

Freeways

Miller Farm

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Miller Farm is a care home registered to provide care for up to 10 with learning disabilities who have complex support needs. On the day of our inspection there were seven people resident in the home.

We carried out this inspection on 4 June 2017. At the last inspection, the service was rated Good. At this inspection we found the service had met all relevant fundamental standards and remained rated as Good.

The service has a registered manager. 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 staff had a clear knowledge of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). These safeguards aim to protect people living in care homes from being inappropriately deprived of their liberty. These safeguards can only be used when a person lacks the mental capacity to make certain decisions and there is no other way of supporting the person safely. We have made a recommendation around how the service records people's best interest decisions and their mental capacity assessments for people.

There were processes in place for the safe storage and management of medicines.

The staff had received training regarding how to keep people safe and they were aware of the service safeguarding and whistle-blowing policy and procedures. Staffing was arranged in a flexible way to respond to people's individual needs.

People were provided with regular opportunities to express their needs, wishes and preferences regarding how they lived their daily lives. Each person was supported to access and attend a range of social activities. People were supported by the staff to use the local community facilities and had been supported to develop skills which promoted their independence.

People's needs were regularly assessed and resulting care plans provided guidance to staff on how people were to be supported. Support in planning people's care and support was personalised to reflect people's preferences and personalities.

There was a robust staff recruitment process in operation designed to employ staff that would have or be able to develop the skills to keep people safe and support people to meet their needs.

Staff demonstrated a detailed knowledge of people's needs and had received training to support people to be safe and respond to their support needs. We saw that the service took time to work with and understand people's individual way of communicating in order that the service staff could respond appropriately to the

person. Staff respected people's privacy and we saw staff working with people in a kind and compassionate way responding to their needs.

There was a complaints procedure for people, families and friends to use and compliments could also be recorded.

The provider had quality monitoring systems in place which were used to bring about improvements to the service.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Miller 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 was unannounced and took place on 4 June 2017. The inspection was carried out by one inspector.

Prior to the inspection, we reviewed information we held about the service including statutory notifications. Statutory notifications are information about specific important events the service is legally required to send to us.

During our inspection, we spoke with three people who used the service; one person was able to briefly tell us their views about the home. We also spoke with three members of staff. We tracked the care and support provided to people and reviewed three care plans relating to this. We looked at records relating to the management of the service, such as policies, recruitment and training records, meeting minutes and audit reports. We observed people being supported by staff and how well the environment was meeting their needs.

Is the service safe?

Our findings

Medicines were stored safely. Stock checks were carried out when people arrived at and left the service with their medicines. Medicine administration records (MAR) were up to date and gaps in recording accounted for. There were medicines profiles for each person that provided staff with guidance as to people's diagnosed medical conditions and the medicines that had been prescribed. The reasons for the medicines being prescribed was stated and any potential side-effects or problems.

Some people had been prescribed medicines, such as pain relief and skin creams, which were to be given 'when required' (PRN). There were PRN protocols in place for people. PRN protocols assist staff by providing clear guidance on when PRN medicines should be administered and provide clear evidence of the specific situations when people may need these medicines. Only staff who had completed medicines training administered medicines and records demonstrated the training and planning for this.

The service had a policy and procedure regarding the safeguarding of people and guidance was displayed in the office for staff to follow. Staff told us that they would report any issues of concern to the registered manager. However they also knew they could speak to the safeguarding team directly if they felt this was appropriate. One member of staff said "We can go directly to the management but there's also information available around the building so we can contact the local authority safeguarding team or the CQC too." People we spoke with replied "Yes" when asked if they felt safe living in the home.

Risk assessments had been carried out and provided information for staff on how to support people safely. This included using community facilities and supporting people during their activities. Each risk assessment considered actions required to keep the person safe whilst undertaking the activity, strategies to use if the activity became unsafe. For example we saw a risk assessment around a person travelling on a mini bus unescorted. The risk assessment took into account various aspects such as the environment, the equipment in use, the staff skills required, the person's sensory needs and the level of communication required. Actions required to keep the person safe included a structured approach to how the person was assisted.

The service had emergency procedures in place which included the actions to be taken in the case of fire. People also had personal evacuation plans which clearly identified their needs if evacuation was required. For some people this was more about reassurance rather than physical assistance to leave, we saw that each plan was individual to every person and had considered their physical and emotional needs.

