

Central Bedfordshire Council Frogmore Road

Inspection report

23 Frogmore Road
Houghton Regis
Bedfordshire
LU5 5FX

Tel: 03003004299

Date of inspection visit:
09 May 2019

Date of publication:
04 June 2019

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

About the service:

Frogmore Road is a domiciliary care service. It provides care and support to people with learning disabilities or autistic spectrum conditions living in their own flats within one area of Houghton Regis. At the time of the inspection, only four people were being supported with personal care.

People's experience of using this service:

People's support focused on them having as many opportunities as possible to gain new skills and become more independent. This supported the principles of 'Registering the Right Support' and other best practice guidance. These ensured that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

People were protected from harm by staff who were confident in recognising and reporting concerns. Potential risks to people's health and wellbeing were assessed and minimised. There were enough staff to support people safely and to enable them to take part in a range of activities they enjoyed. People were supported to take their medicines. Lessons had been learned from incidents to prevent recurrence. Staff followed effective processes to prevent the spread of infection.

Staff had the right skills to meet people's needs effectively. Staff were well supported and had information to meet people's assessed needs. Staff supported people to have enough to eat and drink, and to access healthcare services when required. This helped people to maintain their health and well-being.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People were fully involved in making decisions about their care and support. People were involved in planning and reviewing care plans. Staff supported people in a way that respected and promoted their privacy and dignity, and encouraged them to be as independent as possible.

People were happy with how staff supported them to meet their individual needs. They said this had been done in a kind and person-centred way. Complaints were managed well and there was learning from these to reduce the risk of recurrence. The service did not currently provide end of life care, but they had started including relevant information in people's care plans.

Audits and quality monitoring checks were carried out regularly to continually improve the service. The provider had systems to enable people, relatives and staff to provide feedback about the service. People's experiences of the service were positive. Staff felt fully involved in ensuring the service met its regulatory requirements.

Rating at last inspection:

At the last inspection, the service was rated Good (report was published in October 2016).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor all information we receive about the service and schedule the next inspection accordingly.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-led findings below.

Good ●

Frogmore Road

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector carried out the inspection.

Service and service type:

Frogmore Road is a domiciliary care service. This service provides care and support to people living in their own flats, within one supported living setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Not everyone using Frogmore Road receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection to make sure the registered manager and other staff would be in to support the inspection. This was because they were often out, supporting people to pursue their hobbies and interests.

Inspection activity started and ended on 09 May 2019, when we visited the service to see the manager; speak with care staff and people supported by the service; and to review records, and policies and procedures.

What we did:

Before the inspection, we looked at information we held about the service to help us plan the inspection. This included information shared with us by the local authority and notifications. A notification is information about events that registered persons are required to tell us about. We also reviewed information we received in the Provider Information Return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we looked at various information including:

Care records for four people and medicines records for one person.

Records of accidents and incidents; compliments and complaints; audits; surveys.

Four staff files to check the provider's staff recruitment, training and supervision processes.

Some of the provider's policies and procedures.

We spoke with two people, three care staff, two coordinators, the deputy manager and the registered manager.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff who supported them. One person said they were 'alright' and happy with staff.
- People had been given information about keeping safe. This was in an easy read leaflet called 'Let's keep safe'. This format made it easier for people to understand the information given to them.
- Staff demonstrated they knew how to keep people safe. One staff member said, "[People] are safe here and I have never been concerned about anything. I would always report concerns to the manager."
- The registered manager reported potential safeguarding concerns to the local authority in a timely way. This ensured quick action could be taken to safeguard people.

Assessing risk, safety monitoring and management

- People had relevant risk assessments that guided staff on how to manage risks to their health and wellbeing. These were reviewed and updated when required to ensure this information was always up to date.
- People's risk assessments did not put unnecessary restrictions on their freedom, choice and control. This was because the agreed measures allowed people to access various experiences they enjoyed. Information was shared with other professionals where necessary.
- Staff completed health and safety checks to identify and minimise any hazards that could put people, staff and visitors at risk of harm. This ensured people's homes were safe.

