EHC Moston Grange Limited

The Fallowfield Project

Inspection report

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Fallowfield
Manchester
Greater Manchester
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Tel: 01612573742

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12 October 2016
14 October 2016

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Ratings

Overall rating for this service	Good

Is the service safe?	**Requires Improvement**
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 12 and 14 October 2016 and was announced. At the last inspection in December 2013 we found the provider was meeting the regulations we looked at.

The Fallowfield Project is a supported living service that provides supported living to men and women with a learning disability and/or a mental health diagnosis. The service has three houses, all in close proximity. The houses in total can accommodate up to twenty people. The service had 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection people told us they felt safe living at the service and with the staff who supported them. Staff knew how to keep people safe and what to do if they witnessed any incidents that concerned them. Management plans were in place to reduce or eliminate the risk of harm and ensured people were not subject to unnecessary restrictions. Staffing arrangements enabled people to do the things they wanted to do. We have made a recommendation about the management of some medicines.

People were supported by staff who had the knowledge and skills to provide good care. People made their own decisions and staff provided support whenever they needed help. Systems were in place to help people stay healthy. Everyone was involved in menu planning, food shopping, preparing and cooking meals. People told us they got good support with their healthcare and attended appointments if they needed specialist support. Health action plans usually provided good information although some needed updating, which the registered manager said would be done straightaway.

People told us they were treated with dignity and respect. They were complimentary about the care they received and the staff who supported them. Staff knew people well and were confident everyone received good care.

People were involved in planning their care and the support they received met their preferences and needs. People's support plans were personalised and identified what was important to them.
People enjoyed a range of person centred activities within the home and the community. People took responsibility for communal household tasks and their own daily living tasks such as laundering their clothes and cleaning their room. People told us they were comfortable talking to staff or management and would raise any concerns.

The service had good management and leadership. We received positive feedback from people who used the service and staff about the registered manager. People told us they felt listened to and were encouraged to put forward suggestions and ideas. The provider and management team at The Fallowfield Project monitored the service to make sure people were receiving safe and effective care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Risk was well managed and staff knew what to do to make sure people were safeguarded from abuse.

There were enough staff with the right skills and experience to keep people safe.

Most areas of medicine management were well managed; some additional measures needed to be introduced to make sure people received their medicines as prescribed and in their preferred way.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the knowledge and skills to provide good care to people.

People we spoke with told us they made their own decisions and staff provided support whenever they needed help.

Systems were in place to help make sure people stayed healthy.

Is the service caring?

Good

The service was caring.

People who used the service told us the staff were caring.

People were comfortable and considered the service as their home.

Staff knew the people they were supporting well.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care and support was

planned.

People enjoyed a range of person centred activities within the home and the community.

Systems were in place to respond to concerns and complaints.

Is the service well-led?

Good

The service was well led.

People who used the service and staff spoke positively about the management team. They told us the home was well led.

Everyone was encouraged to put forward suggestions to help improve the service.

The provider had systems in place to monitor the quality of the service.

The Fallowfield Project

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 12 and 14 October 2016 and was announced. On 10 October we informed the provider we would be visiting because we needed to arrange visits. One adult social care inspector and an expert-by-experience carried out the inspection on the first day of the inspection. They visited each supporting living accommodation and went to the provider's office. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the second day the adult social care inspector telephoned staff and reviewed records sent by the provider.

Before the inspection, the provider 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 sent out questionnaires to nine people who used the service and seven staff; seven were returned from people who used the service and two from staff. We reviewed the PIR, questionnaires and other information we held about the service. This included statutory notifications that had been sent to us. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

At the time of the inspection there were 17 people living at The Fallowfield Project. During the inspection we looked around the service, observed care, spoke with 11 people who used the service, eight members of staff, the registered manager and the clinical lead. We spent time looking at documents and records that related to people's care and the management of the home. We looked at three people's care records.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living at the service and with the staff who supported them. One person said, "I feel settled here. I feel safe. People are friendly. They are all different but all good." Another person said, "I feel safe, I feel comfortable here." Everyone who completed one of our questionnaires said they 'felt safe from abuse and or harm from their support workers'.

