliary Agency - Southend-on-Sea

Inspection report

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Date of inspection visit:
12 September 2016
13 September 2016

Date of publication:
03 November 2016

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 12 and 13 September 2016 which was unannounced, the inspection team consisted of one inspector on both days.

The Field Lane Domiciliary Agency Southend-on-Sea is registered to provide personal care. The people using this service are living with various types of learning disabilities. They are supported by the agency to live as independently as possible in a supported housing environment. The agency is currently supporting people living in two separate premises in the Southend area. Both houses are staffed 24 hours a day.

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; 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) and how to apply these. The registered 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 reassured that all complaints would be dealt with and resolved efficiently and in a timely manner.

The service had a number of ways of gathering people's views which included holding meetings with people, staff, and relatives. The registered manager carried out a number of quality monitoring audits to help ensure the service was running effectively and to help them make any 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 at the service. The provider's arrangements ensured that staff were recruited safely and people were supported by sufficient staff to meet their needs and ensure their safety and wellbeing.

Medication was managed and stored safely.

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. Their feedback was used to make improvements to the service.

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

Good ●

The Field Lane Domiciliary Agency - Southend-on-Sea

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 12 and 13 September 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 three of the people using the service. We also spoke with the registered manager, two senior co-ordinators and two support staff. We reviewed four people's care files. We also looked at the services medication arrangements, complaints management quality monitoring process, audit information and policies held at the service and the service's staff support records for three members of staff.

Is the service safe?

Our findings

People told us they felt safe. One person said, "The staff here make sure I am safe when I am at home or when I am walking in the street. We have all been taught not to speak to strangers in the street unless we have staff with us to make sure we are safe." The registered manager added, "All the people in the service had attended training courses on how to keep themselves safe when in the community."

People and staff knew how to recognise the signs of possible abuse and how to report it. Where issues or concerns had been reported in the past they had been addressed appropriately by the management team. Staff had confidence that the senior staff would act appropriately in the event of any future concerns. All staff had attended safeguarding training. Staff informed us, "We attend safeguarding refresher training every year. This helps us ensure we are up to date with the changes in law." Staff were able to identify how people may be at risk of different types of harm or abuse and what they could do to protect them. We observed staff responding promptly to people to ensure they were safe at all times. Most people using the service were monitored on a one to one basis throughout the day due to the risks people presented. Staff were knowledgeable about the people they supported and used a range of techniques to intervene where people could become distressed or upset. Staff also added that the service ensured that all staff were suitably trained to maintain people's safety at these times.

The service had a policy for staff to follow on 'whistle blowing' and staff knew they could contact outside authorities, such as the Care Quality Commission (CQC) and social services. Posters were displayed around the service, which gave advice to people who used the service, visitors and staff about what to do if they had any concerns. The posters gave information about who to contact outside the service if anyone wished to do so. This was provided in an appropriate format so as to ensure that people understood what abuse was and how they would be protected. Staff were certain that their concerns would be taken very seriously by their manager. The registered manager had a good understanding of their responsibility to safeguard people and dealing with safeguarding concerns. The provider's policies and procedures were in line with local authority procedures and they worked closely with the local safeguarding team.

Staff had the information they needed to support people safely. Support plans and risk assessments were regularly reviewed to ensure all documentation was up to date with each individual's current support needs. For example, a risk assessment was in place for one person in relation to them having seizures; this showed how to support the person and respected their freedom. There were robust systems in place to reduce the risk of people being harmed, while at the same time ensuring that people were supported to live an independent life. Any potential risks to each person had been assessed, recorded and guidelines were in place as to how each risk would be minimised with as little restriction as possible to the person's activities and independence.

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 arrangements implemented. In addition identified risks such as low ceiling, loose

flooring and uneven surfaces had been highlighted with black and yellow hazard tape to aid people using the service. Staff informed that they checked every person's room every morning to ensure the environment was safe for people using the service and hazards had been identified this would be raised to the maintenance staff. 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 in the event of a fire.

There were sufficient staff on duty to meet people's assessed needs and when people accessed the community additional staff were deployed. The registered manager adjusted staffing numbers as required to support people's needs.

An effective system was in place for safe staff recruitment. This recruitment procedure included processing applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. 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 medications as prescribed. All staff working in the service had received appropriate training in the administration of medication. Each person living in the service had a medication safe box in their self-contained rooms and only staff had the keys to open each safe box, this was to ensure the safe management of people's medication. We observed a person asking staff for their medication. In turn staff checked the medication administration records before they dispensed the medication; they also spoke with the person about their medication. We found staff knowledgeable about people's medicines and the effect they may have on the person. For example, understanding how to monitor someone on a new prescription medication and noting any adverse or unusual side effects. This helped to ensure medicines were administered safely and in a person centred way. When we spoke to people using the service they informed us that the service spent time with them educating them about their health conditions and prescribed medication and also the possible side effects of the medication. We reviewed medication administration records and found these to be in good order. 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 that people received medication safely.

