

TLC Care Homes Limited

Blamsters Farm

Inspection report

Mount Hill

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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?

Requires Improvement



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

This inspection took place over three visits on 13, 15 and 17 October 2014 and was unannounced.

The service consists of five group homes, set within four acres of well-kept grounds and nine people are supported off site in their own flats. It supports up to 34 people who have a moderate to severe Learning Disability with complex challenging needs and/or a Mental Health diagnosis.

Blamsters Farm has a registered manager in post. 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.

People felt safe, not many of the people living in Blamsters Farm were able to talk with us, but we were able to see from people's demeanour, gestures and facial expressions that they got on well with staff and felt safe when they were with them. The people we did speak with told us that it is a good place to live, they like the environment and that staff are kind and caring. The

Summary of findings

provider trained staff in how to recognise abuse and how to report it. Staff told us that if they ever see or suspect that people are being hurt or abused in any way, they will always report it to the registered manager.

People are able to take risks in their day to day life, but assessments are made of how dangerous the activity is and plans are put in place to minimise the risk to people so that they can keep their independence wherever possible.

Medicine is stored and administered effectively. It is locked away safely and is never left unattended when a medicine round is underway. Senior staff check the medicine to make sure it is being managed properly and that no mistakes have been made.

People receive care that is planned to keep them healthy and are supported to live in a way they want to. People are supported to keep their independence and to continue activities which interest them. Staff have time to spend with people to chat with them and get to know them. Sometimes, but not always, they show disrespect by talking amongst themselves and excluding the people they are supporting from the conversation. They also disrespected people while we were talking with them, staff repeatedly came in and out of the room we were trying to talk privately in.

There are enough staff to support people and they are caring and support people in a way that is

compassionate and normally protects people's privacy and dignity. They take time to listen to people and do what they can to make their life comfortable. Baby monitors are used to listen to people while they are on their own in case they need help. Although people consented to having the baby monitors in place, the way they are used takes away people's privacy and dignity.

Staff received a good level of training to make sure that they are qualified to care for the people they support. Staff feel that they have enough training and support from the registered manager to be able to do their job properly.

People told us that they enjoy their meals and have enough to eat. People are able to make choices about their food and participate in the shopping and preparing the meal if they are able to.

The home is well lead, the registered manager carries out checks to make sure the staff are looking after people properly and are meeting their needs. Where shortfalls are found they are dealt with and practices are changed to improve the quality of care people receive.

The registered manager is open and approachable and listens to complaints and suggestions for improvement. The registered manager often visits the group homes and stops to chat with people and we saw they have got to know them well.

Summary of findings

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.

Staff had received training in how to recognise abuse and report any concerns.

Risks were minimised to keep people safe without reducing their ability to make choices and self-determination. Each person had an individual care plan which identified and assessed risks to them. Actions were recorded to show how risks to people were reduced.

The service maintained safety by making sure that there were enough qualified, skilled and experienced staff on duty to meet people's needs and they were suitable to work with this group of people.

The service managed and stored medicines properly

Good



Is the service effective?

The service was effective.

Staff working in the service had received training so that they had the skills and knowledge required to provide effective care.

It was effective in ensuring it worked within the law when seeking consent from people. Staff asked for consent when supporting people and, where they were unable to give it, any decision made on a person's behalf was done in their best interest and the least restrictive option was chosen.

The service effectively supported people to have their nutritional needs met and people told us that they enjoyed the food and had plenty of choice.

People were effectively supported to maintain their health and wellbeing, medical help was sought if people needed it.

Good



Is the service caring?

The service was mainly caring, but some areas let them down.

Staff cared about people and built up good relationships with them, but they did not always show that they cared about people's dignity and privacy. Sometimes they did not show respect to them.

The home cared about what people had to say and held regular house meetings to gather their views and made changes to the way the home was run as a result of these meetings.

Requires Improvement



Is the service responsive?

The service was responsive.

People received the care they needed, which was regularly reviewed to ensure it met their changing needs.

