Contemplation Care Limited

Five-Ways

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?	Requires Improvement

Summary of findings

Overall summary

Fiveways is a small residential home for up to three people with a learning disability and autism. The home is set in a quiet cul-de-sac location on a residential estate. It has a small, cosy living room, dining room and large kitchen leading out into an enclosed garden. At the time of the inspection, two people were living at Fiveways. A third person had a permanent home at Fiveways but was temporarily living at a nearby service managed by the provider due to their current state of health.

The home did not have 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. A manager had been appointed in the summer of 2015 and managed Fiveways, and another small home a few miles away but had not yet applied for their registration with the Care Quality Commission (CQC).

Staff understood how to recognise the signs of abuse and how to report any concerns within the service and to external agencies such as CQC and the Local Authority. There was a safeguarding and whistleblowing policy in place which included relevant contact details and telephone numbers for reporting concerns.

Staff felt supported, and were listened to by the manager who involved them in the development of the service. Training and supervision was in place to support staff and ensure they were competent to carry out their role.

Recruitment practices were robust and staff were checked for suitability to support people in an adult social care setting before starting work. Staffing was managed across the two homes that the manager was responsible for which enabled more opportunities for activities to take place outside of the home.

There was a calm, positive and homely atmosphere at Fiveways. Staff interacted with people with kindness and respect and promoted their independence.

People had person centred plans which included pictorial versions with photographs of people and activities. This helped to ensure that people's wishes and skills were recorded along with their support needs.

There was evidence in care plans that the home had responded to people's health needs and this had led to positive outcomes for people. Risks to people had been appropriately identified and assessments were in place to manage these which staff were aware of.

Medicines were managed, stored and disposed of safely and administered by staff who had been trained to do so. The manager had put new systems in place to manage medicines more effectively.

People were asked for their consent before care or support was provided and where people did not have the capacity to consent, the provider acted in accordance with the Mental Capacity Act 2005. People's mental capacity was assessed when specific decisions needed to be made, and the outcome recorded to confirm whether they had capacity to make the decision. The manager was aware of their responsibilities under the Deprivation of Liberty Safeguards (DoLS). However, no one at the home currently required a DoLS.

Systems were in place to assess and monitor the quality of the service such as medicines audits, staff surveys and gaining feedback from people using the service. Regular checks were carried out in relation to the environment and equipment, and procedures were in place to report any defects. Learning took place from any incidents and accidents which were recorded.

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 is safe

People were supported by staff who knew how to safeguard them from harm and report any concerns.

Risks to people and environmental risks had been assessed, and measures put in place to minimise these risks.

Incidents and accidents were investigated and learnt from.

Is the service effective?

Good

The service is effective

People were involved in choosing the menus and were supported to eat and drink sufficient for their needs.

Staff had received relevant training, supervision and support to enable them to provide care to people that met their needs.

People were supported to maintain their health and wellbeing and were referred to healthcare professionals when necessary.

Is the service caring?

Good

The service is caring

Staff were friendly and interacted with people positively and with kindness and understanding.

Staff respected people's privacy and dignity and treated people with kindness and compassion. People were encouraged to make choices and these were respected by staff.

Is the service responsive?

Good

The service is responsive

People's care plans were person centred and took account of their individual preferences. People were supported to follow their hobbies and interests in the community.

Care plans were regularly reviewed by the provider and updated to reflect people's changing needs.

People knew how to make a complaint if they were unhappy, although had not had cause to do so.

Is the service well-led?

Requires Improvement

The home is not always well led because the home did not have a registered manager. The manager was about to start the process of their application.

Systems were in place to assess, monitor and develop the quality of the service. People were asked for their ideas and opinions and were involved in running their home.

There was an open door culture within the home and staff told us they felt supported by the manager.

Five-Ways

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 was carried out on 15 April 2016. We called the provider the day before our inspection to ensure they would be available as a previous attempt to carry out an inspection was cancelled due to everyone going out for the day on activities when we arrived.

The inspection was carried out by one inspector, due to the small size of the home and people's complex needs.

Before the inspection, we reviewed all the information we held about the service including notifications received by the Care Quality Commission (CQC). A notification is when the provider tells us about important issues and events which have happened at the service. This information helps us decide what areas to focus on during inspection.

