

Support 4 Independence Limited

Marchwood Close

Inspection report

1 Marchwood Close
Watermeadow
Northampton
Northamptonshire
NN3 8PP

Tel: 0782525071
Website: www.s4i.me.uk

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14 February 2019

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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?	Good ●

Summary of findings

Overall summary

About the service:

- Marchwood House is a domiciliary care and supported living service. It provides personal care to people living in their own houses and flats in the community and within supported living accommodation. It provides a service to adults with a learning disability and mental health needs.
- The Care Quality Commission (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. At the time of the inspection four people were receiving personal care.

People's experience of using this service:

- The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways: Promotion of choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.
- People using the service told us they felt safe with the staff that supported them. Risks associated with people's care needs were managed safely and reviewed regularly. Where the service took on the responsibility for administering medicines, they were managed safely.
- Staffing arrangements ensured people received person centred support from a consistent team of staff.
- People received care and support from staff that treated them with kindness and respect. Staff received appropriate training and support to enable them to perform their roles effectively.
- People were involved in developing their care plans. They were personalised to meet people's individual needs and updated regularly.
- Staff demonstrated their understanding of the Mental Capacity Act, 2005. They gained people's consent before providing personal care and support.
- Systems were in place to monitor the quality of service and action was taken where areas for improvement had been found.

More information is in the full report.

Rating at last inspection:

Good - Report published 5 September 2019.

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

Going forward we will continue to monitor this service and plan to inspect in line with our reinspection schedule for those services rated Good.

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 ●

Marchwood Close

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:

The inspection was carried out by one inspector.

Service and service type:

The registered provider was also registered with the Care Quality Commission as the registered manager. This means they 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 visit because it is a small service and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be available.

The inspection started on 13 February and ended on 14 February 2019.

What we did:

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 reviewed the previous report, information we held about the service and notifications we had been sent. Notifications are changes, events or incidents that providers must tell us about. We also requested feedback from commissioners involved with the service.

We visited the office location on 13 February 2019 to meet the registered manager / provider and to review records in relation to people's care, staffing, and the overall management of the service. We also reviewed

three people's care plans and met with three people using the service and three staff. On 14 February we contacted one relative by telephone to seek feedback on their experience of their relative using the service.

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:

- The provider had effective safeguarding systems and policies in place. People using the service and staff had received safeguarding training on how to recognise and report abuse.
- The registered manager was aware of their responsibility to report safeguarding concerns to the local safeguarding authority and the Care Quality Commission (CQC).

Assessing risk, safety monitoring and management:

- People were involved in devising their own risk assessments. The provider looked at individual risks and how they were to be managed, whilst promoting people's rights to take risks to gain more independent.
- Technology was used to enable people to remain in contact with staff whilst out alone in the community. For example, one person used a mobile phone app to alert staff if they felt they needed staff support, this gave staff the person's location, so support could be provided.

Staffing and recruitment:

- The provider followed safe staff recruitment procedures. The staff recruitment files contained evidence that Disclosure and Barring Service (DBS) checks were completed and references obtained from previous employers.
- There were enough staff to meet the needs of people supported by the service.
- People told us they had regular staff who they built relationships with.

Using medicines safely:

- Depending on people's capabilities and confidence, people were encouraged to be involved in managing their medicines, and any changes were made with people's full consent.
- All staff completed a competency assessment before they were able to administer medicines.

Preventing and controlling infection:

- All staff had completed training on infection control and they were aware of good practices, such as hand washing techniques and using personal protective equipment (PPE), such as disposable aprons and gloves
- People using the service also had opportunities to undertake food hygiene training.

Learning lessons when things go wrong:

- Lessons were learned when things went wrong so that improvements could be made to the service to keep people safe. For example, the registered manager told us they had problems with a battery-operated fire alarm malfunctioning. As a result, they invested in a hard-wired fire alarm system in the premises.

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 told us, and records showed people were involved in all aspects of their care planning.
- People had given consent as to who they wanted to provide their care and support. The care plans outlined the people involved in providing their care and support.
- Assessments of people's needs included their choices and preferences in relation to all aspects of their lives.
- The care plans were continually reviewed and updated to ensure people's care and support was delivered as planned.

Staff support: induction, training, skills and experience:

- All staff completed induction training which included working alongside the registered manager and experienced staff. Staff told us their induction was good. One staff member said, "The training is very good, [Name of manager] is keen on providing training for all the staff."
- The staff training records confirmed staff received training appropriate to their roles and responsibilities and additional training was provided to keep up to date with best practice guidelines.

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

- People told us staff assisted them to choose, prepare and cook their meals.
- Staff were knowledgeable of people's food and drink preferences and supported people to follow healthy eating plans.
- People using the service and staff received food safety training.

Staff working with other agencies to provide consistent, effective, timely care:

- The registered manager and staff team worked closely with other healthcare professionals to ensure people received co-ordinated care.

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

- People were involved in personalising their living accommodation.
- At the time of the inspection building work was taking place. This included an extension to the building. A relative said, "[Name of registered manager] is making improvements to the house, [Name] loves his new room." We saw people's rooms were personalised, reflecting people's individuality.