Good



Summary of findings

The service responded to people's concerns and complaints and made changes to the way they worked to try to stop it happening again.

Is the service well-led?

The service was well-led.

People living and working in the service told us that it was led by a management team who were open and approachable and who encouraged staff to work in the same way.

The service was well-led from the front, the registered manager had a visible presence in the home and made themselves available to anyone who wanted to speak with them.

The registered manager and the provider regularly carried out audits to review the quality of care provided and to make sure it was maintained.

Good



Blamsters Farm

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

The inspection took place on 13 October 2014 and was unannounced.

The inspection team consisted of one inspector and an expert by experience. 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 this occasion our expert was someone who had personal experience of using services for people with a learning disability.

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. In advance of our inspection we looked at notifications about or from the home, a notification is information about important events which the provider is required to send us by law.

During our inspection we visited the main site of Blamsters Farm and people who were being supported in their own flats locally.

During our inspection we observed how the staff interacted with people who used the service, including during their lunch. We used the Short Observational Framework for Inspection (SOFI). The SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We also reviewed five care records, four staff training records, and records relating to the management of the service such as audits and policies. We spoke with five people who used the service. We also spoke with one of the directors, the registered manager, three senior care staff and five care workers.

Is the service safe?

Our findings

The majority of the people who live in Blamsters Farm were not able to talk with us but we were able to see from people's demeanour, gestures and facial expressions that they got on well with staff and felt safe when they were with them. The people we did speak with told us that they felt safe, one person told us, "He's OK [pointing to a staff member], he keeps me safe."

All of the staff we spoke with had undertaken training that enabled them to understand and to identify all forms of abuse or potential abuse. They were able to explain the principals of keeping people safe and what action they would take if they suspected something was wrong. Our records showed that the service had reported incidents to Essex County Council safeguarding team to investigate. We saw that the manager and staff had cooperated with investigations when required.

Other risk assessments were in place that were designed to minimise the risk to people in their day to day life so that they could keep their independence and self-determination as much as possible. For example, there were risk assessments about the way people would get about, get enough to eat and spending time on their own so they could enjoy their privacy and dignity.

The amount of support people needed was assessed on an on going basis and the staffing levels were set according to their needs. A high percentage of people using the service had complex needs and/or a mental health diagnosis that could potentially put themselves and others at risk of harm. This was because of the way they responded to confusing or difficult situations. However, the service had staffing levels which ensured that people who needed close supervision were supported in their own suite of rooms on a one to one basis at all times, which is referred to as 'single living' by the service. This meant that people were safe because there were sufficient staff to support them and meet their assessed needs.

The staffing levels meant that other staff were always within hearing distance and were able act quickly if aid was needed. Staff had training in dealing with difficult behaviour and what action to take to defuse situations before they escalated into serious events where people could get hurt. The staff we spoke with said that they were confident they could keep people who used the service and themselves safe if someone found it difficult managing their behaviour.

Staff recruitment was done in a way that helped to protect people from staff that were not suitable to work with them. Their work experience and history were checked, references were taken up, and checks on their background were done before they started work. Records of these checks were kept and audited by the manager from time to time to make sure all the checks had taken place.

Medicines was managed and recorded in a safe way. We saw that staff were trained to administer and record medicine and that they had a competency check before they were able to give people their medicine. The staff we talked with were knowledgably about the organisation's policy and guidelines and were able to describe how they ensured the safety of people by carrying out best practice in this area. On observation, we saw they checked the medicine they were giving against records and watched while it was taken before signing to say it was taken. We randomly checked several people's medicines and records and saw that they were correct and recorded properly.

Staff gave people their medicine while talking with them, offering support and reassurance. It was stored in a locked trolley when not in use. Controlled drugs were managed properly. The medicines were audited on a daily basis by staff and monthly by the manager. There was evidence that if there were mistakes or discrepancies picked up by the audit they were investigated, and steps were taken to minimise the risk of it happening again. For example, to ensure that mistakes were dealt with quickly, the medicines were checked at the beginning of each shift.

