Albany Farm Care (Hampshire) Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Albany Farm provides care and accommodation for up to six people. On the day of the inspection five people were living in the home. The service provides care for people with learning disabilities, autism and or behaviours which are deemed to be challenging to others. People could be subject to a section under the Mental Health Act 1983 or a Guardianship order.

At the time of our inspection there was a registered manager, however they no longer worked at the service. The new manager has made their application to the Care Quality Commission to manage the service. We refer to this person as manager throughout the report. 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

Relatives we spoke with were positive about the manager and deputy manager who were responsible for the management of the service. Relatives gave many examples of support offered to their loved ones and how two way communications with the home worked well.

People were able to do things they enjoyed and kept in touch with those people who were important to them. Risks to people's safety were understood by staff and people benefited from receiving care which took into account their safety needs.

Medicines were managed safely and systems were in place to monitor medicines management.

There were sufficient staff deployed to meet people's needs.

Staff understood what actions to take if they had any concerns for people's wellbeing or safety. People were supported to take their medicines so they would remain well and there were enough staff to meet people's care and safety needs.

The provider had not always acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). If the location is a care home Care Quality Commission is required by law to monitor the operation of the DoLS, and to report on what we find. They had not carried out mental capacity assessments for people using the service. Following the inspection the service sent us information which we had asked for on the day and this included mental capacity assessments they had completed since the inspection.

Some people enjoyed making their own meals and drinks, other people received help from staff to enjoy a range of food and drinks.

Staff assisted people to attend specialist health appointments and followed the advice given by specialist

services so people would receive the support and care they needed as their needs changed.

People enjoyed spending time with the manager and the staff and people were given encouragement and reassurance when they needed it. People's need for independence and privacy was understood and acted upon by staff. People were encouraged by staff to make their own choices about what daily care they wanted.

Where concerns had been raised these were dealt with in a timely manner.

Checks were undertaken on the quality and safety of the care by the manager. However, the provider had a system in place but had not yet begun to utilise it.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Staff had received training and were aware of how to keep people safe from harm.

Staff were aware of risks to people and knew how to manage those risks.

Medicines were stored and handled safely.

People were not protected by safe and robust recruitment practices.

Is the service effective?

Requires Improvement

The service was not always effective

Staff had received training to support them in their role.

People were involved in planning meals and were supported to eat a balanced diet.

People were supported to access other health professionals and services.

The provider was not meeting the requirements of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

People were supported to be independent.

People's privacy and dignity was protected and staff were aware of people's individual need for privacy.

People were supported to maintain contact with family and people who mattered to them.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People were supported to pursue leisure activities and participated in the local community.

People had their needs regularly assessed and reviewed however records did not always reflect these changes.

Relatives knew how to make a complaint and were confident that any issues would be dealt with promptly.

Is the service well-led?

Requires Improvement

The service was not always well led.

Quality assurance systems were not always effective and had not identified issues found in relation to the recruitment of staff, mental capacity assessments and up to date care plans.

Relatives and staff found the management team approachable.

The assessment of people's needs had led to the home being unsafe.

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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 the 11 November 2016 and was unannounced. One inspector undertook this inspection.

Prior to the inspection we reviewed information we held about the service, such as previous inspection reports and notifications we had received. A notification is information about important events, which the service is required to send us by law.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. The provider returned this information and we took this into account when we made the judgements in this report.

Some people who lived at the home were unable to tell us about their experiences of living at the home or about the care they received. We spent time in the communal parts of the home observing how people spent their day as well as observing the care being provided by the staff team. We spoke with two people who lived at the home.

The manager was available throughout the inspection, in addition to the director (the manager's line manager) and managing director for the provider. During the inspection at the home we also spoke with four members of the staff team, two relatives and a health professional who was visiting the home.

We looked at the records of two people who lived in the home and sampled a third. These included, support plans, risk assessments, health records and daily monitoring reports. We also looked at some policies and procedures associated with the running of the service and other records including recruitment, incident reports, quality audits and medicines records.

