Hightown Housing Association Limited

Litslade 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

This unannounced inspection took place on 22 and 23 March 2016. At the last inspection in October 2014, we asked the provider to take action to make improvements related to the safety of the premises, equipment, how care was assessed and documented and how the Mental Capacity Act 2005 (MCA) was implemented in the home. During this inspection we found this action had been completed.

The home is registered to provide personal care and accommodation to five people with a learning disability. The home is a bungalow and situated in a village in the north of Buckighamshire. Each person had their own bedroom all other areas of the home including the kitchen, dining room, lounge and bathroom are shared areas. It is managed by 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.

At the time of this inspection five people were living in the home. The registered manager had recently returned to the home after a period of leave. During their absence the home had been managed by the deputy manager and the mobile operations manager. We learnt during the inspection that the registered manager was due to leave their post within the two weeks following the inspection. Most of the information received during the inspection was provided by the deputy manager and the mobile operations manager as the registered manager was not available.

People's relatives told us they felt people were safe living in the home. Staff knew how to identify signs of abuse and knew how to respond appropriately.

People's medicines were administered, stored and recorded safely. People's needs were assessed and care plans reflected how staff would meet their needs. Risk assessments were in place to ensure the risk of injury to staff and to people was minimised.

Records were frequently updated in relation to the care provided, and information about people was shared between staff in the handover meetings which took place each day.

The systems used for recruiting staff included making checks on candidate's backgrounds. This was to ensure they were safe to work with people.

Staff told us and documentation verified they were being supported by the provider through regular supervision, annual appraisals and training. Staff meetings were held where discussions took place on how the service could be improved.

Staff had a basic understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant where people were unable to make decisions for themselves, staff acted in a way that was agreed was in the person's best interest.

People's health was maintained and where professional advice was required to assist people to remain healthy this was sought by staff. For example, dietician and GP.

We observed staff caring for people in a sensitive and appropriate way. They demonstrated a kind and caring nature and they were knowledgeable about people's needs and how to meet them. Care plans recorded people's choices and preferences and these were respected by staff.

There was a range of activities in and outside the home to minimise the risk of social isolation. People were very active and this included community involvement.

People's relatives and staff told us the service was well managed. There was a kind and caring culture to the home and staff believed they worked well as a team and supported each other as well as the people they were caring for.

Quality assurance checks had been completed and were on going alongside introducing feedback from people's relatives and stakeholders which will be used to improve the quality of the service to people.

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.

Checks were carried out on staff prior to employment to ensure as far as possible they were safe to work with people.

Medicine records were accurately completed and regular checks were made to ensure people received their medicines safely.

Is the service effective?

Good

The service was effective.

Records related to training and supervision indicated that staff had received the support necessary for their role.

Staff had a basic understanding of the Mental Capacity Act 2005 and how this applied to their role. This ensured people's rights were protected.

People's health including their nutritional needs were monitored and supported by staff and where necessary external professionals. For example GP.

Is the service caring?

Good

The service was caring.

People were treated with respect and dignity by the staff. People's relatives told us people were well looked after and the staff were "kind".

Staff knew about people's preferences and choices and the care provided took these into consideration.

Is the service responsive?

Good

The service was responsive.

Activities were available for people to participate in which their relatives told us they enjoyed. This protected people from the risk of social isolation.

People's care and the associated risks were reflected in their care plans. This helped minimise the risk of harm to people.

Is the service well-led?

Good

The service was well led.

Quality assurance audits were regularly undertaken and the findings acted upon to improve the quality of the service to people.

People's relatives and staff told us the home was well managed.

Litslade 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.

This inspection took place on 22 and 23 March 2016 and was unannounced.

The inspection was carried out by an inspector. Prior to and after the inspection, we reviewed previous inspection reports and other information we held about the home including notifications. Notifications are changes or events that occur at the service which the provider has a legal duty to inform us about. The provider completed a Provider Information Return (PIR) and returned this to us prior to the previous inspection in October 2014. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with eight staff including the registered manager, the mobile operations manager, the care and supported housing (CASH) manager and four care staff. People were unable to give us verbal information about the service they received. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We saw how care was provided to people, how they reacted and interacted with staff and their environment. We spoke with three people's relatives on the telephone following the inspection to gain their views on the care provided at Litslade Farm.

We reviewed documents associated to five people's care and their medicines. We reviewed records related to the employment of three staff and audits connected to the running of the home.

Good

Is the service safe?

Our findings

People's relatives told us the home was a safe place for people to live. One relative described the staff as being alert to people's whereabouts and what they needed to keep them safe.

During our last inspection in October 2014 we had concerns that risk assessments related to how people were cared did not identify how to minimise or prevent risks from occurring. We found during this inspection this had improved. Risk assessments detailed how staff could identify if people's behaviour was likely to place them or others at risk of harm and how to alleviate such situations. During the previous inspection we also had concerns about one person's care plan which was not up to date. During this inspection we found the information contained in their care plan was up to date and relevant to the care being provided at Litslade farm.

A further concern we identified in our previous inspection was that chemical substances which posed a risk to health were stored in a shed that was unlocked and people had access to it. During this inspection we found the shed to be padlocked which meant its contents were kept safe.