Is the service effective?

Our findings

We found staff to have a good knowledge and the skills they needed to provide good quality care to people using the service.

Staff informed us that before commencing employment they were required to complete an induction which helped them learn about their role. As part of their induction, staff were required to read people's support plans to ensure that they had a good knowledge of the people they were supporting. They informed us there was a period of being observed by the registered manager who would regularly give them feedback and sat down with them to complete their induction competency checklist to ensure the level of care and support they were delivering met the needs of the people they were supporting.

Staff told us they had attended mandatory training as identified by the provider when they first started work and that they attended refresher courses at regular intervals which were arranged and monitored by the office staff. Staff were also encouraged to undertake additional training and development to continually develop their skills.

Staff had regular supervision and meetings to discuss people's care and the running of the service. Staff were encouraged to be open and transparent about any concerns they may have. Staff informed us, "We have regular supervision with the manager and if we need to discuss something with the manager before supervision we can arrange for an informal supervision and we are given the option for all our conversations to be recorded in our staff individual files." Individual staff records confirmed this.

The registered manager had a communication book in place for staff to use to write down events that may be useful for delivering good care to people. One staff member told us, "We write in the communication book events that may have occurred during our shift this is to ensure that all staff are up to date with what is going on in the service. We are required to read and sign the communication book at the start and end of each shift as to ensure that we are all up to date with everything."

The Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) governs decision-making on behalf of adults who may not be able to make particular decisions because they do not have capacity to do so. Therefore we looked at whether the provider had considered the MCA and DoLS in relation to how important decisions were made on behalf of the people using the service. 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 registered manager and staff showed a good understanding of their responsibilities and had made the appropriate DoLS applications in recent months to the Local Authority; however they were still waiting to hear if these had been authorised. Staff were able to demonstrate how they helped people to make decisions on a day-to-day basis. We observed staff consulting with people about how they wanted their

support to be delivered and if the person was unable to make an informed decision staff would then make a decision in the person's best interests, taking into account the person's past and present wishes and feelings. Where people had been assessed as lacking mental capacity to make an informed decision the service had care plans and risk assessments in place to manage the risk ensuring that people's wishes and feelings were being respected.

People said they had enough food and choice about what they liked to eat. Most people using the service needed support with meal provision as this was incorporated in people's support plans, to ensure they maintained a balanced diet. Throughout the day we observed staff supporting people to prepare food and drinks and people were being encouraged to drink plenty of fluids as it was a warm day. At lunch time we observed staff going to each individual person to ask them what meal they wanted support in preparing. Within the service other people had self-contained living spaces so they had their own kitchen. One person told us, "Each morning I like to have a full English breakfast, one of the staff comes to me and helps me cook my breakfast."

People's healthcare needs were well managed. We noted people were supported to attend any hospital appointments as scheduled. When required the service liaised with people's GP, mental health professionals and community mental health services to ensure all of their healthcare needs were being met. In addition people were supported to obtain dental care and vision tests as and when required.

People's rooms were decorated to each person's interests and likes which showed the service gave people choice and respected each individual. The registered manager told us, "When each person comes into the service we give them the choice to decorate their room to their liking."

Is the service caring?

Our findings

The service provided care and support to people in a safe and caring environment and welcomed visitors. Relatives of people living in this service told us that the staff were caring in their approach. One person told us, "The staff are very sweet; they are caring and always make sure I am happy."

We observed and heard staff listening to people's wishes, needs and then proceeding to support people accordingly as to ensure that their needs were met in a caring manner. For example One person wished to go into town to have a coffee, we observed staff consulting person on where they wanted to have their coffee and how they wanted to travel this being either bus or walking in town.

People and their relatives were actively involved in making decisions about their care and support. One relative told us, "The manager contacts me to discuss my relative's care needs and where my relative can speak for themselves, I have seen staff sitting down with my relative and going through their support plans." The registered manager added, "We hold reviews for each person and we always involve each individual, their family and healthcare professionals where possible and changes are made if required." On reviewing people's care and support plans we found them to be detailed and covered people's preferences of care. For example, how people preferred to have their needs met and when. We also found care and support plans to have detailed recordings of each person's interests and how staff would support to take up their interests. This gave staff an opportunity to get to know them and their individual support needs.

The service used a key worker system in which people had a named care worker who took care of their support needs and was responsible for reviewing the person's care needs. Staff respected people's privacy by only accessing their rooms after consulting people. Most of the people living in the service were non-verbal and staff used alternative communication aids such as picture cards to enable effective communication and to ensure people felt valued and listened to. One person expressed their interest in the use of Makaton as a means of communicating with staff. Makaton is a language programme using signs and symbols to help people to communicate. It is designed to support spoken language and the signs and symbols are used with speech, in spoken word order.