Is the service effective?

Our findings

The majority of people who lived in Blamsters Farm were not able to communicate with us sufficiently well to be able to voice their feelings and experiences. Those that could, told us that they liked the staff and that they helped them to do the things they wanted to do. One person told us, "There are meetings.... we talk about what I want to do."

Records showed that staff received training and support from the management team to enable them to do their jobs effectively. Staff told us they were provided with training, supervision and support which gave them the skills, knowledge and confidence to carry out their duties and responsibilities. The organisation's training matrix tracked staff's training and monitored when it needed renewing. This ensured that staff were able to develop the skills they need to carry out their roles and responsibilities. One person told us, "They [the staff] look after me OK, I like them."

Staff had attended Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) training. These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. The registered manager had a good understanding of both the MCA and DoLS and when these should be applied to the people who lived in the home, including how to consider their capacity to make decisions. The registered manager had completed a number of DoLS referrals to the local authority in accordance with new guidance to ensure that restrictions on people's ability to leave the home were appropriate.

Where people lacked capacity, the care plans showed that relevant people, such as their relatives or GP had been involved in making decisions about their care. Any decision made on behalf of a person was done in their best interest and the least restrictive option was chosen so that people could still make some decisions for themselves and keep

control of their lives. The provider had contact with an independent lay advocacy service and their contact details were posted on noticeboards throughout the home. Lay advocates are independent of the MCA and are able to support people with decision making. People who had capacity, but did not have family or friends to support and guide them with making decisions were referred to this lay advocacy service if they needed support.

We saw that people had given their consent for various actions by signing forms that were stored in their care files. For example to receive support from staff and the use of baby monitors if they needed monitoring while they were on their own.

People's care records showed that their day to day health needs were being met and that they had access to healthcare professionals according to their specific needs. People had regular contact with their GP who provided support and assisted staff in the delivery of people's healthcare. People were supported to attend hospital, dental and optician appointments. During our inspection one person was visited by a doctor and another was supported to attend their hospital appointment, before they went they told us, "I don't like going to the hospital, but [the staff] makes it better, I get lunch out after." One person said, "They [the staff] are OK, I had a bad tooth and I had to go to the dentist."

People that get one to one support in their own apartments were supported to plan their own menu and to do their food shopping, supported by the staff to make healthy choices. People who lived in the group homes also made choices about their meals during house meetings and participated in weekly meetings when menus and shopping was planned. People told us that they enjoyed their food and got enough to eat, one person said, "I help to cook dinner, I like that." People had special diets catered for, for example those who were diabetic or had an allergy. The care records clearly recorded if people had any medical conditions that effected what they could eat.

Is the service caring?

Our findings

On the whole dignity and privacy was respected by staff. Throughout the day we saw that staff showed a caring attitude towards people, listened to what they had to say and responded to meet their needs and requests. Staff showed a good understanding of people's needs and demonstrated that they had built up good relationships with the people they supported.

Some people needed constant staff support to protect their health and wellbeing, for example those who had epilepsy or difficulty eating food without choking. However, some of these people preferred staff not to be present in their rooms all the time. With people's consent it was decided to use baby monitors so that they could be monitored remotely, allowing people to spend time on their own.

The use of this type of listening device infringed their right to privacy and dignity because they broadcasted, for all to hear, whatever was said or done in the privacy of the person's room. They may not have been aware of this possibility when they gave consent for their use.

Where the monitors were in use to allow staff to react quickly if a person choked on their food or had an epileptic seizure and needed help, we saw that the monitors remained in the lounge when staff were out of the room. For example, they were in the office during handover or while they were in the kitchen preparing refreshments. Because the device was not always within hearing of the staff, the monitors were not effective in protecting people from harm.

