

William Blake House Northants Farm Cottage

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 

Overall summary

The inspection took place on 26 August 2015 and was unannounced. The service cares for up to four people with learning disabilities and four people were living at the service when we visited.

A registered manager was 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 were safe and protected from harm. The staff had a good understanding of abuse and the safeguarding procedures that should be followed to report any abuse.

Risk assessments were in place to reduce and manage the risks to peoples' health and welfare.

Summary of findings

Systems were in place to monitor accidents and incidents so that preventative action could be taken to reduce the number of occurrences.

Robust staff and volunteer recruitment systems ensured that staff were safe to work with people using the service.

The staffing arrangements ensured there was always staff available to meet people's care and support needs.

Robust arrangements were in place for the safe administration and management of medicines.

The staff were provided with comprehensive induction training and on-going training, which ensured that they had the knowledge and skills to meet the needs of all people living at the service.

A programme of staff supervision and annual appraisals enabled the staff to reflect on their work practice and plan their learning and development needs.

The staff treated people dignity and respect and ensured their rights were upheld. Consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards were met.

Healthy eating was integral to promoting well-being. People had a choice of good, nutritious food their food and drink was closely monitored and appropriate referrals made to the health professionals when concerns were identified.

The staff were highly motivated and inspired to offer care that was kind and compassionate.

Relatives worked in partnership with the staff and were kept informed of any changes to a person's health or well-being.

People had individualised care plans in place that were detailed and reflected their needs and choices about how they preferred their care and support to be provided.

People were encouraged and supported to engage in purposeful social, occupational and recreational activities to their enhance well-being.

There were regular meetings for staff which gave them an opportunity to share ideas, and give information about possible areas for improvements to the manager.

People were encouraged to raise any concerns they had about the quality of the service they received and complaints were taken seriously and responded to immediately. There was an emphasis on the service continually striving to improve.

The vision and values of the service were person-centred and made sure people living at the service and their representatives were fully consulted, involved and in control of their care.

Robust quality assurance systems were carried out to assess and monitor the quality of the service. The views of people living at the service and their representatives were sought about the quality of the service and acted upon to make positive changes.

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 knew how to keep people safe. They could identify the signs of abuse and knew the correct procedures to follow to report abuse.

Staff were trained to keep people safe and risk management plans promoted and protect people's safety.

Staffing arrangements ensured that people received the right level of support to meet their specific needs.

Safe and effective recruitment procedures were followed in practice.

People were supported by staff to take their medicines safely.

Good



Is the service effective?

The service was effective

Staff had the specialist knowledge and skills required to meet people's individual needs and to promote their health and wellbeing.

The staff were skilled in communicating effectively with people who had limited verbal communication.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS.)

People were supported to eat a healthy diet and to eat and drink sufficient amounts to meet their needs.

People were referred to healthcare professionals promptly when needed.

Good



Is the service caring?

The service was caring.

The staff cared for people with compassion.

People were treated with dignity and respect and staff worked hard to ensure this was maintained.

The staff worked in partnership with relatives and supported people to maintain regular contact with their families.

Good



Is the service responsive?

The service was responsive

People's care was personalised to reflect their wishes and what was important to them.

Care plans were person centred and reflective of people's needs and preferences.

Good



Summary of findings

People were at the heart of the service and were able to take part in a wide range of activities of their choice.

The arrangements for activities were innovative and purposeful. They met people's needs and enhanced their sense of wellbeing.

The service sought feedback from people and their representatives about the overall quality of the care provided. These were available in a format that met the needs of people using the service.

Concerns and complaints were listened to and dealt with in line with the provider's complaints policy.

Is the service well-led?

The service was well led.

There was an open and positive culture which focussed on meeting people's individual needs.

There was good links with the local community.

The manager operated an 'open door' policy and welcomed suggestions made from people and staff on improvements to the service delivery.

The care provision was consistently reviewed to ensure people received care that met their needs.

Good



Farm Cottage

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 visit took place on 26 August 2015; it was unannounced and carried out by one inspector.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports, statutory notifications (information about important events which providers are legally required to notify us by law) other enquiries from and about the provider and other key information we hold about the service such as previous inspection reports.