Supporting people to live healthier lives, access healthcare services and support:

- People were supported to access healthcare services. A relative said, "[Name of registered manager] is very passionate about people getting the support they need. They have really pushed for [Name] to have an

occupational therapy assessment, [Name] mobility has vastly improved due to support they have received at Marchwood Close."

- There was evidence that people's care was organised in conjunction with other health and social care professionals when required.

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

- We checked whether the service was working within the principles of the MCA. 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.
- The staff ensured people were fully informed and involved in making decisions.
- The care plans were developed with the involvement of people. People had signed their care plans to evidence they agreed with decisions about how they wanted their care and support to be provided.
- Mental capacity assessments were reviewed as part of people's ongoing development assessments.

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:

- The registered manager and staff ensured people's rights were upheld and people were not discriminated against in any way.
- People told us they got on well with other people using the service and staff. One person said, "I'm very happy, we all get on really well, they [staff] are great."
- We observed interactions between people and staff and saw they were very relaxed in each other's company.
- People and relatives told us they felt well supported.

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

- Discussions during staff meetings evidenced that staff were very mindful of continually involving people in all decisions about their care and support.

Respecting and promoting people's privacy, dignity and independence:

- Staff supported people to express their views and maintain their independence. The registered manager said, "We always promote people to be as independent as possible, and offer support where needed, as people's level of independence can change daily."
- Observations of interactions between people and staff showed staff were very respectful towards people, there was a light-hearted atmosphere, and it was clear that people enjoyed the company of the staff providing their support. The registered manager said, "The staff understand each individual person, some people like to have good banter, whilst for others the staff know this approach is not appropriate." A relative said, "The staff are very patient and supportive, [Name] is very happy at Marchwood House."
- People and their relatives, where appropriate, were involved in routine reviews of their care.
- People's care records were stored electronically. The staff used handheld devices that were password protected to record the care and support they provided.
- Staff understood their responsibility for keeping people's personal information confidential.

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 received care based on their individual assessed needs. They were fully involved in putting together individualised care plans. The care plans included information about people's 'circle of support', this included information on key life events, close friends, family, staff and health and social care professionals involved in people's lives.
- People were encouraged to share information about their interests, likes and dislikes, goals and aspirations. This information enabled staff to provide individualised support.
- Support was provided for people to fulfil their dreams and aspirations. For example, one person had learned how to perform professional magic tricks and was being supported to set up their own magician website.
- Some people using the service had learned how to street dance, and together with staff they performed street dance routines on stage.
- People were supported to continue their education to improve reading and writing and numeracy skills.
- Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in their care plans. Information was made available for people and others in easy read and audio formats.

Improving care quality in response to complaints or concerns:

- The complaint procedure was given to people informing them how they could make a complaint. A relative told us, "[Name of registered manager] is very approachable, and always has the best interests of people at heart. I have never had to make a complaint, but if I did, I am absolutely sure it would be dealt with immediately."
- Staff told us they could talk to the registered manager about any issues or concerns. One staff member said "[Name of registered manager] always has time to listen, any problems are dealt with straight away."
- The registered manager kept records of emails and text correspondence, which evidenced they had regular contact with people using the service, relatives and staff.
- We saw evidence that matters brought to the attention of the registered manager were dealt with immediately to people's satisfaction.

End of life care and support:

- At the time of the inspection, the service was not supporting anyone with end of life care.
- The registered manager told us if anyone required end of life support they would ensure all staff had the appropriate training and support.

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:

- People and relatives told us they were happy with the care received.
- Staff we spoke with all confirmed they enjoyed working for the service and the registered manager was very supportive.
- Staff promoted a culture of providing high quality person centred care. They were always mindful of promoting equality and diversity, in meeting people's preferences and needs.

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

- The registered manager was very hands on. They worked closely with people and staff and continually checked staff were following people's care plans.
- Supervision systems were in place to ensure staff were clear about their roles and responsibilities and understood the expectations of the service.
- Staff expressed they felt very supported by the registered manager.
- The registered manager understood their responsibilities to meet regulatory requirements. They had submitted relevant statutory notifications to the Care Quality Commission (CQC) and the local authority, as required.

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

- People knew who the registered manager was and how to contact them.
- Staff told us communication with the registered manager was good. The registered manager ensured that people's individual characteristics were supported. Staff meetings were recorded by audio, we listened to a staff meeting, which demonstrated staff put people at the heart of the service in all decisions that were made.
- People using the service, staff and relatives were all positive about the management of the service. One relative said, "[Name of registered manager] is terrific, he will fight people's corner to make sure they get the support they need." A member of staff said, "This is the best job I have ever had, [Name of registered manager] is very supportive. I absolutely love working here, it's fantastic seeing the guys grow in confidence and become more independent."

Continuous learning and improving care:

- Systems were in place to ensure staff received ongoing training and support to perform their roles and

responsibilities.

Working in partnership with others:

- The registered manager and staff team worked in partnership with other professionals such as district nurses, GP's, social workers and commissioners to maintain and improve people's quality of life.