Staff and the management team told us people were safe. They said they had received safeguarding training and were able to tell us about the safeguarding processes that were relevant to them. Staff knew what to do if they witnessed any incidents and were aware the provider had a whistleblowing policy and knew who to contact if they wanted to report any concerns. One member of staff discussed 'boundary' training which they had completed. They told us it gave staff clear direction about "professionalism and not over stepping the mark, and how we speak to people- our tone and manner'. Staff who completed our questionnaire said they knew what to do if they suspected one of the people they supported was being abused or was at risk of harm.

The registered manager told us there was one open safeguarding case at the time of this inspection. A 'safeguarding file' was maintained which contained reports that related to previous cases and showed appropriate action was taken and relevant agencies were involved. The registered manager had notified the Care Quality Commission about safeguarding cases appropriately and in a timely manner.

We looked at people's individual care records and saw risk was managed. People had support plans and risk plans which identified hazards people might face. For example, one person had risk plans to cover finances, smoking, violence and aggression, drugs and alcohol, self-harm and exploitation. The plans provided guidance to reduce or eliminate the risk of harm and ensured people were not subject to unnecessary restrictions. We saw examples where staff had discussed risk and reasons why measures were taken to minimise the risk of harm. For example, one person was smoking in the room which was not permitted. Staff had reminded them this was in breach of their tenancy agreement.

In the PIR the provider told us what they did to keep people safe. For example they said, 'There are regular checks on the fire detection system in which all staff participate'. Staff we spoke with confirmed that frequent fire tests were carried out.

People we spoke with told us they were happy with the staffing arrangements and gave lots of examples where they received staff support to do the things they wanted to do. For example, one person said, "I have been here two years. I work with staff. They support me and give me guidance to do things. I do a lot of activities." One person told us staff were sometimes busy on an evening because they were doing medicines and supporting people to make meals. They said, "It's hard to find staff to talk to." People who completed questionnaires said they received care and support from familiar, consistent support workers.

Staff told us there were enough staff to meet people's needs. One member of staff said, "Staffing is fine. We also can request support if we need any assistance." Another member of staff said, "We have enough staff to

support people individually in the home or in the community."

In the PIR the provider told us they were 'exploring a different shift pattern in which staff complete their contracted hours in shorter shifts, which would allow more flexibility in the rota and more hours being focused on ensuring the staffing level was right for the identified activities/ needs of the tenants.' They also said, 'We are also looking to rota 24.5 additional hours on the rota for clinical input from a qualified nurse to monitor medical issues and act as a mentor and guide to the existing staff team.' We saw the clinical input had commenced when we carried out the inspection.

There had a low turnover of staff which meant staff who worked at the service were experienced. They had not recruited any new members of staff since January 2016 although one member of staff had transferred from another of the provider's services in June 2016 and another had transferred in July 2016. Staff who had been recruited in the last 12 months told us a robust recruitment process was followed before they could start working at the service, which included attending an interview. We looked at the recruitment records for two staff; these showed that application forms were completed and each applicant had attended an interview. The provider checked with the disclosure and barring service (DBS) whether applicants had a criminal record or were barred from working with vulnerable people and obtained references. One file only contained one reference but two should have been received. The registered manager agreed to follow this up and confirmed they had done this soon after the inspection.

The provider had carried out audits on some staff files to make sure all necessary checks were carried out. The registered manager said they would audit every staff file to make sure they all had the necessary information.

We looked at the arrangements in place for managing medicines in the home and found overall there were appropriate arrangements for the safe handling of medicines although some issues were highlighted during the inspection, which the provider dealt with promptly.

People told us they received good support with their medicines. One person said, "Staff take care of my medicines and give me them when I need it." Each person had lockable facilities in their room which was used to store their medicines. We observed staff asking people to go to their room so they could administer and support them with their medicines. People told us they always had their medicines in their room. This helps makes sure medicine administration is personalised and the right person receives their medicines.

Most medicines were dispensed from a monitored dosage system which was supplied by a local pharmacist, and staff signed a pre-printed medicine administration record (MAR). We saw these were usually completed correctly. One person had several medicines that were administered at the same time; however, the instructions around administration were different. For example, one tablet had to be taken before food and another had to be taken with food. The registered manager and clinical lead said they would raise this with the local pharmacist as soon as we brought it to their attention. Several items on the MAR were no longer in use so the clinical lead said they would also raise this with the local pharmacist.