At the last inspection the service was meeting the essential standards of quality and safety and no concerns were identified.

We met four people living in the service but were only able to hold a conversation with one person. We had limited talks with people due to communication difficulties associated with their disabilities. As such we relied on general observations of the care people received and discussions with the care staff to form our judgements.

We spoke with the registered manager, deputy manager, the general manager and two of the care staff team.

We reviewed the care records for two people living at the service, four staff recruitment files and other records relating to the management of the service, including quality audits.

Is the service safe?

Our findings

We observed that people looked comfortable and relaxed with the staff and with each other. One person said, “I feel very safe and happy living here”. People and their relatives were encouraged to share any concerns they may have with the registered manager or any member of staff. We saw that information was available in written and pictorial formats telling people how to speak out if they had any concerns about their safety or welfare.

One member of staff said, “Some people are unable to directly tell us if they are unhappy, we therefore observe for behaviours that are out of character”. The provider took action to minimise the risks of avoidable harm to people from abuse. Staff had completed training in recognising and reporting abuse and updates to the training were provided annually. Discussions with staff demonstrated that they understood the importance of keeping people safe from abuse and said they would report any abuse they suspected or witnessed, directly to the registered manager.

Safeguarding and whistle blowing policies were available and staff told us they were aware of the policies. Whistle blowing is a way in which staff can report safeguarding concerns they have witnessed within their workplace directly to the safeguarding team. The registered manager was aware of their responsibility to report allegations or suspicions of abuse to the local authority and the Care Quality Commission (CQC).

Risks of harm to people were minimised through individual risk assessments being in place. They had been developed with the person, their representatives and professionals, and had been subject to regular reviews. The staff had identified the risks and how they could promote and protect people’s safety and individuality in a positive way. For example, people were at risk of going out on their own, one person told us they were always supported by staff when they went out into the community. The assessments also covered areas such as, participating in social and leisure activities, falls and managing behaviour that challenged the person and others.

We found that people had risk assessments put in place to minimise the hazards and keep people safe. For example we observed that where people were at risk of going out in the community on their own, care plans detailed how staff supported them in the community to be safe. One person

told us that they were always accompanied by staff when they went out in the community. We saw that this information was recorded in the person's care plan. This meant that there were risk assessments put in place to keep people safe and to enable them to stay independent.

Emergency contact information was available in the event of any breakdown with the heating, water, electrical and fire systems. Emergency contingency plans were in place in case of evacuation and each person had an individualised Personal Emergency Evacuation Plan (PEEP) in place to assist in the event of the service having to be evacuated.

A staff health and safety representative was appointed who carried out regular checks on the physical environment in the service to ensure it was safe for people to live in. They told us they took their responsibility for keeping people safe seriously and talked of carrying out regular fire drills. The registered manager also carried out routine health and safety checks as part of their monthly quality management programme.

We saw that accidents and incidents were recorded in line with the provider’s policies and the manager regularly monitored them to identify any trends in incidents, so that measures could be put in place to minimise the risks.

Staffing arrangements ensured that people received the right level of support to meet their specific needs. The registered manager told us each person had one to one staff support indoors, which increased to two to one staff support when out in the community. We observed that staff were available to support people whenever they needed assistance or attention.

Staff absences were covered by ‘bank staff’ so that people were always supported by staff that knew them. The term ‘bank staff’ means staff who are employed by the service to cover for staff sickness, annual leave or whenever additional staff are needed.

People were safeguarded against the risk of being cared for by staff that were unsuitable to work in a care service. We saw the staff recruitment procedures explored gaps in employment histories, written references had been obtained from previous employers and checks had been carried out through the government body Disclosure and Barring Service (DBS) that included Criminal Records Bureau (CRB) checks.

Is the service safe?

The registered manager told us that volunteers were encouraged to volunteer at the service and they underwent the same recruitment screening process as regular staff. They told us the volunteers usually stayed with them for up to 12 months and were seen as an important resource for supporting people to take part in the wide range of activities provided at the service.

