

Canterbury Oast Trust

Community Support Services

Inspection report

Highland Farm
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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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Community support services provides personal nursing to people with a learning disability in their own homes. The service supported 32 people at the time of the inspection, only one person received the regulated activity of personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

Although people received a high quality of care, the registered manager had recognised there were issues in relation to communication systems and oversight. New systems had been put in place to improve communication and a staff restructure had been agreed to increase the management team. However, these changes were new and not yet embedded or had not yet happened. This resulted in the registered manager not having full oversight of the service. We have made a recommendation about this.

People were supported by staff who knew them well and who treated them with kindness and compassion. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were given information in a way which was meaningful to them.

The service applied the principles and values the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. People could decide when they wanted their support and what staff supported them with.

People were supported to increase their independence and develop new skills. The provider had several opportunities for people to gain work experience. People were supported to maintain relationships with loved ones and develop new friendships through social events. People were supported to access health care when required and to maintain a healthy lifestyle.

Staff knew how to keep people safe and helped people to understand how to recognise when they were vulnerable. Risks to people were assessed and positive risk taking was encouraged. People were supported by staff who they were involved in recruiting. Staff were recruited using safe processes and had the training and support needed to carry out their roles.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 29 November 2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Community Support Services

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started and ended on and we visited the office location on 5 November 2019.

What we did before the inspection

We reviewed information we had received about the service since the service was registered. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with a relative about their experience of the care provided. We spoke with five staff members including the provider, registered manager, assistant manager and care workers.

We reviewed a range of records. This included one person's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection

We requested information from professionals who have regular contact with the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who understood their responsibilities in relation to keeping people safe from abuse. Staff told us about the types of abuse they may encounter and what they would do if they had any concerns.
- People were supported to understand when they were vulnerable and how to keep safe. For example, staff spoke to people about the risk of being too trusting with people they did not know.
- The registered manager understood their responsibilities in relation to safeguarding people and had contacted the local authority safeguarding team to discuss any concerns.

Assessing risk, safety monitoring and management

- Risks to people were assessed and plans were in place to minimise the risk of harm. People and their loved ones were involved in developing these plans.
- People's risk assessments included details of their understanding of risks and how staff could support them to increase this. For example, when crossing roads people would be supported to talk to staff about when they thought it was safe to cross and why.
- People were supported to try new things and take positive risks. For example, spending time with less staff supervision and developing travel skills to increase independence.

Staffing and recruitment

- People were involved in the recruitment process, they had prepared questions to ask potential staff and took part in interview panels. Their views were considered before a potential staff member was offered a job.
- People were supported by staff who had been recruited using safe processes. All staff had checks completed to ensure their suitability to support vulnerable people such as criminal history checks and references.
- Staff's rotas took into account the travel time staff needed between supporting people at different locations. Staff worked in teams who supported people in the same geographical area, making it easier to move from person to person.
- A relative told us, "We are impressed they have been able to recruit staff of the same gender and age as our loved one which makes a big difference for them."

Using medicines safely

- People were supported to have their medicines by staff who were trained and assessed as competent.
- The registered manager and staff were aware of STOMP, (Stopping over medication of people with a

learning disability, autism or both). They supported people to have their medicines reviewed by health care professionals on a regular basis.

Preventing and controlling infection

- Staff had access to personal protective equipment when required, such as gloves and had received training in infection control.
- People were encouraged to keep their homes tidy and where necessary have the correct facilities to dispose of waste which could be an infection risk.

Learning lessons when things go wrong

- The registered manager recognised following changes in people's needs, that daily records about the support people received were often brief and generic, not giving the detail required. Staff were invited to a meeting and examples of daily records were shared and discussed. As a result, recording was now more detailed and accurate.
- Accidents and incidents were reviewed for learning and to identify any themes, none had been identified. Any learning was shared with staff through email and team meetings.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed with them and their loved ones prior to being supported by the service. Assessments were detailed and included both people's needs and their preferences.
- Assessments took into account the compatibility of people who may live together. People were encouraged to meet and spend time with potential housemates before deciding to live with them. People's needs continued to be assessed through monthly meetings and staff sharing any changes.
- When supporting people staff took into account best practice and guidance such as person-centred care and the REACH standards. The reach standards are a set of nationally recognised standards which support the fundamental principles of support for people with a learning disability living in their own homes.

Staff support: induction, training, skills and experience

- Staff told us they had the support and training required to carry out their role. They completed core training and courses related to the specific needs of people they supported. Training included autism, learning disabilities and epilepsy.
- Staff were in regular contact with the management team and told us there was always someone available for advice or support. Staff had regular supervision meetings with line managers to discuss their performance and personal development.
- Staff completed an induction which included core training and introductions to people, with opportunities to work alongside experienced staff.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to plan their own meals and purchase their groceries with staff support. People could access and make drinks and snacks whenever they liked.
- Staff encouraged people to be involved in preparing their own meals as much as possible. People were supported to increase their skills in relation to making snacks or meals. For example, staff worked alongside people to make their meals including hand over hand support to complete tasks such as cutting vegetables.
- A relative told us they had been concerned about their loved one putting on some weight. Staff had spoken to and worked with the person to have a more balanced diet and their weight was reducing to a healthy level.

Staff working with other agencies to provide consistent, effective, timely care

- New systems had been introduced to improve the effectiveness of communication throughout the service and in teams. All staff now had a work mobile phone which could be used to access people's care plans and

record support given.