Staffing and recruitment

- Staff were recruited safely to ensure they were suitable to work at the service.
- There were enough staff to support people safely. Some of the staff had supported people for many years and they knew them well. One staff member said, "There is always enough staff to support everyone and we have agency staff if needed."
- The service hardly had agency staff working there because they had recruited enough staff. This promoted consistent care for people.

Using medicines safely

- People told us staff supported them well to take their medicines.
- Staff followed the provider's guidance to ensure people's medicines were managed safely. Records showed no concerns about this.
- Staff helped people to understand what medicines they were taking. One person confidently told us what medicines they took and they knew what it was for.

Preventing and controlling infection

- Where required, people were supported by staff to keep their homes clean. The registered manager ensured the housing provider carried out repairs to people's homes quickly.
- Staff told us they had been trained in infection prevention and control to minimise the spread of infection. They also said they had enough personal protective equipment (PPE), such as disposable gloves and aprons.
- Where required, staff wore appropriate PPE when supporting people to ensure they protected everyone against acquired infections.

Learning lessons when things go wrong

- There were systems to review and learn from incidents or accidents that occurred at the service.
- Staff knew they needed to report to the registered manager any incidents so that appropriate action could be taken to deal with these in a timely way.
- Records showed incidents were reviewed by the registered manager and appropriate measures put in place to reduce the risk of recurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care was planned and managed in line with good practice guidance. People told us staff supported them well with their care needs. One person told us staff helped them to wash and with their food; they were happy with this.
- People's care plans detailed how their needs, choices and preferences would be met by staff. These were reviewed with people regularly and updated when necessary.
- Staff told us they respected each person's individuality and they had never been concerned about discriminatory practices at the service. For example, a person's complex needs meant that they were supported daily to do their food shopping so that they did not come to any harm if they ate uncooked meat. The service had been working with other professionals to identify more effective ways of helping the person with this.

Staff support: induction, training, skills and experience

- Staff had the right skills and experience to support people effectively.
- Staff were happy with the quality of the training they received. One staff member said, "Training is good. I've finished all the Care certificate modules. We do some face to face training, but most of it is online now."
- Staff were supported in their work by way of regular supervisions. They told us this was done well and allowed them to have formal discussions about their work.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they were supported well to have enough to eat and drink. They said they enjoyed their food.
- Both people told us they went out with staff to buy their food. They were both supported by staff to prepare and cook most of their meals.
- We saw that health professionals had been involved where people required specific support to eat and drink well.

Adapting service, design, decoration to meet people's needs

- The service made sure the design and decoration of people's homes was suitable to meet their needs.
- Staff told us of one person who had recently moved to a ground level flat when it became available. This was because their mobility had reduced and they needed easy access when going out.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Records showed people were supported to access various health services when required.
- Staff supported people to attend their regular appointments or for occasional specialist appointments.
- There was evidence the service worked closely with other professionals, when required to meet people's care, support and treatment needs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In community services, applications must be made to the Court of Protection.

- We checked whether the service was working within the principles of the MCA and found these were met. Some people required constant support and supervision by staff to keep safe while out and about in the community. The registered manager had sent applications to ensure this level of supervision was legally authorised.
- However, people told us they were happy to be supported by staff in the community as this made them feel safe. People were able to make most decisions about their care and support. The registered manager ensured people had appropriate support from relatives, professionals or independent advocates if they needed this to make some decisions about their care.
- Staff asked people for their consent before they provided care and support. This protected people's rights.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us they were happy living in their homes and that they were supported by caring staff. One person said, "I've been living here for a long time and I'm happy. Staff are alright."
- Staff were kind, caring and respectful in their interactions with people. We observed staff and people had a lot of mutual interests to talk about. For example, a member of staff was talking about football with a person who loved this. They spoke with another person about TV programmes they both enjoyed watching.
- Staff told us people were at the centre of what they did and they all got on well together.
- One person told us they liked it when staff spent time with them in their home or when they were out shopping. They said they were always happy in the company of staff.