People's medicines were safely managed. The staff told us that only staff that had received medicines training administered medicines. We observed a member of staff supporting people to take their medicines; they calmly

explained to each person what their medicines were for and provided appropriate support for people to take their medicines safely. We saw that competency assessments, which involved observations of administering medicines, were carried out. Close detail was given to training staff on the importance of keeping robust medicines administration records. We saw that records in relation to the receipt, storage, administration and disposal of medicines were well maintained, and that monthly medicines audits took place to check that stock levels and records were in order.

Is the service effective?

Our findings

People received care and treatment, which was based on best practice, from staff who had the knowledge and skills needed to carry out their roles and responsibilities effectively. There was an experienced and knowledgeable staff team with many staff holding long service. They told us they were provided with a comprehensive induction training programme that covered topics such as promoting people's rights, choice, dignity and independence. They spoke highly of the training they received and said when they first started working at the service they had worked alongside an experienced member of staff so as to get to know the people and how they preferred to have their care and support provided.

They told us they had been provided with specific training in order for them to understand the conditions of people living at the service, which was provided through a mix of face to face workshops and e-learning modules. The staff training plan evidenced when staff had attended mandatory health and safety training; also when training updates were due to take place.

They told us they had been provided with specific training in order for them to understand the conditions of people living with learning and physical disabilities and how they could provide effective support for people. One member of staff said, "The training here is very good, it really helps you to appreciate just how we can help people to lead fulfilling lifestyles regardless of disabilities." The staff told us that training was provided through face to face workshop and by completing e-learning modules that were used as an aid to refresh their knowledge on subjects.

We saw the staff received training on awareness of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We also saw that service user specific training was provided on areas such as, caring for people with a learning disability, advanced communication, low level intervention and equality and diversity.

People's needs were met by staff that were effectively supported and supervised. The staff said that on a day to day basis the registered manager and deputy manager were approachable and always took the time to offer support, advice and practical help whenever needed. They also said that supervision meetings with the registered manager and deputy manager provided them with the

forum to discuss in confidence their work performance and identify areas for further support and training. We saw that dates for the supervision meetings were planned in advance to prepare areas they wanted to discuss.

We saw that staff appraisal meetings took place that included six monthly mid-year reviews, to evaluate each member of staff's work objectives and plan their future learning and development needs. The staff said they worked well together and supported each other; they spoke of holding regular hub meetings to reflect on their work and share ideas on what they did well and what they could do better. In addition regular staff meetings took place and items on the agenda included subjects such as health and safety, safe practices, accidents and incident monitoring, festivals and activities.

The registered manager and staff were aware of their responsibilities under the MCA and DoLS codes of practice. The care plans contained assessments of people's capacity to make decisions and when 'best interest' decisions had been made following the codes of practice. We saw documents that showed the registered manager had followed the legal process when applying for DoLS authorisations to place restrictions on people's liberty to leave the building unescorted in order to keep them safe.

There was a strong emphasis on the importance of eating and drinking healthily. The mealtimes were seen as a social event where people living at the service and staff took their meals together. The staff said that in keeping with the anthroposophy philosophy a blessing was said before each meal.

People were supported to eat a varied, balanced diet that met their preferences and promoted healthy eating. There was an emphasis on people growing the vegetables produce and eating organic foods and some people helped with cooking the meals.

People were supported by staff to choose each day what they wanted for their meals through the use of food picture cards. We observed that the ambiance within the informal dining area was social and relaxed. The meal was unrushed and the staff sensitively provided assistance for people to eat and drink, preserving dignity and promoting independence as much as possible.

Is the service effective?

Their care records contained nutritional assessments, which had been regularly reviewed. The staff tactfully monitored people's food and drink intake and worked in collaboration with other health professionals, such as the speech and language therapist and dietician.

The staff confirmed they had a good working relationship with healthcare professionals that were involved in people's care. The care records contained information that demonstrated people's health conditions were regularly assessed and monitored. We saw instances recorded in people's care records when staff had promptly contacted health professionals in response to a deterioration or sudden change in people's health and acted on the instructions of the health professionals.

One person was able to tell us that the staff always gained their consent before providing their care; the staff said it gaining people's consent was a fundamental part of providing care. We also saw that the importance of staff seeking people's consent to the care they received was recorded within people's care plans.