- Adjustments had been made to email systems to ensure staff received consistent support from the management team and group communications were used to update staff if people's needs changes or there was a change in their planned support.
- Staff could tell us about other agencies that they would contact for support when required including health professionals and community teams.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access health care professionals when needed and referrals were made to community professionals as required. For example, people had regular visits from a chiropodist and had support from local speech and language teams.
- People's loved ones could be involved in health appointments if the person wanted and were informed if people were unwell or there was a change in how their health needs were managed.
- People were supported to understand how to live a healthy lifestyle including a balanced diet and exercise.

Ensuring consent to care and treatment in line with law and guidance

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People were supported to make choices for themselves and to understand all their options before making decisions.
- Staff told us, "Most of the people we support can make decisions in all areas of their lives, we always assume they have the capacity to decide. They sometimes just need us to explain all the possible outcomes."
- When people were making larger decisions, they had been encouraged to discuss these decisions with people who knew them well.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who were caring, kind and treated them as equals.
- Staff listened to people's concerns and worries. They offered reassurance when people were upset or distressed.
- Staff knew people well and had built positive relationships with them and their families. Staff could tell us about what was important to people including their religious choices and if they liked to attend services.
- A relative told us, "Staff know my loved one well and have supported them to develop skills to stand up for themselves and to manage interaction with their housemates."

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to be in control of their own life and support. People could arrange their support around their activities and could work with staff to move their support to attend special events.
- Each person had a responsible person who had regular meetings with them to ask about what was going well with their support and what could be improved.
- People requested specific staff to support them with activities which they found difficult or which made them anxious, where possible these staff were allocated to provide support.
- When people made decisions about their care these were supported. For example, one person had requested to move to another house where people received support by the provider. Staff had supported them to list their reasons and why they felt this was the right choice for them. The registered manager kept them up to date with a time scale for the move.

Respecting and promoting people's privacy, dignity and independence

- People were supported to increase their independence skills. Staff worked alongside people to encourage them to take care of their homes and develop daily living skills such as cooking or using public transport.
- Staff told us they were visitors to people's homes and they only entered when the person agreed to this. We heard staff speaking to staff to have gain permission to allow workmen into their home to carry out works.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care and support was designed with them and their loved ones. People's care plans gave detail of support people needed and what they could do for themselves. These included a one-person profile for each person which was displayed on a picture of their interests for example, marvel characters. It detailed 'what is important to me' and 'what people like about me.'
- People were supported to work towards goals such as trying different types of work or completing a college course. A relative told us that attending the provider's college had improved their loved ones skills in many areas of their life.
- People were supported to attend a range of activities both organised by the provider and in the local community.
- Activities offered gave people the chance to meet new people and build friendships and relationships. Staff supported people to maintain relationships with friends and family members. For example, by arranging activities such as parties and group outings.
- The provider had a range of work opportunities which people could access, including a farm, a teashop and restaurant. People could try a range of roles and were supported to develop skills to gain paid employment. Reviews recorded that people were happy with their jobs and had been supported to change when they requested this.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Documents were available in a range of formats including pictures and symbols.
- People would tell staff how they wanted their information, for example some people had timetables showing photos of their activities.

Improving care quality in response to complaints or concerns

- People had access to a complaint procedure in an accessible format. This included photographs of the people they could speak to about any concerns.
- People were encouraged to raise any small concerns as they happened which were addressed by staff.
- Only one complaint had been received and this was being dealt with in line with the provider's policy.

End of life care and support

- Staff had begun conversations with people and their loved ones about end of life care. Most people had family who were active in their lives and would be involved in decisions and planning support should the time come.
- No one at the service was in receipt of end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems to monitor the quality of the service were not always effective. For example, there was a missed signature on one person's medicines records. Although staff had taken appropriate actions, so this had not impacted the person, the registered manager had not been made aware, so could not take action to reduce the risk of reoccurrence.
- Audits were completed but remained within people's homes and were not routinely reviewed by the registered manager or senior team. A restructure for the staffing team had recently been agreed by the provider which would enable the registered manager to increase their oversight, but recruitment had not yet commenced.
- The registered manager had recognised that communication systems in place were not effective and had begun a range of changes to improve this. However, the systems were not fully embedded and as a result the registered manager did not have complete oversight of the support provided.
- Where audits were completed by the registered manager they had been effective. For example, in relation to additional training for staff around recording information.

We recommend the provider and registered manager continue to review and improve their governance processes to ensure they have clear oversight of the quality of the services provided.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People regularly contacted the management team to discuss their support or visited the office which had an open-door policy.
- Staff told us they could always contact the registered manager for support or advice. They also told us, "The management team are always open to new ideas and listen. I feel really comfortable speaking to them about anything."
- The registered manager continued their training and attended forums for registered managers to ensure their knowledge was up to date.
- Relatives told us they could speak to the registered manager or nominated individual at any time and that their concerns were listened to. However, they told us that at times the response from the registered manager took some time. They had been told that actions were being taken to resolve this. The registered manager told us, the staff restructure would improve their ability to respond more quickly.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider had an understanding of their responsibilities in relation to duty of candour.

- Relatives told us that any learning from concerns was shared with them.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- People were encouraged to share their views of the service through annual questionnaires. Loved ones were asked their views as part of regular reviews of care and support. Action was taken when concerns were raised.

- People were supported to be active members of their local communities. Taking part in community events and celebrations. For example, attending village fetes and seasonal fairs.

- Relatives told us they were able to be involved and volunteer at the providers work places and college.

Working in partnership with others

- Staff worked closely with local professionals to ensure people's needs were supported. People had been referred to speech and language therapists, occupational therapists and community learning disability nurses.

- People were also referred to an employment officer to support them with accessing work opportunities for both voluntary and paid work.