Accidents and incidents were recorded, they were analysed by the registered manager or senior staff. The analysis was discussed with staff and subsequent action plans were put in place to reduce the likelihood of reoccurrence and to keep people safe. The records we viewed showed a system which recorded timescales for response to concerns, outcomes and actions taken.

The staff explained how staffing levels were assessed and organised in a flexible way to support people to pursue their choices of how they spent their day. Staffing was also arranged to ensure that people consistently received care from the same staff. Staff told us there were enough staff to meet people's needs

throughout the day. We found that the staff rota was planned and took into account when additional support was needed for planned activities outside of the service.

There was a robust selection procedure in place. An enhanced Disclosure and Barring Service (DBS) check had been completed. The DBS check ensured that people barred from working with certain groups such as vulnerable adults would be identified. We saw that the recruitment process also included completion of an application form, an interview and previous employer references to assess the candidate's suitability for the role.

Is the service effective?

Our findings

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.

We saw that people's care plans held decision making agreements and advised staff how to assist a person to make day-to-day decisions wherever possible. We found however that best interest decisions were not always recorded well. For example we saw a best interest decision which did not clearly identify those making the decision. We also saw another which was partly complete. It was clear after speaking with the registered manager that the service had followed practices that were in people's best interest. The service was however responsible for ensuring a mental capacity assessment was undertaken and a best interest decision recorded to ensure that people's rights were protected in relation to these practices whilst people were using the service. The service was following the principles of the MCA and working to ensure continuity of care. However the recording of their considerations needed to be clearer so that they were able to demonstrate how they reasonably believed a person lacked capacity and why the restrictive actions taken were in the person's best interest.

We recommend the service refers to guidance in the Mental Capacity Act Code of Practice reference recording mental capacity assessments and best interest decisions.

The provider had met their responsibilities with regard to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. Appropriate DoLS applications had been made specifically around people's constant supervision by the service. We spoke with staff and found that they were knowledgeable about DoLS.

Staff received training provided by the service when they joined as part of their induction programme. On completion of their induction they also received regular refresher training. Training subjects included first aid, infection control and food hygiene. Staff told us they had been given training relevant to support the people they supported. Training included specific training to support staff to recognise and meet the needs of people. For example a member of staff told us they completed specific autism training, to enable them to understand the needs of the people they were supporting. Another member of staff said "I have just finished my induction, I feel they have given me everything I need to do the job."

Staff said they had been supported with regular one to one supervisions throughout the year and records we saw demonstrated this. Supervision is dedicated time for staff to discuss their role and personal development needs with a senior member of staff. One member of staff said "I have regular supervisions but in the meantime I can speak with [registered manager's name] and she is very much supportive."

Where a person was unable to communicate staff utilised a number of techniques such as using simple sentences and picture cards to enhance their understanding of the person's requirements.

People were involved in planning how to meet their nutrition needs. People were supported to have the food and drink of their choice. Support plans provided details of how people's meals should be prepared. There were menus available which included dietary guidance to enable staff to offer meals to people that met their needs. Staff said they worked with people to look at healthy eating options.

People were supported to maintain their well-being and good health. Daily records were maintained so that the staff could monitor changes in people's health conditions. People had health action plans which detailed important aspects of their health care and the relevant professionals. There was information available for staff to make contact with relevant health professionals should a person require them.

Is the service caring?

Our findings

Staff treated people with understanding and kindness. Staff were knowledgeable and supportive in assisting people to communicate with them. People were confident in the presence of staff and people communicated with the staff in different ways when they were less able to have a conversation. We saw a person use hand gestures to explain meanings to the staff.

We observed staff treating people with dignity and respect. Staff spoke in a polite way and clarified information. People's personal care support was discreetly managed by staff so that people were treated in a respectful way. Staff made sure that toilet and bathroom doors were kept closed, as were bedroom doors, when they attended to people's personal care needs.

We listened to and observed staff working with a person to identify their plans for the day. The person was encouraged to express their views and make decisions. We saw that the staff took time for the person to consider their decisions. The staff we spoke with knew people well and understood their individual communication styles.

The registered manager and staff knew people well and were able to explain people's individual likes and preferences in relation to the way they were provided with care and support.

We saw in the care plans how the service had worked with people to identify and record their choices and preferences, this included foods and activities. It was clear from the information available throughout the service and the activity programme for each person that they and their families were consulted. Care and support was planned according to the needs and abilities of each person.