Some people had 'as required' medicines, such as pain relief. Staff recorded the administration on the pre-printed (MAR), however, they did not always record the stock balance so it was difficult to establish if people always received the right amount of medicine. One person's stock balance was recorded but the number of tablets remaining did not correspond with the number of tablets that were signed for on the MAR. The registered manager had designed a new chart for staff to sign before we left the service, and after the inspection told us they had discussed this and the other issues identified at the inspection with the pharmacist. Minutes of the meeting were sent to us.

People had medicine support plans, which outlined the support people required with managing their medicines. There was no information about support with medicines that were prescribed 'as required', which helps ensure people receive their medicines consistently and in the preferred way. We recommend that the service include guidance for administering 'as required' medicines in the support planning process.

One person told us they had recently started self-administering their medicines. They told us they had developed a plan with the registered manager and commenced the first stage where staff went to the medicine storage unit and observed the person administering their medicine. The person told us they were "very happy" with the arrangements.
People told us they felt safe living at the service and with the staff who supported them. One person said, "I feel settled here. I feel safe. People are friendly. They are all different but all good." Another person said, "I feel safe, I feel comfortable here." Everyone who completed one of our questionnaires said they 'felt safe from abuse and or harm from their support workers'.

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Good

Is the service effective?

Our findings

Staff we spoke with told us they felt well supported and received training that gave them the knowledge and skills to do their job well. One member of staff said, "I've learnt a lot since I started here. The training has been good and I've worked with more experienced staff who have also helped me learn." One member of staff who had started working at the service in the last six months said, "I've been very happy with the training." Staff who completed our questionnaires said they got the training they needed to enable them to meet people's needs, choices and preferences, and received regular supervision and appraisal which enhanced their skills and learning. People who completed a questionnaire were asked if their support workers had the skills and knowledge to give them the care and support they needed: Six people agreed and one person said they didn't know.

In the PIR the provider told us what they did to make sure the service is effective. They said, 'Our target is to have 100% of our staff trained and be able to demonstrate competence, at present staff undergo a 12 week induction reflecting the 'Care Certificate' from the day they start employment at the service, giving them the skills and confidence to carry out their role and responsibilities effectively. Supervisions and appraisal are used to develop and motivate staff and review their practices. Our target is to undertake six annual supervision sessions plus an annual appraisal on all staff every year. Our current compliance is 100% in supervisions in 2016.' The 'Care Certificate' is an identified set of standards that health and social care workers adhere to in their daily working life.

We looked at the provider's training and supervision matrix which showed staff were appropriately trained and supervised. Staff we spoke with and who completed the questionnaires said they had training in and understood their responsibilities under the Mental Capacity Act 2005 (MCA).

The 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 we spoke with told us they made their own decisions and staff provided support whenever they needed help. People gave examples of making decisions about their daily activities, choosing when to get up and go to bed, and where to spend their time. One person said, "We have a lot of freedom here." Another person said, "I have a say in how I want the day to be. I have a say in what I want and what I don't want. I go to the supermarket with my support worker and the local shop by myself. I can choose who I want to go shopping with."

We saw people's support plans and daily records showed people made decisions about their care and their right to make unwise decisions was respected. For example, staff held discussions with one person about registering with a dentist. There was a record of the discussion and the person's decision to decline was respected. A member of staff told us, "We have a responsibility to keep people informed but we cannot insist. We all have a right to make bad choices. If someone doesn't understand something that's when we

have to make sure best interest decisions are made."

People told us they could choose what they wanted to eat and were involved in food shopping, preparing and cooking meals. People had an individual record of meals they had eaten throughout the day, which ensured people's nutritional needs were being monitored. We saw where people required support with specialist dietary requirements, i.e. losing weight, this was clearly recorded in their support plan. When we looked around the service we saw information about 'eating well' was displayed.

People told us they got good support with their healthcare and attended appointments if they needed specialist support. One person said, "If I need to see a doctor I see my GP at the medical centre (name). My support worker makes appointments for me." Another person told us they had a long term condition which was being monitored by the hospital and "a terrible back which hurt at night". The person's support worker told us they were "under regular review at hospital" for the medical condition and "had a heat pad applied to the lower back to help with sleeping". We saw from the care records people had a list of health professionals who were involved in their care, which included recent support from GPs, learning disability and mental health services. We checked one person's record and noted they had missed three dental appointments. Staff agreed to follow this up and contacted the dental practice on the day of the inspection.