We asked the manager to send us further information regarding training, policies and quality assurance. We received this.

Requires Improvement

Is the service safe?

Our findings

Relatives told us they thought people were safe and happy at the home. One relative said, "We have never seen [name] so happy."

People had communication and language difficulties associated with their learning disability. Because of these, we were unable to have full conversations with them about their experience of the home. We relied mainly on our observations of care and our discussions with staff and relatives to form our judgements.

From our observations of the interaction between staff and the people living at the home, people appeared to feel comfortable with the staff, entering the office to sit and speak with the manager or following a member of staff they liked around the home.

People were protected from avoidable harm because staff had an understanding of what types of abuse there were, how to identify abuse and who to report it to. One staff member told us "There is physical, mental, emotional and financial abuse. It's about people's choices and rights. If I had concerns I would report it to my line manager or the Police." Staff told us that they had training in safeguarding and this was confirmed by the training records we saw.

The provider had safeguarding policies and procedures in place to guide practice. Safeguarding concerns had been received and we saw copies of safeguarding investigations and their conclusions. For example how the provider had managed staffing recruitment and their ability to meet people's needs.

As a result of safeguarding concerns received by the local authority from the home about being able to meet people's needs, and people being placed at risk due to inappropriate placements, the assessment process regarding the placement of people at the home had been changed. The provider was happy to share that they had accepted people whose needs could not be met at the home in the past and they had adjusted their processes to help manage this. These changes need to be embedded to ensure people and staff were safe at the home.

Recruitment checks were not always completed. Staff told us they had completed application forms and were interviewed to assess their abilities. The provider had made reference checks with staff previous employers and with the Disclosure and Barring Service (DBS).The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The provider used this information to ensure that suitable people were employed, so people using the service were not placed at risk through recruitment practices. However in the six records we looked at we saw that for one person there was a gap in employment history with no evidence that this had been explored. Three people had started work prior to the receipt of their DBS at the service. The director told us these staff had a DBS which was transferable from another service such as secure transport of people. However there was no evidence to confirm this. One member of staff's DBS and reference checks were received after their start date.

The lack of appropriate and timely checks on staff employed to work at the home placed people at risk of being cared for by staff that may have not been suitable. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager and staff said there were enough staff to meet people's current needs with daily support being offered as one to one. Some people required two staff if they were going out and then the manager and deputy would help support people in the home. The manager told us they were continuing to establish their staff team and absences where possible were covered by their own staff. Two relatives told us there had been a lot of staff changes but "It is more stable now."

We observed staff acted quickly to support people when they needed assistance. People were supported by staff who understood and managed risk effectively. People moved freely around the home and were enabled to take everyday risks. People made their own choices about how and where they spent their time. People had documentation in place that helped ensure risks associated with people's care and support was managed appropriately. Risk assessments recorded concerns and noted actions required to address risk whilst maintaining people's independence.

Up to date environmental risk assessments, fire safety records and maintenance certificates, evidenced staff took all possible action to reduce the risk of injury caused by the environment. Personal emergency evacuation plans in place to support people to remain safe during emergencies such as fire. These plans helped to ensure people's individual needs were known to staff and to the fire service, so they could be supported in the correct way.

Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. People's individual support plans described the medicines they had prescribed and the level of assistance required from staff in records called, 'How I take my medicines.' Records of when people were given 'as required medicine' were kept; they gave clear reasons for the administration and noted the effect it had on the person's health or presentation so its use could be monitored safely.

Staff received medicines training and were observed as competent before administering medicines unsupervised. Records confirmed this. All medicine records had been accurately completed and were signed by staff when people had taken their medicines. This was in line with the provider's medicines policy.

Medicines were stored safely. Temperatures were recorded daily to ensure medicines were stored at the correct temperature. Regular checks were in place to ensure that medicines were stored and administered safely.

Requires Improvement

Is the service effective?