Is the service responsive?

Our findings

The staff worked with people to identify their aspirations and then support them to develop skills to be able to be as independent as possible. The service was responsive to people's needs for support. We saw that each person had a care plan. The service had a set structure to write, record and review information. The care plans reflected the person's individual needs, what they did and how staff supported them.

Care plans were personalised to ensure that staff were aware of people's preferences, life history, likes and dislikes, their daily schedules for example what time they preferred to get up, go to bed, how they liked to dress etc. This is significant in a service for people with learning disabilities who find it difficult to communicate their needs. This information can aid staff in communicating and developing relationships with people whilst meeting their needs. This information is of particular relevance when new staff are employed at the service to aid them in knowing and understanding people.

Peoples' preferred communication methods were also recorded in the support records. The staff recognised and responded to people's needs. The staff had worked with people to identify goals and to develop their skills to achieve those goals. For example one person using the service found it difficult to be outside of the home. Staff had developed activities and techniques to help reduce the person's anxiety and to enable them to concentrate on aspects of the support they found enjoyable.

Staff explained that additional documentation was introduced into care plans if required. For example, should a person have a change in behaviour, behaviour monitoring charts were implemented for a period of time to assist the staff to analyse the behaviour. This assisted the staff to look for ways to effectively support the person at this time.

We saw that the staff reviewed people's care and care plan on a monthly basis and contacted people's families or other involved professionals if there was a need to gain their feedback or to review the care plan. Formal reviews of care plans were held annually.

Care plans and records of meetings confirmed that people had been involved in and had access to a wide variety of community activities according to their personal preferences. We saw people being offered choices, for example what activities they wanted to undertake during the day. There were visits and regular activities centred on each person's preferences. Activities ranged from music and movement, visiting cafes and pubs, discos, karaoke, pet therapy, music therapy, sports clubs and gardening. Activities were not viewed as a permanent arrangement and were reviewed regularly to identify if aims and objectives were being achieved. People were able to stop some activities or using resources in favour of others. This demonstrated that people's choices were listened to and supported.

The service had a complaints policy and procedure available for people and their relatives. We checked the complaints records and found that when there had been complaints they were resolved to the satisfaction of the complainant and in accordance with the provider's policy.

Is the service well-led?

Our findings

The service has a registered manager. 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.

To ensure continuous improvement the registered manager and provider conducted regular audits to monitor and check the quality and safety of the service. They reviewed issues such as; infection control, care plans, training, staffing, accident and incident reporting. We saw evidence of these checks and some of the actions taken to improve standards. The observations identified good practice and areas where improvements were required. They were addressed with the staff to ensure current practice was improved such as ensuring that records were completed within the appropriate time limits.

There also were systems in place to ensure regular maintenance was completed and audits to ensure that the premises, equipment and health and safety related areas such as fire risk were monitored and that equipment tests were also completed. Where actions were required to improve the service there were action plans in place with a timescale for completion or a recorded review. We did find however that action plans were not always recorded as complete when actions had been carried out.

People who used the service and their relatives and staff were given questionnaires for their views about the quality of the service. The results of surveys had been analysed and there was an action plan in place to improve on areas identified as needing further work.

The registered manager and staff were committed to continuous improvement of the service by use of its quality assurance processes and the management support provided to staff. Staff told us they were regularly consulted and involved in making plans to improve the service with the focus always on the needs of people.

Staff said they felt well supported by the registered manager and their colleagues. The staffing rota was well planned in advance and therefore days off and annual leave were usually covered. We also saw that there was an on-call system for staff to be in contact with senior staff over the 24 hour period as required for support.

Records demonstrated that relatives and other people important to people using the service were communicated with through planned meetings and also on the phone if there was anything urgent that they needed to know.

We saw there were effective communication systems in place regarding staff meetings and handovers. This enabled the staff to be up to date. Staff said they were able to contribute to decision making in their roles and staff meetings were supportive in discussing and resolving staff issues. Staff made the following comments; "The manager is always looking to make improvements and says there's always room for

improvement; we as a team are always looking and learning for new ways to support our residents and each other."

All services registered with the Commission must notify the Commission about certain changes, events and incidents affecting their service or the people who use it. Notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have been handled. We found that the registered manager had made appropriate notifications.