People had a keyworker who helped them complete a health action plans (HAPs). A keyworker is a member of staff who takes part in developing support plans with people who use the service. HAPs identify what people needed to do to stay healthy. We saw some parts of the HAPs were effective and ensured people received appropriate support, however, we noted areas that had not been followed up. One person had said they wanted to stop smoking and this was clearly recorded on their HAP, however, there was no evidence to show this was followed up. Another person's HAP had not been updated which was due in January 2016. The registered manager said they would check the person received appropriate smoking cessation support and would also ensure everyone's HAP was up to date.

Good

Is the service caring?

Our findings

People provided positive feedback about the service, and were complimentary about the care they received and the staff who supported them. One person said, "I think it's great here. Staff are wonderful and caring, and I get on with everyone." Another person said they had been suffering with bereavement and said during this period, "Everyone was very nice and supportive." Several people told us they enjoyed spending time with their keyworker. One member of staff said, "The keyworker system works really well. People chose their keyworker so it's someone they like and get on with."

People told us they were treated with dignity and respect. One person said, "All the staff are polite. My support worker is all right. He always knocks on my door before coming into my room." Another person said, "[Name of support worker], treats me well. Respects my privacy and always knocks on my door first." Staff were confident people's rights were protected and their dignity and privacy were maintained. Staff gave examples of how they promoted independence. One person told us they could have privacy and go to their own room when they wanted. They said they talked to their keyworker if they wanted someone to talk to. They said, "If I need something staff will try to get it for me." Another person said, "I can talk to the staff if I'm upset."

We observed staff being courteous and respectful, for example, addressing people by name, making and maintaining eye contact, and talking to people politely. It was evident from our observations and discussions that staff knew people well, and people were comfortable and considered the service as their home. We saw some people made breakfast and lunch; they chose items from the cupboards and decided what they wanted to eat and drink. People put their own laundry in the washing machine, chose what to watch on television and opened/closed windows as they wished.

Some people talked to us about wanting to move to alternative accommodation. One person said they wanted to move to a different service and were looking at this with their social worker. Another person talked about their plans to become more independent. They said they had met with the registered manager and developed a pathway which included self-medicating and moving into more independent accommodation. Another person said they were looking at an older person's service. The registered manager said they encouraged people to discuss their goals and aspirations, and supported people to plan how to achieve these.

Some people showed us their room; these were personalised and we saw people had kettles, fridges and kept snacks in their room. People looked well cared for. They were tidy and clean in their appearance which is achieved through good standards of care.

In the PIR the provider told us, 'We use person centred planning tools to work with people to understand them and their life history. All support plans are completed with the tenant and reviewed with the tenant on a regular basis. Consent is sought to use any information in the tenants file. All support plans identify goals and aims, and are individual to that person taking into consideration their own identity whilst respecting their age, disability, gender, gender identity, race, religion or belief and sexual orientation, and is clear and

concise using words that can easily be understood by that person to promote person centred support.' We reviewed support plans and the inspection findings confirmed this. We saw each person had information about them which was titled 'me in a nutshell'.

Good

Is the service responsive?

Our findings

People told us they were involved in planning their care and the support they received met their preferences and needs. People's support plans were personalised and included information about how they planned to achieve goals, what they liked about the support plan and things they didn't like. For example, one person's support plan provided guidance around supporting them in the community because they felt anxious when outside. The person told us they did not like being touched and the support plan clearly stated this. People had signed their support plans to confirm they were in agreement.

Staff told us the support plans were person centred and reflected the care people received. They told us they understood the support plans were there to help ensure staff supported people in the same way. Staff completed daily records which linked to the support plans and if these were being achieved. So for example, one person had a support plan around 'shaving and showering' and their daily records identified if these areas of need were met.

The registered manager showed us a new style 'person centred plan' that was being introduced, and which had been discussed and agreed by tenants and staff. The plan was in a more pictorial, easy read format to help everyone have a better understanding. It was divided into 11 sections and included, 'who I would like to be', 'what is important to and for me', 'how I communicate', 'what is and is not working in my life', 'my decisions' and 'my dreams'.

Several people talked to us about what they enjoyed doing during the day, which included community and in-house activities. Comments included, "There is quite a lot going on here, so I'm not bored", "I do a lot of activities; keep fit on Monday, gardening on Tuesday, swimming on Wednesday, banking on Thursday and shopping on Friday. I look after my goldfish", "This afternoon I am going to the supermarket and the shops by myself. I am going to Cork, Ireland after Christmas to see friends. I do a lot of gardening", "I have been to Chester Zoo, Blackpool and Scotland to watch the Military Tattoo", "I go to art and craft at union chapel, with another tenant, every week. I am looking to take up a course in a college", "I am happy here. It is not boring. We go out sometimes".