Our findings

People received care from staff who had the knowledge and skills to carry out their roles and responsibilities effectively. One relative told us, "Staff are very good and they have the skills and knowledge of people's needs. They are very, very good at calming [name] down. I have never seen a situation they haven't been skilled to deal with their behaviour."

Staff confirmed they received a thorough induction programme and on-going training to develop their knowledge and skills. They told us this gave them confidence in their role and helped enable them to follow best practice and effectively meet people's needs. Newly appointed staff where necessary, completed the new care certificate. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life. The Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support

The staffing concerns that were reported to safeguarding by the manager of the home had led to a review of the inductions and probation time for new staff. The induction would be two weeks and then lead into a six month probation period. This needed to be embedded to help staff and ensure they are competent to support people at the home.

Following the inspection the manager sent us a copy of their training plan, which gave an overview of the courses undertaken and the process used to check whether staff training was up to date or renewed as required. Training was provided in a variety of methods for example, face to face and by computer. The training included mandatory training such as fire and health and safety and also topics which were specific to people's needs such as communication.

Supervision was provided on a regular basis and staff told us they found them useful. Staff told us they had team meetings as well as staff meetings.

People, when appropriate, were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Care records showed where DoLS applications had been made and evidenced the correct processes had

been followed. The registered manager had a good knowledge of their responsibilities under the legislation and ensured all staff adhered to people's legal status which helped protect their rights.

Staff demonstrated a varied understanding of the main principles of the MCA for example one member of staff was clear in explaining this to us another not so clear in their understanding. The manager told us this was nerves. At the time of the inspection no mental capacity assessments had been undertaken even where DoLS applications had been made. Information from staff suggested people did not have capacity to make all decisions relating to their wellbeing and care. We saw that restrictions were recorded in people's care plans and were related to their behaviours and were in place for theirs and other people's safety. These had not been assessed using the MCA. This meant restrictions may have been placed on people without their agreement or being in their best interests.

We asked the manager to send us information about this after the inspection. When we received the information it included mental capacity assessments for all the people who lived at the home. The assessments had been carried out following our inspection.

Health care professional's advice had been obtained regarding specific guidance about delivery of specialised support. For example, a person's changing mental health needs and the need to have different methods of communication and support.

Other external professionals told us the home has always been very receptive to their involvement and have always welcomed their input. They said the home attempted to implement recommendations, however implementation is often slow and there have been some incidents when recommendations around updating support plans have not been followed. For example one professional said, "There can be some difficulty in gaining information around incidents from the home and it may take them some time to give information that is requested."

Transfer documents were in place which included information about people's health needs so that if they were admitted to hospital or needed to attend a clinic, information was readily available to print out to ensure that they received appropriate treatment.

People were protected from the risk of poor nutrition and dehydration by staff who regularly monitored and reviewed people's needs. People were encouraged to be as independent as possible with staff assisting only when support was needed. Risk assessments were in place regarding cupboards, food and utensils in the kitchen as some people expressed behaviours where items in the kitchen could be used to hurt themselves or others.

Good

Is the service caring?

Our findings

One relative said "Staff are fantastic, they really are. I can't fault them; there is nothing they wouldn't do." Another relative told us "They are all very polite and they are very caring."

Staff had developed positive and caring relationships with people. We saw staff using humour and appropriate touch when engaging with people. Staff spoke to people in a complimentary manner; one staff said to a person "You are looking very pretty today. Did you choose your top?"

Staff were anticipatory and attentive of people's needs knowing when they had become anxious and needed extra support or distraction. Throughout the day staff were heard asking people if they were alright, if they wanted a drink or to do something.

We could see from the daily records that people's choices were being respected. Staff supported people with ensuring their dignity was respected at all times. This included when they were having a bath. Staff would leave the door ajar and they would be available outside on the landing, they would talk to the person and tell other people they could not come to that area for a while.