During our inspection we observed how staff interacted with people. We spoke with the two people living at the home to obtain their views on the quality of care. In addition, we spoke with the manager and a member of the care staff. We reviewed each person's care records which included their daily records, care plans and risk assessments and their medicine administration records (MARs). We looked at recruitment and training files for five staff. We also looked at records relating to the management of the home which included audits, minutes of meetings, maintenance and health and safety records. Following the inspection we spoke to another member of care staff and one care professional to gain further feedback about the home.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said "Staff look after me and keep me safe." They also told us they had a key to their room and could lock their door and keep their belongings safe. Another person told us "If I'm worried I would talk to staff." A social care professional who supported one person told us "He's safe there." They also told us "His money is kept in the safe and when he asks they [staff] give it to him."

People were protected from abuse because safeguarding procedures were in place and staff understood them. Staff told us they had access to the manager and the operations manager and felt confident they would act if they raised a concern. Staff had received safeguarding training and were able to explain how they would identify and report suspected abuse. Staff also knew who to report concerns to outside of the home if they needed to such as the CQC or the local authority safeguarding team. Staff knew about the provider's safeguarding policy, including the whistleblowing procedure and confirmed they would use it if they had to. Whistleblowing is when a staff member can raise concerns anonymously outside of their own organisation.

Staffing was sufficient to meet people's needs. There was usually one member of care staff on duty each day and each night. The manager routinely spent part of each week at Fiveways and also provided support to people to attend activities or when required. Staff told us there were sufficient staff on duty to keep people safe and there were systems in place to obtain support in the case of an emergency, such as using the on call system, or requesting staff to support them from a nearby home. Staff told us they felt confident in the lone working system and that support would be available if they needed it.

The provider had systems in place for ordering, receiving and disposal of medicines which were well managed. The manager showed us they had put new systems in place to monitor medicines following an inspection at their other home and had learnt from the issues raised there. The storage of medicines met the required standards. There were no controlled drugs on the premises. Controlled drugs are medicines that must be managed using specific procedures, in line with the Misuse of Drugs Act 1971. Staff received training in administering medicines and staff competency was re-assessed annually or reviewed when required. MAR charts were signed by staff after each medicine was given to record that the person had taken it successfully.

People were cared for by staff who had demonstrated their suitability for the role. All staff had completed an application form and any gaps in employment history had been accounted for. The provider had carried out relevant checks on staff skills and experience, and obtained satisfactory references that confirmed their previous employment and good character. Criminal records checks were completed which ensured the suitability of staff to work with people in a residential care setting.

People were protected from foreseeable harm because the provider had carried out environmental and individual risk assessments and measures had been put in place to reduce these risks. The provider also involved others in the community, such as day service staff, in developing risk management plan for people where this was appropriate. Accidents and incidents were recorded and analysed. Learning from these was shared across all of the homes within the group.

The home and its equipment were maintained to a safe standard. Policies were in place for the safe management of the home and were reviewed regularly. For example, for fire and emergencies. Checks were carried out on equipment such as the fire alarm, emergency lighting and gas boiler and any actions required were recorded and completed.

Fire evacuation drills were carried out at regular intervals so that staff understood the process and evacuation notices were clearly displayed around the home. Each person had a 'personal emergency evacuation plan' that identified the support they would need from staff in the event that they needed to leave the home in an emergency situation.

The home had an emergency contingency plan which outlined steps to be taken if the home was unable to function. The plan included what actions should be taken and by whom, as well as key contact details and locations of alternative accommodation should this be required.

Good

Is the service effective?

Our findings

Staff asked people for consent before providing any care or support. One person told us staff "Ask me before they do anything." Another person said "They always check if it's okay to help me." We observed staff asking people for consent and respecting their wishes.

People were supported to eat and drink sufficiently for their needs and were involved in choosing the menus which were planned in advance and were on display in the kitchen. The manager told us they had improved the menus and there were now more fruit and vegetables on offer. They had increased the food budget and shopped throughout the week to ensure fresh produce was always available. We observed there was ample variety of fresh foods in the fridge and a choice of fruit in the fruit bowl.

Staff knew about people's dietary requirements and food preferences. Staff told us one person had sweeteners instead of sugar and the person confirmed this. People were supported to make choices about the food they ate, including healthy options, and alternatives were available if they chose not to have what was on the menu. One person told us "I put the things I want on the menu." We observed people being asked what they would like for lunch. They opted for scrambled eggs on toast. The evening menu was discussed and alternatives were offered. A staff member said "We have pizza on the menu but we could do spaghetti bolognaise, cottage pie or pasta bake?"