We were assured that the monitors were only used when the people were alone and needed monitoring for their own safety. But, we were clearly able to hear the conversations the staff were having with the people they were supporting them, indicating that staff did not turn the monitor off when it was not needed. On one unit, two monitors were in use and the receivers for both were in the main lounge, on the dining table where people sat to eat their lunch. The noise from both monitors was loud and distracting to the people whose lounge they were in. At one time we saw a person who lived in that group home, standing between the two speakers listening to the conversations people thought they were having in the privacy of their own room.

People told us that they felt well cared for and that staff treated them well, one person said, "If I need it, they [the staff] are there." People who were unable to talk with us were seen to be relaxed in the company of the staff who laughed and smiled with them.

There were good interactions between staff and the people who lived in the home throughout our inspection. They were professional, friendly and helpful. Staff communicated with people well, we saw staff sitting next to people to talk with them and give people time to think about their answer. Where people could not talk, we saw that staff knew people well enough to understand their non-verbal communication. One staff member was able to interpret one person's gestures and behaviour as a desire to go out, the staff helped the person on with their coat and they went for a walk in the grounds.

However, at less busy times, we observed staff congregate together and there were several minutes at a time when their conversations were private discussions amongst themselves, which excluded the people they were caring for. This is disrespectful to the people the staff are there to support in their own home. Staff also showed disrespect to people while we were speaking with them. We were told we could use the office to speak with people privately, but staff continued to go in and out of the office to collect things they needed. Their need to access the room should have been considered when deciding the best place for us to talk with people who used the service.

Care plans contained information about how people liked to be cared for and focused on each person as an individual. This included what food they liked and how they wanted to be cared for at night, for example if they wanted their bedroom door open or closed. People and their relatives were involved in regular reviews of their care plans. Where they could, people had signed their care plans to show that they had been involved in its development and were happy with its content.

We saw that staff involved people in making decisions and gave people choice and independence. For example we heard one member of care staff asking a person what they wanted for lunch and supporting them to prepare their own meal.

Is the service caring?

People told us that the staff listened to their choices and acted on what they said. One person told us, “They [the staff] are nice, I get what I ask for.” Another said, “I do what I want to do.... If I need it they help me.”

Is the service responsive?

Our findings

Blamsters Farm was responsive to people's needs. Care plans were person-centred and detailed, people had participated in compiling them and they, and their family, participated in their review meetings. The care plans were reviewed monthly and formally once a year unless there were changes to the person's circumstances when they were reviewed at the time of need. During one person's review they asked to go on holiday, which was subsequently arranged. They told us, "I've been on holiday, I like going on holiday. ... I'd like to go again." People's care plans were reflective of their health needs and contained information about how they communicated and their ability to make decisions about their care and support. These supported staff to manage specific health conditions, people who had epilepsy each had their own care plans telling staff what to expect during a seizure, what the triggers to them having a seizure may be and what action needed to be taken.

The manager told us and the records confirmed that on more than one occasion, if people needed extra support, the manager made sure it was provided while they applied for extra funding from the placing authority. This meant that people did not have to wait unduly long before they were given the support they needed.

Staff were seen to be proactive in supporting people with individual activities, such as puzzles, board games and walking in the extensive grounds of the service. These included woodlands and formal gardens. People told us that they enjoyed the activities offered to them and we saw that they were occupied during the day. One person was drawing portraits of the staff, which caused light hearted banter and laughter between them and the staff member they were sketching. Showing us their drawing, the person said, "I like doing this, it's good."

Some people lived in their own apartment and were supported by one to one staff. They were supported to prepare their meals in their own kitchen and take part in activities of their choice. Each of these suites were accessed through their own front door through a small garden. One person told us, "I like my garden, I close the gate and no one can get in."

People were supported to attend evening clubs and social events in their local community. One person told us that they helped with shopping, went out for meals and enjoyed day trips out to the seaside and local area. They also told us that they liked to play football and that the staff supported them to watch their team play. People's care plans contained risk assessments about people accessing the local community. Consideration was given to what people could do independently, what they needed staff support with and how many staff would need to accompany them. This allowed people to maintain their independence and make choices for themselves.