People's independence was promoted by a staff team that knew them well. For example the manager informed us that arrangements were being made for two people to access the community with staff observing them from a safe distance. The manager informed this would give people the sense of independence but also provide a safety net should anything go wrong as staff would be observing them. The registered manager told us that the service also encouraged people to undertake tasks such as doing their laundry and cooking as this gave them a sense of involvement and engagement in their care and support. We noted that all the people in the service were well presented and smartly dressed. Staff informed us that people's well-being and dignity was very important to them and ensuring that people were well-presented was an important part of their supporting role.

People were supported and encouraged to access advocacy services. Advocates support people to develop the skills, confidence and knowledge they need to voice their concerns and make sure they are being

treated correctly. Advocates also attended people's review meetings if the person wanted them to.

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 very detailed support plans and individual risk assessments and also in the attitude and care of people by staff. Pre-assessments were completed before people came to live at the service to ensure that the service could meet their needs. Relatives told us how they had been involved in helping to provide details of the person's early life and interests when staff were writing support plans. The support plans we viewed contained descriptions of each person and this was also accompanied with a photo of the person which helped to identify each person. Staff informed us that they had found this very useful when they first started as they were able to identify each person after reading their care plans as part of the induction process. They were specific to each individual and provided evidence that people had been consulted as each plan had also been signed off by the person or their relative.

Staff told us about the activities that people enjoyed and we saw that people chose how to spend their time and had opportunities to spend time participating in a range of hobbies and interests.

One person told us, "Every morning I like going to the shops to buy my magazine, my chocolate and one of the staff take me." Activities were not routinely set out. This meant that people in the service could choose what they wanted to do at any given time and the service would do its utmost to facilitate the activity. Care plans reviewed showed that each individual had their own activities plan based on their interests. The registered manager informed us, "We try and encourage every person to participate in activities of their interest. For example, one person went to the One Direction concert few years ago." One person informed us, "The staff have arranged to for me to have guitar lessons and hopefully next year I can go on one of the TV talent shows, that has always been my dream."

We saw that people could spend time in their own rooms whenever they wanted to do so. When we arrived people were engaged in various activities and some were in their rooms. Some had eaten breakfast and chosen to go back to their rooms. Others were in the kitchen with staff or in the lounge watching television. People were able to access the garden area but staff were constantly aware of where people were to ensure they remained safe and staff were able to respond when required if people required support.

People were encouraged and helped to maintain contact with friends and family members, where possible. One person told us, "My relative visits me every week and when she comes we go out for lunch with my support worker." There were details in people's care plans about how they kept in touch with people who were important to them.

The service had clear policies and procedures for dealing with complaints. There were clear details about how to make a complaint in the service's service user guide and in the visitors' pack. The registered manager said that they welcomed feedback from people about the performance of the service. The feedback which we saw and received from visitors and people in the service was all positive.

People told us that the registered manager was approachable and they would tell her if they were not happy or had a complaint. They were confident that the registered manager would make any necessary changes.

Is the service well-led?

Our findings

The registered manager was visible within the service and we were informed that in the absence of the manager there were senior support workers that looked after the service and kept the manager up-to-date. The registered manager had a very good knowledge of people living in the service and their relatives.

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

People and their relatives felt at ease discussing any issues with the registered manager and their staff. One relative informed us that their family member asks to return to the service as soon as they have finished their respite because they enjoy it so much and told us, "This gives us assurances that our relative is happy in the home and they are getting all the support they need."

The registered manager told us that their aim was to support both the person and their family to ensure they felt at home and happy living at the service. The registered manager informed us that they held meetings with relatives and the person using the service as this gave the service an opportunity to identify areas of improvement and also gave relatives an opportunity to feedback to staff; be it good or bad. People and their relatives also told us that were involved in the continual improvement of the service.

There were a number of effective monitoring systems in place. Regular audits had taken place such as for health and safety, medication, falls and infection control. The registered manager and the regional manager carried out a monthly and bi-monthly manager's audit where they checked care plans, activities, management and administration of medication. And should concerns be highlighted the manager would implement an action plan on how the service would resolve the concerns. The manager informed that they would also discuss audit outcome with staff be it good or bad. The manager this was a way of keeping staff involved in the running of the service and staff were given an opportunity to come up with ideas to improve the service. The manager informed audits were shared with the senior management for review and who in turn would give the manager feedback to ensure people were receiving good care and were safe. Actions arising from the audit were detailed in the report and included expected dates of completion and these were then checked at the next monthly audit.

Personal records were stored in a locked office when not in use. The registered 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.