People told us they were supported to maintain relationships with family and friends and the service was flexible when visitors visited. One person told us their key worker was helping them make contact with family. Another person talked about their relationship with another person who used the service and said they were "developing plans". Another person said, "My mum is coming to visit me tomorrow, and we go out to lunch. She visits every Thursday."

People were involved in the day to day running of the service and took responsibility for household tasks such as cooking, cleaning communal areas and washing up. People also took responsibility for their own daily living tasks such as laundering their clothes and cleaning their room. Comments included, "I clean, cook, shave myself. I go out to the shop for cigarettes", "I hoover up my room and corridor, and shampoo carpets at times. I clean my own room, do my own washing and cook for myself".

In the PIR the provider told us what they did to make sure the service is responsive. They said, "Each tenant is encouraged to contribute in the assessment, completion and regular reviewing of their own support plans alongside others where it is identified as appropriate." At the inspection our findings confirmed this.

In the PIR they also told us, 'Tenants and others are encouraged to voice their concerns about any aspect of the service. In the recent survey 100% of the tenants said they knew how to and who they can make a complaint to. All complaints are taken seriously and dealt with in accordance with the company's policies and procedures and are seen as a way to improve the service.' At the inspection people told us they were comfortable talking to staff or management and would raise any concerns. People who completed a questionnaire were asked if the service responded well to any complaints or concerns they raised: Six people agreed and one person said they didn't know.

We looked at the provider's complaint record and saw five complaints were logged in the last 12 months. The record showed these were investigated and responded to in a way which resolved the issue where possible to the person's satisfaction, and minimised the risk of the same issue arising in the future.

Good

Is the service well-led?

Our findings

The service was well led.
The service had a registered manager who was registered with CQC in March 2016. We received positive feedback from people who used the service and staff about the registered manager. People who used the service told us they liked the registered manager. One person said, "[Name of registered manager] is the manager. He listens to me." Another person said, "Anything personal, I go to the manager about it. I go to my support worker too." A member of staff said, "Management are very approachable. They are very supportive; personal things as well as professional things."

Staff who completed a questionnaire said the managers were accessible and approachable and dealt effectively with any concerns they raised. They said they would feel confident about reporting any concerns or poor practice to their manager.

In the PIR the provider told us what they did to make sure the service is well-led. They told us, 'The manager and team leader are based on site and adopt an open door policy to their offices. The manager ensures they are approachable and visit each house on a daily basis, tenants are also encouraged to spend time with the manager and know they are welcome to access the office for social visits.' During the inspection it was evident the registered manager and team leader knew people well, and we saw people chatted comfortably to both.

People told us they felt listened to and could share their views individually and at meetings. One person said, "I attend the tenants meeting every month. It is much about house cleaning and buying cleaning aids in turn. I have a say in what happens in the house. Also a maintenance man calls about twice a week who is quite efficient." Another person said, "Tenants like [name of person] pester me for cigarettes. It is annoying. I have told staff. I will probably raise this in the tenants meeting."

We reviewed tenant and staff meeting minutes. These showed people raised topics for discussion and where appropriate actions to address any areas were agreed. Items were then followed up at the next meeting.

The provider had asked people to complete surveys based on their experience of the service. We looked at responses from the last staff survey and tenant survey which was completed in January/February 2016. The provider had devised a survey result report which summarised people's responses. An action plan was then developed to address any areas of concern and drive improvement.

In the PIR the provider told us, 'The manager reports to the company directors on a regular basis through a weekly governance summary which enables an overall picture of the service, whilst highlighting any trends or patterns. The manager also produces a board report on a monthly basis which they present at the monthly board meetings alongside other managers from other services.'

At the inspection we reviewed audits which had been completed by the management team at the service, which were then used to monitor the quality and safety of service delivery. For example, we looked at an

environmental audit which checked appliances were in working order, furniture was in good repair and carpets were in good condition. The provider had also carried out audits such as recruitment, clinical care file and care certificate. The registered manager said the provider often visited the service and spoke with people who were at home and staff on duty. The provider did not record these visits.