People and their relatives were given the opportunity to voice their opinions about the service and quality of care in several ways. Regular house meetings were held, where people were given an opportunity to discuss many aspects of their life. For example, where they wanted to go on holiday, plan the week's menu and decide on social events and outings they wanted to organise. One person told us, "We talk about what we want for dinner and write the list, then some of us go shopping."

Everyone had a named keyworker and sometimes a co-keyworker. The keyworker carried out a monthly review, and in addition to checking that the care plans were up to date, part of the keyworker's remit was to discuss the person's wishes with them, to talk about their needs and any concerns they may have.

There was an effective complaints procedure in place and we saw that complaints and what action had been taken had been recorded clearly. The complaints procedure and the 'service user' guide was produced in an easy read version to make it easier for people to understand. The complaint form was also in an easy read format and was designed to be simple to complete.

Every complaint was listened to and investigated. We saw that people, who had a history of making unfounded complaints about staff, had risk assessments in place reminding staff that every new complaint made must be taken seriously and not immediately assumed to be spurious because of their history. This ensured that genuine complaints would not be dismissed without being investigated. One person told us, "I have made a complaint, they [the staff] sorted it for me."

Is the service well-led?

Our findings

The service was well led. People told us that the registered manager was friendly and stopped to say hello when they passed by. We observed them stop to chat with people who used the service as we were shown around the individual group homes. The manager knew people well and the interactions were open and relaxed.

All the staff we spoke with were positive about the culture of the service and told us that they felt they could approach the manager if they had any problems, and that they would listen to their concerns. There were regularly staff meetings, which enabled staff to exchange ideas and be offered direction by the registered manager.

People were asked their views about the way the home was run and were given the opportunity to attend meetings and give their comments about the running of the home. For example, one person who lived in their own apartment, and had a front door that opened onto communal grassland, requested that a part of the land was fenced off with a gate so they could have a front garden and control who came to their front door. This was done and when we spoke with the person they told us, "It's great, I don't get people knocking at my door all the time."

The organisation also sent quality assurance surveys to the people who use the service, their families and staff. When the survey was sent out it was accompanied by a letter which clearly explained why the survey was being sent, and what would happen to it when it was returned, for example, 'Your answers will be used to improve our service by forming next years' service plan.' The recipients were told that the surveys were designed to remain anonymous and asked people not to sign them or to give their contact details. People were also reassured that they would not be seen by the people directly involved in providing their support. They were asked not to ask a staff member to help them to complete the form in case they inadvertently influenced their answer, so the results would not be influenced. This would encourage people to speak honestly and frankly. To make it easier for people to understand their questionnaire, they were produced in an easy to read format.

The registered manager recognised that improvements could be made and was taking action to improve the way they listened to people's opinions. For example, in their provider information report (PIR), the registered manager told us that they planned to start a 'user' group, possibly including a representative family member because, "... many of our service users would benefit from having a family member to represent their view or situation. We could meet quarterly to discuss strengths and needs of the services we provide and any other relevant issues that may arise. I believe this would serve to improve services and relationships would strengthen." The manager felt these meetings would reassure families that they were an open and transparent service, who were committed to continual improvement and that, "...by having clear and recorded input from our service users we can address issues that they may otherwise inadvertently bypass

There were systems in place to monitor the quality and safety of the service. The manager carried out regular audits which were submitted to the provider. This included audits of staff training, health and safety procedures and a general building audit. These audits were analysed by the provider and were used to identify, monitor and address any trends.

The registered manager showed us the extensive programme of quality assurance audits they carried out and submitted to the provider on a regular basis. One of the directors was at the service during our inspection. They were knowledgeable about the people who used the service and the running of it. Records showed that the provider visited the service regularly to carry out quality assurance audits and to discuss operational matters with the registered manager.

In information given to us in their provider information return (PIR), the manager said that they had recognised that their medicine audit process could be improved. They had sought advice from the North East Essex Clinical Commissioning Group who made some recommendations in order to make the audit process more robust. This showed that the organisation was able to recognise shortcomings, take advice and to take steps to strengthen their processes.