People told us they saw health care professionals when needed. On the day of our inspection we spoke with a person who had attended an eye clinic appointment, they told us they had been supported by the staff to attend. They also said if they were not feeling well that the staff would call the doctor. One member of staff said "We have excellent support from the GP and consultants they are fantastic". We saw within people's care records that people had regular visits from other healthcare professionals.

People's care records contained information that demonstrated their physical and mental health condition was regularly assessed and monitored. We saw that the staff promptly contacted the relevant health professionals in response to any deterioration or sudden change in people's health conditions and acted on the instructions of the health professionals.

Is the service caring?

Our findings

One person said, “The staff are kind, they are my friends, I am happy living here”.

Discussions with the staff indicated they were highly motivated and inspired to offer care that was kind and compassionate. They spoke warmly about people and had a detailed knowledge of each person as a unique individual. They assisted us with communicating with people who were unable to express themselves verbally to us and it was apparent that they understood each other very well. They had great skill in understanding what people said through reading body language, sounds and gestures to effectively relay people’s responses.

We generally observed interactions between people using the service and the staff, it was evident that the staff were patient, supportive, kind and friendly. They treated people with dignity and respect and personal care was provided discreetly.

People were supported to maintain relationships with people that mattered to them. Relatives were encouraged to visit as often as they were able to and staff supported people to visit their families and friends on a mutually agreed basis.

The staff told us that people and their representatives were involved in making decisions and planning their own care. We saw within people’s care records they had been asked whether they wanted to share information about things that mattered to them and important events in their lives. The information went towards building an individual profile so that their care and support could be tailored to meet their specific needs and preferences.

The staff told us they worked as a team to ensure people’s needs and preferences were known and respected by all staff. This helped ensure consistency of care and that daily routines and activities matched people’s individual needs and preferences.

Staff respected people’s confidentiality. They treated personal information in confidence and did not discuss people’s personal matters in front of others. Confidential information about people was securely stored.

Is the service responsive?

Our findings

The care provided at the service was based on the Rudolf Steiner model of care. The staff told us that meeting the whole needs of a person, inclusion in the community and living a healthy lifestyle were fundamental to the model of care provided at the service. The manager and the staff told us that before people came to live at the service, the model of care was fully explained to them and their relatives.

Each person had a detailed care plan that was regularly reviewed and used to guide staff on how to provide their care. We saw the staff worked with people using people's preferred methods of communication, such as using pictures or objects of reference. One person said, "The staff know and understand me, we get on very well".

People were encouraged and supported to engage in social, occupational and recreational activities. The care records contained information detailing their interests and hobbies, so that activities could be arranged to suit individual taste, capabilities and preferences.

On the day of the inspection we saw that people were engaged in baking at the village community centre, working on a local farm, and growing vegetables on an allotment. People had photographs within their care records to show the activities they were involved in and it was evident from the smiles on their faces they took pride and enjoyed taking part in such activities.

Other activities provided by the service included horse riding, helping on a local Llama and donkey farm, which also provide the opportunity for people to learn about the care of the animals. People also had regular opportunities to relax, listening to music, reading, going for country walks, and using a local swimming pool and the jacuzzi, steam room and sauna facilities.

Music and singing sessions was a popular activity that took place weekly. One person said they enjoyed meeting up with other people at the village hall to sing songs. The manager said promoting artistic activity and developing the imagination was integral to the model of care. They said that the songs celebrated festivals in connection with the seasons of the year.

A drama group was rehearsing a play that was themed around kindness and based on the story of the good Samaritan, one person recited the lines they had rehearsed to us; they said they were pleased they had remembered the lines and were looking forward to acting in the play.

People were also encouraged to play musical instruments such as the keyboard and hand drums and some had made up a music CD. One person said, they enjoyed going to the music sessions, they said "We have great fun playing the instruments together, I like playing the keyboard". On the day of our inspection a small music session took place; we saw that people were singing along with a member of staff who was playing the guitar. The people participating in the activity appeared to enjoy it, smiling and clapping.

We saw that people also went on holidays of their choosing. We saw that two people had recently enjoyed a week's holiday at Stretton Lakes, whilst others had opted for day trips to visit local attractions, such as, the Nene Valley Railway, to go on picnics and boating trips.

People were supported to develop and maintain relationships with people that mattered to them. We saw that people had developed friendships with other people living at the service and we observed people appeared relaxed with each other and happy in each other's company.