Staff understood people's known likes, dislikes and preferences and how they liked to live their lives. People were supported appropriately with their specific health needs, such as attending appointments at the dentist and opticians. Staff were able to tell us about people's health needs, and responded to changes in people's wellbeing. Healthcare professionals were called promptly when there were concerns about people's health. People were given information and were supported to be involved with monitoring and managing their health conditions to optimise their health.

People were cared for by staff who received an induction, support and training. This included safeguarding adults, (to keep them safe from harm), administering medicines, fire safety and first aid training. Staff also had specific training that was relevant to people's needs and opportunities for on-going development such as qualifications in health and social care.

People were supported by staff who received regular supervision and observed practice. This is where the manager observes staff performing specific duties to check they are competent. One staff member said "I had to have a competency check before I could do meds" and explained the manager had observed them doing this before signing them off as competent to give people their medicines unsupervised. Staff confirmed they received supervision, and were able to raise any issues or training needs. Where appropriate, staff had received an annual appraisal. Staff told us they felt supported by the manager who was approachable and responsive.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS)

which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. No-one at the home currently required a DoLS. However, the manager knew how to do this if required.

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. Staff were knowledgeable about the requirements of The Mental Capacity Act 2005 (MCA). Its principles were consistently applied by staff and any interventions were carried out in line with people's care plans, risk assessments and recorded appropriately. Relatives and care professionals were involved in making decisions about people's care where appropriate. Decisions made in people's best interests were properly assessed and recorded. A social care professional confirmed a person they supported had appropriate mental capacity assessments carried out by the staff for the management of their money.

Good

Is the service caring?

Our findings

People told us they were happy at Fiveways and got involved with helping to run the home. One person said "I helped to choose the furniture and the colour. It's [the sofa] not so low. It helps when I get up." Another person told us they helped to choose the lounge furniture and said "It's comfy." They told us they liked to spend time in their room listening to music. They said they could make their own decisions. For example they decided "when to get up and go to bed". A social care professional told us a person they supported needed a lot of encouragement to tidy and clear their room. They said the staff involved and respected the person and were "Really lovely the way they talked to [the person] about that".

Our observations confirmed that staff were kind, caring and respected people's choices and wishes. People and staff interacted in a relaxed and informal way. Staff communicated effectively with people, giving them time to make informed decisions and promoted people's choices and independence. Staff described how they recognised people's individual choices and their views were respected, such as what they wanted to do each day. Staff recognised when people needed assistance and supported them in an unhurried manner with encouragement and praise.

Staff spoke sensitively and enthusiastically about the people they supported. They knew people well and were able to tell us about them in detail, such as their care needs, birthdays, preferences, life histories and what they liked to do. Staff exchanged banter with people and talked about things they were interested in, such as sport, which stimulated their interest and interaction.

Staff provided care and support for people with respect, used people's preferred names and obtained consent before providing any care or support. For example, we saw staff knocking on people's doors and they asked people if they would like to show our inspector their bedroom and have a chat with them.

The home was relaxed and calm and people looked happy and comfortable with the staff on duty. One person told us "It feels like my home. I've lived here quite a long time." People's bedrooms were personalised and contained pictures, ornaments and the things each person wanted in their bedroom. One person showed us their room which had lots of artwork they had made themselves. People could spend time in their room if they did not want to join other people in the communal areas.

Visitors were welcome anytime. One staff member told us "Friends and relatives visit, of course, yes. It is always open for them or for them to phone up."

Good

Is the service responsive?

Our findings

People were supported to pursue activities outside of the home. On the day of our inspection, people were going to a Zumba class. One person told us about the activities they did, including sailing and basketball. They said "I went across the water in a boat. I want to try and sail the boat myself. The man sailed it." They also told us about the picnic they had been on the previous day which included playing football and a walk in the New Forest. Another person told us they enjoyed "Zumba, football, cricket and sailing every week". People's activities were recorded in the daily records we reviewed so it was clear what activities they had been involved in.

There were usually one or two members of staff on shift for the two people who lived at Fiveways. One member of staff told us "They both like similar things; walks; town for a coffee; Zumba; friendship group. They have things to do on their own as well. [One person] attends a day service." People told us they enjoyed going to another home (also managed by the provider) close by for Sunday lunch or to spend time with others in the evenings. This enabled people to socialise with a wider group of people. A social care professional told us there seemed to be more happening now. They said "They are going out more now, There's lots going on. Lots of ideas for community activities. They're [staff] responsive to ideas and suggestions. They're really trying".

