Swanton Care & Community Limited

Heath Farm House Care Centre

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Heath Farm House Care Centre is registered to provide accommodation and care for up to 10 adults who have mental health needs and/or learning disabilities. At the time of our inspection there were 10 people living in the home.

The home had 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.

The principles of the Mental Capacity Act 2005 (MCA) were not always followed. Some people required support from staff when they went outside of the home as they were not able to keep themselves safe. No Deprivation of Liberty Safeguards had been applied for to keep people safe. Where people had one to one staff support, the reasons for this, and the person's understanding of why they required this level of support was not always documented in their care plans. However, staff demonstrated a lack of understanding of the MCA and how they supported people to make decisions. This was further demonstrated by the lack of MCA assessments.

There were systems in place to monitor and assess the quality of service being delivered a range of internal audits ensured that areas such as health and safety, medicines and infection control were being managed appropriately and that all risks had been identified and mitigated. However, these had not identified the issues we found in relation to the MCA and absence of DoLS applications.

People and their relatives we spoke with felt that there were enough activities on offer and told us that they went out regularly. However, staff and the manager thought that more people could be supported individually with their own interests if there were more staff and vehicles available.

There was a copy of the complaints procedure in place and there was an easy read format placed on a communal notice board. People and their relatives felt able to raise a complaint if they needed to.

People did not always enjoy the food. Other people felt as though they had a choice of meals and enjoyed the food served. Where it had been identified that people were not eating or drinking enough, we saw that advice had been sought from the Speech and Language Therapy Team. People told us that they were also supported to access other relevant healthcare professionals when there were concerns about their health or wellbeing.

The manager had an open door policy and was often walking about the home speaking with people. Staff we spoke with felt that the manager was too relaxed in their approach to managing the home. The manager was approachable and would act on their concerns in a timely way. People's relatives were also complimentary about the manager and told us that they felt able to speak to the manager or call them.

Risks to people's health and wellbeing had been identified and there were risks assessments in place which detailed to manage and mitigate these risks. People's care plans were also detailed and accounted for people's individual support needs. Care plans and risk assessments were reviewed regularly with people and were updated where necessary. Staff knew people's care and support needs and we saw that staff spent time with people either talking or engaging them in various activities. People felt as though they were cared for and that their views were listened to.

Staff received training relevant to their role and were supported to access any further appropriate training. New staff completed an induction which involved training and shadowing more experienced members of staff before they worked without supervision. Staff told us that they were further supported through supervisions and appraisals.

People told us that they felt safe living in the home. Staff had received training in safeguarding and knew the correct reporting procedures if they suspected that a person was being abused. There was consistently enough staff on duty to support people safely, however, there was not always enough staff to take people out individually to the number of people who required one to one support throughout the day.

Medicines were not always stored and administered safely. Not all staff had received training in the safe administration and management of medicines.

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 was safe.

Medicines were not always administered and managed safely.

Staff had a good understanding of safeguarding and knew how to report any concerns.

Risks to people's physical health and wellbeing had been identified and steps had been taken to minimise these risks.

There was consistently enough staff on duty to safely support people.

Appropriate recruitment procedures were in place for new staff.

Is the service effective?

Requires Improvement

The service was not consistently effective.

The principles of the MCA were not always followed.

People were supported to access relevant healthcare professionals where concerns had been identified around their physical health or wellbeing.

Staff received relevant training to their role and were supported further through supervisions.

Is the service caring?

Good

The service was caring.

Staff knew people's care needs and treated people in a kind and friendly manner.

People were involved in making decisions about their care. People were treated with respect and their right to privacy was upheld.

Is the service responsive?

Good

The service was responsive.

Activities outside of the home were sometimes limited due to the lack of staff and vehicles.

People's care plans were individualised and were reviewed regularly.

There was a complaints procedure in place and people felt confident in raising a complaint if needed.

Is the service well-led?

Good

The service was not consistently well led.

Systems were in place to monitor and assess the service being delivered. These were not always effective in highlighting shortfalls within the service.

People and their relatives felt that the manager was approachable and open to discussion.

People were asked for feedback on the service.

Heath Farm House Care Centre

Detailed findings

Background to this inspection

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

This inspection took place on 26 October 2016 and was unannounced. It was carried out by two inspectors.

Before our inspection we looked at information we held about the service, including previous inspection reports and statutory notifications. A notification is information about important events, which the provider is required to send us by law. 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.

During this inspection we spoke with six people who were living at the home and the relatives of two people. We also spoke with five members of staff, the manager and one member of maintenance staff. We looked in detail at the care records for three people and a selection of medical and health related records.

We also looked at the records for three members of staff in relation to recruitment as well as training and supervision records. We also reviewed a range of reports and audits undertaken by the manager and provider.

Good

Is the service safe?