People's bedrooms were individually decorated and contained pictures and photographs of things that people were interested in and had chosen themselves. Relatives told us people's bedrooms were clean, tidy and could display their personal items. We saw the rooms were kept where possible in a manner that met the needs of people. For example some people did not like a lot of items in their room and when they were expressing themselves they often broke things such as doors and their television.

People were well dressed and their appearance was maintained where possible by staff. Any choices in clothes or amount of clothes worn by people were supported by staff, however they were mindful of other people at the home and visitors. Staff supported people to manage their behaviours and needs to protect theirs and others dignity. We saw that any support needs and behaviours were recorded in care plans with instructions on how staff were to respond. Our observations of staff interaction matched the records we had seen.

We saw staff interacted with people in a caring, supportive manner and took practical action to relieve people's distress. For example, one person showed signs of anxiety whilst in the lounge. Staff responded and were able to support the person to express themselves whilst not being a risk to themselves and others.

Staff knew the people they cared for. They were able to tell us about individual likes and dislikes, which matched what we observed and what was recorded in people's care records. Staff spoke to people in a polite, patient and caring manner and took notice of their views and feelings. When people needed support, staff assisted them in a discreet and respectful manner. For example, staff told us how it was important to respect people's routines and know when people required time alone in the privacy of their own rooms.

Requires Improvement

Is the service responsive?

Our findings

People were supported by staff that knew them well and understood their needs and wishes. Staff gave us clear and detailed information about people's daily routines and how they needed and preferred to be supported. However our observations did not always reflect the information recorded in the care plans and the records we looked at.

There had been concerns raised under safeguarding concerning the home being able to meet people's complex needs, resulting in injuries to both staff and people using the service. We were able to observe staff interaction with people and how they met any challenges. However on one occasion we saw staff tickling a person and the person tickled them, then the member of staff hid under the desk.

We discussed this with the manager and director at the time who said staff used these techniques to distract the person which helped lessen behaviours where the person may hurt themselves or others. The person often gave a physical response to situations which affected the environment in the home. We looked at the care plans for the person and they did not detail these techniques or other examples of distraction. After the inspection the manager sent us an updated care plan detailing staff response and actions to deflect one person's behaviour. However the lack of guidance and consistent de-escalation techniques meant that the person may not always receive the right support and new staff may not be able to meet the person's needs.

Care plans provided staff with information about people's communication, personal care, nutrition and mobility needs. People's preferences, such as food likes, and preferred names were clearly recorded. However, they contained repeated information and information that was no longer relevant. We saw that care was given in accordance with the preferences in the areas that had been updated. However staff may not read the most relevant and up to date information which could lead to inadequate or inappropriate responses being given.

Relatives confirmed that the manager and staff knew people's likes and dislikes and how they liked to receive their support. We met one person with their visitors and we were able to confirm what had been told to us.

The home operated a keyworker system. This meant that one member of staff was the main contact between the person and the relative and created a point of contact for relatives this meant the service was able to be more responsive to family where there were concerns or questions, and to ensure people had items they needed for their wellbeing.

The care plan gave guidance to staff on individual communication needs, such as 'x communicates via gesturing and vocalisations. They can say a few words and choose their own clothes.' We saw that this had occurred on the day.

Peoples care was reviewed as required. Relatives and health professionals were involved. This was evidenced in people's care plans. One relative told us that they could call the staff any time and they would

tell them how their loved one was and what they had been doing.

Relatives, health or social care professionals were also involved to ensure that the person's choices and support were covered for all aspects of their life. Reviews of the care plans were completed regularly with people and their relatives so they reflected the person's current support needs.

Relatives told us that they felt involved in their loved one's care. One relative said "I attend the reviews, I always ask what he is doing and staff tell me. It's very open over there."

Handover meetings took place at the end of each shift so important information about people could be communicated and documented.

People had activities to participate in mostly outside of the home. One person loved to walk and ride their bike; another went swimming, dancing and horse riding. We spoke with one person after they had been dancing, they said they had had "Fun" and saw others going out with staff.