People were made aware of how to raise a complaint. One person said, "I am very happy, but if I wasn't I would speak with the manager". The complaints information was available in picture and written formats stressing the importance of telling people if they had any worries or concerns.

The service routinely listened and learned from people's experiences, concerns and complaints.

Group meetings took place regularly at which any concerns or complaints were a set item on the agenda.

We saw the provider had responded to concerns brought to their attention, promptly, within the agreed timescales as set within their complaints policy.

Is the service well-led?

Our findings

The culture and vision of the care provided at Farm Cottage was integral to everyday life at the service. Information on the anthroposophy model of care was fully explained to people and their relatives before moving into the home. The information was provided in pictorial and written formats.

The registered manager told us that each month the staff nominated a colleague who they felt had upheld the values of the service. They said the names of nominated people were hung from a compliments tree. The staff we spoke with said they liked the idea and that they found it motivating to be appreciated by their peers.

Our observations and discussions with the registered manager, general manager, deputy manager and staff demonstrated there was an open and transparent culture. A member of staff said, "We are encouraged to share ideas, our views are really listened to, it makes you feel so valued". The registered manager said, "I have an open door policy, the staff know they can speak with me about anything at any time". A member of staff said, "The staff really feel valued, we have time for reflection, I have never worked in a home where the staff are so supported and cared for". They spoke with warmth about the people they supported and of the close working relationships they had built with people their relatives and visitors.

The staff spoke highly of the registered manager, they said they felt supported and enjoyed their work. One staff member said, "I really do enjoy working here, I don't live locally and have to travel quite a distance to work each day, I find working at the home is very rewarding I don't want to work anywhere else".

The staff told us they were provided with a comprehensive induction programme and continual training and development was provided.

The registered manager and staff strived for excellence through reflective practice and the staff and volunteers clearly understood what was expected of them. The registered manager told us that each quarter they carried out quality effective reviews (QER) that took the form of a staff quiz to test their knowledge and experience. This familiarised the staff with the requirements of the Health

and Social Care Act (HSCA) regulations. The staff said doing the quiz was as a fun way of learning about the regulations and made them aware of the need to work in line with of the HSCA regulations.

The service played a key role in the local community. The general manager regularly attended the village meetings to promote the work of the service. They told us at a recent meeting they had agreed for a defibrillator machine for emergency use and saw the machine was in situ on an outside wall for villagers to access in an emergency.

People living at the service and their relatives were regularly asked for feedback on the service they received and annual satisfaction surveys were carried out. The feedback received was taken on board and fully addressed to continually improve the service. In addition regular resident meetings took place during which the views of people, their relatives and staff were taken into account and changes made where needed.

There was a strong emphasis on the service continually striving to improve. The quality assurance systems to monitor people's care were robust and used to drive continuous improvement. The registered manager carried out weekly checks and monthly care audits. Such as, monitoring accidents and incidents, care records and risk assessments, staff records, medicines management systems and the environment.

The registered manager and staff told us that each month the staff were encouraged to nominate a colleague who had upheld the values of the service and the names of nominated staff were hung from a compliments tree. A member of staff said, "I like the idea of nominating each other it's nice to know you're appreciated".

The registered manager and staff strived for excellence through reflective practice and the staff and volunteers clearly understood what was expected of them. The registered manager told us that each quarter they carried out quality effective reviews (QER) that took the form of a staff quiz to test their knowledge and experience. This familiarised the staff with the requirements of the Health and Social Care Act (HSCA) regulations. The staff said doing the quiz was as a fun way of learning about the regulations and made them aware of the need to work in line with of the HSCA regulations.

The quality assurance systems to monitor people's care were robust and used to drive continuous improvement.

Is the service well-led?

The registered manager carried out weekly and monthly care audits that monitored areas such as, accident and incidents, care records and risk assessments, staff recruitment and training records, medicines management and the environment.

We also saw that management audits were completed by the management team with the support of an independent

external consultant. We saw the findings from the visits were written up in a report and any areas identified for improvement had action plans put in place with realistic timescales for completion.

The registered manager had appropriately notified the Care Quality Commission (CQC) of events as required by the registration regulations.