Our findings

People we spoke with told us that they felt safe living in the home. One person explained how they have never had to wait for any help and that staff would respond straight away if they pressed the emergency call bell. They went on to say, "Safe as anywhere."

Staff we spoke with told us that they had received training in how to protect people from abuse. They were able to tell us what signs they would look for if they suspected someone was being abused. Staff also told us what procedures they would follow if they needed to report any concerns. We looked at staff training records and these confirmed that staff had received training in safeguarding. We saw that there was an easy read version of the service's safeguarding reporting procedure. The manager explained that they would use this where people needed support to express their concerns to staff.

Where risks to people's physical health and wellbeing had been identified, we saw that risk assessments detailed how to manage and mitigate these risks. There were some people who required one to one support when they went outside of the home to help keep them safe. Risk assessments provided guidance about people's individual needs and how they wanted to be supported by staff. For example, there were some people who lived in the home who could show behaviour that challenged. The risk assessments detailed what could upset or distress people and what signs would indicate that people were becoming upset or distressed. The risk assessments also gave guidance on what preventative strategies could be used to de-escalate a potentially challenging situation. In addition to this, we saw that people's risk assessments were reviewed and updated regularly.

The manager told us that there had been no accidents or incidents in the past year. They showed us how accidents and incidents would be recorded on a computer system. The provider's quality governance team would then be able to access the data from all of the provider's services. The manager added that the quality governance team looked at the data once a week and would look for any trends in any accidents or incidents. Analysing accidents and incidents in this way allowed for measures to be put in place to minimise the risk of future occurrences.

We saw that regular health and safety audits were carried out and that the home's utilities were annually inspected by external agencies. Additionally, the fire alarms and equipment were tested weekly. This helped ensure that the home was a safe place to live and work in.

People's needs were continually assessed and the manager told us that staffing levels were adjusted so people's support needs could be met. We looked the staff rotas for the past four weeks and noted that there was consistently enough staff on duty to support people. The manager told us that they would try to cover shifts with established staff. Sometimes agency staff were used but they would try to use the same agency staff as they knew people's individual support needs and this also provided continuity for people. Staff we spoke with told us that whilst there were enough staff to support people at Heath Farm House, they sometimes found it difficult to facilitate outings for people.

We looked at the personnel files of three members of staff and saw that appropriate references had been sought and that all new staff had received a satisfactory police check before they started working in the home. This ensured that only staff who were suitable to work in the home were employed.

We saw that medicines were not always stored, administered and managed safely. We saw from the staff training matrix that a number of staff had not received training in the safe administration of medicines. When we looked at the staff rota, we saw that daytime staff had received the training but night staff had not had training in the safe handling and administration of people's medicines. This meant that there was a risk of an error in the administration of a person's medicine. The manager showed us a copy of an email which stated that medication training was going to be provided for the staff who required it.

We recommend that the service implements training in the safe handling, storage and administration for all staff who handle people's medicines.

We looked at the medicine administration record (MAR) charts for two people. We saw that there were no gaps where staff sign to say that people have been given their medicine. We also looked at the amount of medicines which were in stock for the two people and saw that the amount of medicine in stock tallied with amount on the MAR chart. Some people had been prescribed medicine on an 'as required' basis. We saw that when people took this medicine, it was documented and the reasons why on the back of their MAR chart. This demonstrated good practice as it allowed staff to keep a record of how often people were using these particular medicines. For example, if a person was requesting a lot of an 'as required' medicine they may need to be referred to the GP so an assessment of their physical health could take place.

A monthly audit of people's medicines was carried out each month. The audits checks included ensuring that people's MAR charts had been completed correctly and that people's medicines were clearly labelled. If any issues were found then we saw that remedial action had been taken in a timely manner.

Requires Improvement

Is the service effective?

Our findings

We found areas where the service provided to people was not consistently effective. 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. The manager told us that some people living in the home would need constant supervision whilst out to protect them from harm. This was because they did not know how to keep themselves safe whilst out. As a result, the manager told us that some people were not able to leave of their own free will unless they were supported by staff. There was nothing in people's care records to show what support people needed when they went outside of the home and whether the decision to supervise people was in their best interests. No applications had been made to the authorising body to deprive people of their liberty. The manager told us that they would seek advice from the authorising body regarding this.

We noted that what decisions people could make and what decisions they needed support with were documented in people's care records. However, people's mental capacity in relation to making the decisions had not been assessed. There was also nothing to show how staff making a choice for someone would be in their best interests.

Staff we spoke with were able to demonstrate some understanding of the MCA and what decisions people could and could not make for themselves. Staff we spoke with gave examples of how they supported people who required support with making some decisions. For example with managing finances.

We spoke with people about the food provided in the home and we received a mixed response. One person told us the food is "not bad." Another person we spoke with told us that they were not involved in choosing the meals and that there were "set menus." However they told us that they would be offered a second choice if they did not like the first option. Another person we spoke with was positive about the food and they told us, "I get lots of favourites." The manager told us that people were involved in the planning of the meals and went shopping with the chef to choose food for the meals.