There were three cars available for staff to take people out and this happened mostly when they wished or it had been planned. The vehicles were different and met people's differing needs. For example, a bigger vehicle was available when a person needed two staff or there was more than one person going out. Or there was a small vehicle for one to one support.

The home had a complaints policy in place which detailed how a complaint should be responded to. Staff had a clear understanding of the complaints procedure and understood they had a duty of care to report any complaints to the manager so they could put things right. Relatives told us they felt listened too. One relative said "I feel able to make a complaint." The manager told us there had been multiple complaints recently about one person who was no longer at the service.

Requires Improvement

Is the service well-led?

Our findings

The manager and provider took an active role within the running of the home and had good knowledge of the staff and the people who lived at the home. The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

Relatives and staff told us the manager and provider were approachable. One relative said "The management are very approachable." Another relative said "The management are approachable and very friendly."

The manager and provider told us they were challenged to find ways to enhance the quality of the service they provided. For example the environment had been affected by one person's behaviour and so the walls were bare in communal areas and doors needed replacing. The television had also been raised up the wall. Therefore the communal areas did not appear homely. There were plans in place for renewing and decorating these areas of the home after the person who displayed the behaviours had moved on to another service.

The service has been challenged by having placements of people that it became apparent were not suitable for the service. This has affected the service in that some inappropriate placements have been made and the skills and experience of staff at the time of those placements meant that some people's needs had not been fully met, and some people have been placed at risk of not having all of their needs met safely. Whilst we acknowledge that changes have now been made the provider and manager need to ensure these are embedded and monitored.

The provider advised us after the inspection that they had been active in securing onward more appropriate placements for those affected in the recent past and that their assessment process now includes requests of information from the local safeguarding team.

There has been a lack of managerial oversight which has caused the lack of a robust system to monitor and improve the service. There were systems in place to review recruitment and care plans however, the system had not picked up that there were issues with recruitment information and that care plans were repetitive and did not have the correct up to date information in them, placing people at risk from not receiving appropriate care from competent staff. However, other auditing systems such as health and safety, infection control and medicines were completed and had identified issues which had been put right.

The provider told us they had fallen behind in some areas due to the issues of staff turnover, recruiting the right staff and accepting people into the service whose needs could not be met. They felt the service was now beginning to stabilise and new processes would be embedded, for example the directors would be conducting a three monthly audit of the service.

The lack of audits to ensure that care plans and records were up to date meant that new staff may not always receive the correct information to be able to meet people's needs. Incomplete information in records

placed people at risk of not receiving care appropriate for their needs. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us communication was good and they felt supported in their role and felt comfortable raising issues with the manager and the provider. Staff had access to an on call manager for advice and support on a 24 hour basis. Staff meetings were held to provide opportunity for open communication. Staff told us "I have regular supervision when I can talk about any issues", and "They [management team] are good, very helpful. I have supervision and it's a chance to say how I'm doing and how I'm feeling".

The provider sought feedback from relatives in order to enhance their service. Surveys were conducted to encourage people to suggest ways in which the service could develop. The provider used them to help plan the following years' service plan.

The service had an up to date whistle-blowing policy which supported staff to question practice. It clearly defined how staff that raised concerns would be protected. Staff confirmed they felt protected, would not hesitate to raise concerns to the manager, and were confident they would act on them appropriately

Staff told us they enjoyed their work, understood what was expected of them and were motivated to provide and maintain a good standard of care. Comments included, "I love my job, I just love what I do and being with the guys. I really enjoy it" and "I've been here a long time and I still love it, I enjoy coming to work".

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The lack of audits to ensure that care plans and records were up to date meant that new staff may not always receive the correct information to be able to meet people's needs. Incomplete information in records placed people at risk of not receiving care appropriate for their needs. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The lack of appropriate and timely checks on staff employed to work at the home placed people at risk of being cared for by staff who may have not been suitable. Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.