Supporting people to express their views and be involved in making decisions about their care

- Staff told us they always supported people to make decisions and choices about their care. People confirmed this. One person said they did not like to be disturbed when watching their favourite TV programmes, and they said staff respected this.
- Staff met regularly with people they were keyworkers for, to talk to them about their care plans, goals and wishes. They also supported people to choose what activities and trips they wanted to take part in. One staff member said, "[People] will tell you if they don't like something and we respect that."
- Where required and with people's consent where possible, their relatives and other professionals were involved in helping them to make decisions about some aspects of their care.

Respecting and promoting people's privacy, dignity and independence

- People said staff were always respectful and they promoted their privacy and dignity. This was because staff always supported people with personal care in the privacy of their own homes.
- People told us they could carry out some of their daily living activities without staff support. One person told us they could independently make their own hot drinks, but they needed staff support to prepare their meals.
- Staff told us they always supported people to do as much as they could for themselves to develop and maintain their independent living skills. One staff member said, "Some [people] will do more than others. It depends on their abilities really, but we will help if they need this."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us staff supported them in a way that met their individual needs.
- People's care plans reflected their care needs and preferences. Staff reviewed these regularly with people to check what progress they had made.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw that the identified needs were met for individuals. For example, one person's care plan indicated they needed information presented to them in easy read and for staff to explain it to them. We observed the person had a good recollection of information given to them, including about who we were and our purpose for visiting them.
- Staff told us that since our previous inspection, more had been done to support people to pursue their hobbies and interests. People told us about the many things they enjoyed doing. These included watching various programmes on TV; going to neighbouring towns for shopping; bowling; snooker. One person told us about their holiday last year in the Lake District and they said it was 'lovely'. Another person said they liked having their hair styled by a hairdresser, and when staff painted their nails. Some people also attended day centres, which they said they enjoyed.

Improving care quality in response to complaints or concerns

- There was a system to manage people's concerns and complaints. Records showed the registered manager took appropriate action to investigate complaints in a timely way. Feedback had also been given to the complainants.
- The registered manager explained how they used learning from complaints to improve the service. They shared issues raised in complaints with staff through their regular team meetings and they discussed different ways of doing things to prevent further concerns.

End of life care and support

- None of the people supported by the service required end of life care.
- There was a system to record people's wishes about their funeral arrangements, but not how they wanted to be cared for at the end of their lives.
- We discussed with the registered manager the importance of having this information to help staff to support people according to their wishes. They told us they would work with people and their relatives to add this information in people's care plans as soon as possible.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Continuous learning and improving care

- People told us they were happy with the service and that they received good care. Staff said the registered manager and other senior staff promoted a caring and inclusive culture that motivated them to support people well. One staff member said, "I like working here, everything is planned well."
- The service had effective quality monitoring systems to check that people received consistently safe, effective, compassionate and good-quality care. There had been checks of people's care records, staff records, and incidents and accident records to ensure these contained up to date and relevant information.
- The provider also carried out periodic checks of the service to ensure the required standards of care and safety were met.
- The registered manager appropriately reported relevant issues to us and commissioners of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff told us they worked in a supportive team, which enabled them to share learning and grow in their roles. They were clear about their roles and they knew what was expected of them to ensure good standards of care were always maintained.
- Staff said team meetings were effective in ensuring they had up to date information about people they supported, good practice guidance and were up to date with regulatory requirements.
- The managers had worked hard to remind staff of the provider's values that put people at the centre of everything they did. This was going to be the main focus of their next planned team meeting. The registered manager told us they had plans to involve people using the service more in reviewing the organisational values.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People had opportunities to regularly give feedback about their care and support, particularly during meetings with their keyworkers.
- Annual surveys were sent to people in easy read formats. These were also sent to people's relatives and staff to get their feedback about the service. The results of the 2018 survey showed the service mainly received positive feedback.
- Staff said the managers had improved how they consulted staff and everyone we spoke with said their views and suggestions were now considered.

Working in partnership with others

- The service worked well with health and social care professionals who were involved in people's care. This ensured everyone could check that people consistently received the support they required and expected.