The kitchen was clean and tidy. Records showed that cleaning of the kitchen was completed daily and that food temperatures were recorded. The cook had a list of people's food likes and dislikes.

We looked at records relating to people's nutritional needs. The records showed that where risks had been identified around people's nutritional intake, prompt referrals were made to relevant healthcare

professionals. We saw that a person had been referred to a dietician. The outcome of this appointment was recorded in the person's care records and the guidance given around their diet was detailed in a care plan. This gave staff guidance on how to support the person to maintain a healthy nutritional intake. We saw that people were referred to relevant healthcare professionals in a timely manner where there were concerns about their physical health or wellbeing. One person we spoke with told us, "I went to see the doctor three weeks ago." Another person told us how staff supported them to attend appointments with health professionals, "I'm seeing the optician tomorrow."

New staff working in the home were required to complete an induction which involved completing the care certificate. This provided staff with skills and knowledge relevant to their work. Staff told us that they would spend time on their induction observing more experienced staff. Towards the end of their induction, they would then be observed in their practice, this could be in all areas of their work such as the administration of medicines. This ensured that staff were competent in their work before they could work unsupervised.

The service had recently restructured the staff team and had introduced a new role of 'team leader'. This replaced the senior role. The team leaders would take responsibility for managing certain areas such as medicines or audits as well as supervise the support workers. Team leaders we spoke with told us that they had not received training for this role. The manager confirmed this as the most recent training had been cancelled but had been rescheduled. In the meantime, team leaders felt that they were unsure of what their role was.

We looked at the staff training matrix and saw that staff completed a number of courses relevant to their role. Staff we spoke with confirmed that they had completed the provider's mandatory training. This included courses in MCA, safeguarding and health and safety. Staff we spoke with told us that they completed some of their training through e-learning. Some staff told us that they preferred face to face training as it was more informative. One staff member explained that they would like to have training which related to people's specific support needs, "If we can understand illnesses it will help us understand them more, which will help make the care even more person centred." Staff also expressed a wish to have some training in dementia so they could effectively support people who were living with dementia in the home. They went on to tell us that the manager would look into further training.

Staff we spoke with told us that they were further supported in their role through supervisions. We looked at the supervision matrix and saw that some staff had regular supervision sessions. We also saw that group supervisions took place. This provides a forum where staff can discuss any collective concerns and where learning can take place.

Good

Is the service caring?

Our findings

People we spoke with and their relatives spoke positively about the staff. One person we spoke with told us, "[the staff] are very good and mean well." Another person explained, "Staff listen, staff sort out any worries." People's relatives were also complimentary about the staff. One person's relative commented, "All staff are caring and are sensitive to the needs of residents." Another person's relative told us, "[The staff] always talk to [relative's name] nicely." Throughout the day we observed staff interacting with people in a kind and compassionate way. We saw the manager comforting a person when they became concerned. Another person we spoke with wanted a member of staff to support them when we met. We noted that the member of staff knew the person well and was reassuring.

A person invited us to look in their room. They told us that they were able to decorate the room how they wanted. We saw that their room was personalised and also clean. Whilst we were in the room the manager was talking with the person in a friendly way and enquiring about their outing that morning. We saw throughout our inspection that staff would use humour where appropriate and would often be engaging people in conversation.

People we spoke with told us that they are involved in planning their care. One person explained, "The care plans are on the computer so staff print them out so we can see them." Another person told us, "I don't want to look at my care plans, but staff do chat and check up on things. Not made to do anything you don't want to do." One person's relative we spoke with told us how they are involved in their relative's care, "We get involved in reviews and discuss them with staff."

Staff we spoke with told us that they felt that people had choice and control over their care. One person we spoke with told us, "You can do what you like, as long as you're not upsetting other people." We saw another person discussing with staff what time they would like to get up as they wanted to get up later in the morning. We heard the member of staff saying that this would be amended in the person's care plan. One member of staff we spoke with explained that they would go through people's care plans with them and discuss what they felt their current support needs were.

Throughout our inspection we saw that people were spoken with in a respectful way and that their right to privacy was consistently upheld. We saw that staff would knock on people's doors and wait for a response before entering. People were also encouraged to be as independent as possible. For example, a member of staff told us that they encouraged people to tidy their own room and supported people with this rather than doing it for them.

People were supported to maintain relationships with their family and friends. During the day of our inspection we saw that people's relatives visited and that they were welcomed by staff. One person we spoke with told us how staff supported them to see their family, "Staff take me once a week to see Mum, it's really important to me."

Good

Is the service responsive?