People's care plans were comprehensive and individualised, and provided guidance for staff in how to provide care in the way they wanted and in a manner that promoted their independence. Where appropriate, these included pictorial person centred plans with photographs of each person carrying out their daily care tasks. People had been involved in discussions about their care and had signed their care plans to say they agreed with them. Care records included information about people's life history, interests, individual support needs and details such as food preferences and what was important to them.

People's care plans and risk assessments included specific plans for their health conditions and how to support them. These were explained in sufficient detail for staff to understand people's conditions and what it meant for the person concerned. People's care plans and risk assessments were relevant to their individual circumstances and were reviewed and updated regularly or when their needs changed. Other relevant parties, such as day services, were involved in writing risk assessments and management plans which ensured a consistent approach by all staff involved in supporting the person. A social care professional told us "The care plans are okay. I'm happy with them. Staff are in regular contact and keep me up to date, more than anyone else".

There was a handover system in place, where information was shared at each shift change which ensured staff were kept informed of any important information or changes in people's care needs. There was a keyworker system which enabled staff to take responsibility for individual people's care and reviews.

The complaints procedure informing people of how to make a complaint was displayed on the notice board in the dining room and included symbols and pictures. There was also a photo of the senior manager for easy recognition and details about how to contact the local authority and CQC. People told us they would

speak to staff or the manager if they were worried about anything. The home had not received any formal complaints, but staff told us any concerns raised would be acted on and a response given in writing.

Requires Improvement

Is the service well-led?

Our findings

At the time of the inspection, the home did not have a registered manager. Although the manager had been in post since July 2015, they had not yet applied to register with the commission. We discussed the importance of this with the manager who explained some issues they had had with obtaining copies of the necessary documents to evidence their identity for their criminal records check. They had not followed this up as quickly as they should have but they now had the documentation and said they would address this immediately. Due to the length of time the service had been without a registered manager this had affected their rating for 'well led'.

Staff told us the manager was approachable and helpful and they felt supported and valued. One member of staff said "I can always go to [The manager] for feedback. Supportive. Helpful. Very friendly. Open. Approachable. Would take the right steps to sort out a problem." Another staff member said the manager was "A good leader. Very hands on. Very good at looking after staff. Very busy. There when I need them. I'm happy working here." Staff felt able to raise concerns or issues and one staff member told us, when asked if they would like our interview to be in private, "I won't say anything I wouldn't say to [the manager]."

There was a positive atmosphere in the home with management and staff working to together. The culture within the home was open and transparent. The manager was available and visible throughout the home and interacted enthusiastically with people and staff.

Staff told us there were regular staff meetings which they found useful. Minutes of recent meetings showed topics discussed included medication, rotas, documentation and food checks. Staff meetings were also used to recap on specific training, such as the five principles of the Mental Capacity Act. Staff also completed self-assessments which enabled the manager to assess if staff had understood key areas of their work. For example a recent dignity audit showed staff understood how to respect people's dignity and the steps to take to avoid putting this at risk. One staff member had stated "You avoid placing people in situations where they can easily fail." Residents meetings also took place regularly. Minutes form the last meeting in March 2016 showed people discussed a range of topics, such as meals, trips out and keeping their rooms clean.

People and staff were encouraged to share their views about the service and how it might improve People were asked for their feedback about the home, and after taking part in different activities, so that any concerns could be identified. For example, one person had said they enjoyed going to the Oceanarium and their three favourite things about the trip were being told about the fish; a walk on the pier and looking at the fish and penguins. We did not find any negative feedback in all the samples we looked at and one person had commented that they "Would not change a thing."

Staff were also asked for feedback. The most recent survey showed staff were very satisfied with their work and the way the home was run. For example, all recent survey results were scored at "Excellent" or "Outstanding". The manager had not yet put in place a survey for families and friends but told us they had done some work with relatives and showed us an email from a family member which gave positive feedback.

Quality assurance systems were in place to assess and monitor the quality of the service and the manager had implemented some improvements following an inspection at another home which had identified some concerns. This showed the manager was proactive and was willing to learn from other feedback received within the wider organisation.

The home had operational policies in place which guided staff in the latest practice and legislation. Staff were knowledgeable about the policies and knew where they were kept if they needed to refer to them.