Our findings

The service was not always responsive to people's preferences. One person we spoke with told us that they wanted to move to be closer to a family member. We spoke with the manager about this and they told us that they had not addressed this as sometimes the person says that they are happy living in the home. It was suggested that a discussion takes place with the person about where they would prefer to live and make contact with their social worker if they wish to move.

When we asked people whether they were supported to follow their interests, we received a varied response from people, staff and people's relatives. People we spoke with were positive about how they spent their time. One person told us how they travelled into the city to visit a friend and also went horse riding. Another person told us how they went out weekly, "We have trips out bowling every week." One person told us how they like to sit in a chair by the window and watch "The comings and goings." One person's relative we spoke with told us how their relative wanted to attend the service's day centre but was nervous about attending full time. They said that staff supported their relative to gradually build up the time they spent at the day centre. The person's relative added, "They encourage [relative's name] to do things."

During our inspection we saw staff engaging in a range of activities with people. We saw one person going through their photographs with a member of staff and we saw another person laughing and joking with a member of staff whilst playing pool. However, staff felt that people would be able to be supported individually away from the home if there were more staff and vehicles to facilitate this. The manager told us that the lack of vehicles did mean that sometimes people had to go out as a group, otherwise people's one to one hours would be difficult to facilitate.

We saw that people's care records were written in a person centred way and their needs and preferences were detailed in their records. Staff we spoke with had a good understanding of people's likes and dislikes. For example, in terms of what meals people preferred. There was a person's personal history in their care records, this enabled staff to learn more about people's lives before they lived in the home. There was also clear guidance on how people wanted to be supported. For example, there were documents in people's care records titled, 'What and who is important to me' and 'What helps me to feel relaxed'. We saw that people's care records were reviewed and updated regularly.

We saw that information about the home including activity plans and menus were pinned to a notice board in a communal area. We saw that the complaints procedure was displayed in an easy read format. This detailed how people could raise a complaint about the service. People we spoke with told us that they would feel confident raising a complaint if they were unhappy. One person told us, "If anyone has a problem, [the staff] will sort it out."

There were no house meetings for people. Instead, people meet with a member of staff regularly so they could raise any concerns that they had about the service and they could also make any suggestions. Staff told us that people's views were sought in this way as they did not like getting together in a big group.

Good

Is the service well-led?

Our findings

We received mixed opinions when we asked people, their relatives and staff whether the service was well led. People living in the home were positive about the manager and how the home was run. One person told us, "[Manager's name] knows how things are." They went on to say that they thought that the manager was easy going. Another person we spoke with told us that they often see the manager around and that they are easy to speak to. People's relatives we spoke with told us that they thought that the home was well led. One person's relative told us, "If I want to speak to [manager's name], [manager] is always available." Another person's relative commented, "If I ever need anything I can call on [manager's name]." They went on to explain how they were confident that the manager would sort out any issues, although they have not had any so far.

One member of staff told us that whilst they liked working in the home, they did not feel that when they raised a concern that it was acted on. Another member of staff said that they found the manager supportive and helpful. Other staff we spoke with felt supported by the manager. One member of staff explained, "[Manager's name] is a good manager, supportive and approachable, I can knock on their door. [The manager] listens to staff and service users." Another member of staff commented, "[Manager's name] is always open to input."

The manager told us that they liked to work alongside the staff and be visible to everyone. They went on to tell us that they had an, "Open door policy". Throughout our inspection we saw that the manager was often speaking with people and staff around the home. We noted that the manager had a good rapport with people. The manager told us that they like to promote training and, "Get the team leaders involved." They went on to explain that this involved giving the team leaders to take on more responsibilities such as providing supervision for support workers. However, the manager told us that this has been difficult to implement so far due to the team leader training being cancelled.

We saw that the appropriate disciplinary procedures were followed when required. The manager told us that when they have had to follow such procedures, they would liaise with the human resources department and had found them supportive. The manager went on to say that they were also supported through regular supervisions and visits from the regional director.

We saw that there were systems in place to monitor and assess the quality of service being delivered. The manager told us that they had given the team leader the responsibility of carrying out audits in certain areas. For example, one team leader would audit the medicines and another would carry out an infection control audit. We saw that audits were being completed monthly and they identified and areas that required remedial action to be taken. We saw that notes were made when the problem had been remedied and what action had been taken. In addition to this, the manager told us that a whole service audit was carried out twice a year by the quality assurance team. The audits were not always effective in identifying shortfalls within the service as it had not been identified that some people needed a mental capacity assessment or the lack of medicines training for staff.

The manager told us that the service's head office would send people a survey every year. The results of this survey were collated by regions and sent out to the managers of the homes. This allowed for the manager to see if any improvements needed to be made to the service based on people's feedback. We saw from the survey which was conducted in autumn 2015 that people and their relatives were happy with the service being delivered. The manager told us that the service was in the process of sending out questionnaires for the 2016 survey.