We reviewed the storage and administration of medicines with the deputy manager at the home. People's medicines were stored in a locked cupboard. Up to date medicine administration records showed staff had signed when medicines had been given to people. Protocols for the administration of 'as required' medicines were available. These protocols provided guidance as to when it was appropriate to administer an 'as required' medicine and ensure that people received their medicines in a consistent manner. The protocols described how a person may demonstrate their requirement for the medicine, so that staff knew when it was appropriate to administer it. As the medicines were being administered to people who may not be able to verbally request them this was important information. We did find that some creams and lotions did not have a record of when they were opened. This is important to ensure the creams and lotions were still effective. On the second day of the inspection the operations manager showed us they had notified staff of this requirement and assured us it would be monitored. All medicines were checked at the end of each shift. Records showed checks were made to ensure the correct medicines had been administered and the number in stock was checked against the number administered.

People were protected from the risks of the provider recruiting unsuitable staff to work in the service. This was because they carried out the necessary checks to make sure they were suitable to work with people. These checks included evidence of Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevents unsuitable people from working with people in the home. Recent employment checks included references from previous employers and proof of identification.

Staff knew how to identify and report concerns related to possible abuse. The home had a safeguarding adults policy and procedure. This guided staff on how to respond to concerns of abuse. Staff had received training in safeguarding adults from abuse and leaflets with contact telephone numbers for staff were displayed on a notice board in the office of the home.

Staff told us they were kept informed of any changes to people's immediate care needs during the handover meeting where a verbal handover was given from staff on duty to the oncoming shift, other information was documented in the communication book.

People's relatives and staff told us there were sufficient numbers of staff to support people and meet their needs. During our visit to the home we saw there were sufficient staff members who were able to support people in a way that meant they weren't rushed. Where people had medical appointments extra staff were brought in if needed to support them.

Good

Is the service effective?

Our findings

People's relatives told us they thought the staff were knowledgeable about their roles. We were told by the deputy manager when new staff began to work for the service they received induction training in the areas deemed mandatory by the provider. Staff told us they felt they had received sufficient training to carry out their job. The training matrix showed the majority of staff were up to date with the required training.

During our previous inspection in October 2014 we had concerns about the ability of senior staff to recognise when people's mental capacity required assessing. During this inspection we found this had improved.

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 procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Where restrictions were in place to maintain people's safety documents showed appropriate DoLS applications had been sent to the local authority for authorisation. Three DoLS had been authorised. Where people lacked the mental capacity to make certain decisions about their care, documents showed a best interest meeting had been held. This ensured where decisions were made on a person's behalf the staff acted in the person's best interest. Staff had completed training in MCA and DoLS although some staff knew more than others about how the legislation applied to their roles, most had a basic understanding.

Records indicated staff received support from the senior staff through regular supervision and appraisals. Documents showed this allowed both parties the opportunity to reflect on the performance of the staff member and where appropriate to develop plans for improvement. It also allowed staff to raise concerns or questions and to suggest improvements on how care could be delivered.

People were supported with their hydration and nutritional needs. Where people required support with eating or drinking this was provided by staff. We observed how people were supported with their lunch. Where people had difficulties with food and drink specialist advice was sought from a speech and language therapist and their advice was being followed. People were encouraged to participate with the planning of menus. On a weekly basis people were given pictures of food and encouraged to make choices about what food they wanted to eat the following week. When we spoke with staff they were able to tell us about people's food and drink preferences and this was taken into account when menus were planned.

People were supported to maintain their health through regular contact with health professionals. On the

first day of our inspection a person was supported to visit health professionals to seek advice about their medicines in relation to their health needs. We saw how staff responded to the changes made to the person's medicines as soon as they returned from the appointment. Documents verified people had access to health professionals such as GPs, chiropodists, dentist and speech and language therapists amongst others.

Good

Is the service caring?

Our findings

People's relatives told us the staff were very caring. One relative told us the staff were "Caring to the extreme." They described the staff as dedicated and kind." Another relative told us "The staff are very nice." They told us how they had difficulty travelling to the home to see the person. They explained the staff would come and collect them and return them to their home after visiting Litslade Farm. We were also told by other relatives how staff brought the person from Litslade Farm to their family home on visits. This ensured people were supported to maintain relationships with people who were important to them.

People's care plans included areas such as communication. From our observations we saw staff knew how to communicate effectively with people. We saw staff interacted with people in a positive way and in line with their care plans. Care plans described how people communicated through their body language or behaviour and how staff could interpret this. We saw how one person had a communication tool recommended by the speech and language therapist, however staff had found an alternative method of communicating which was more effective. We discussed with the senior managers and the deputy manager how communication tools could be used to improve people's communication. We were told they were planning on applying for funding for assistive technology to assist people with their communication.

There was a good rapport between staff and people, who appeared relaxed in the company of staff. Staff knew the importance of encouraging people to be as independent as possible and were able to give examples of when they had supported people to do as much as they could for themselves. For example, when supporting a person with showering, allowing and encouraging them to do as much for themselves as possible, and then assisting them with the areas they couldn't manage alone.

People were treated with respect by staff this was evident in the way staff addressed people by their name and their interactions were friendly and respectful. We asked staff how they showed people respect. One staff member described how when speaking to people it was not just what was said to people that demonstrated respect but tone of voice and body language. They explained further that this needed to be matched to how a staff member behaved around the person and how staff treated people's personal belongings. They concluded that all these areas had to be done in a respectful way for the person to feel valued.

Staff knew how to protect people's dignity and privacy. They told us they knocked on people's doors before entering and closed curtains and doors when supporting people with their personal care. Again staff reflected on the way they spoke to the people living in the home. Staff told us they spoke to people and treated people the way they would wish to be treated. One staff member told us we "don't speak down to them (people)". This was supported as accurate through our observations. We spoke with staff about the needs of the people they cared for. On the whole staff were well informed about people's needs, preferences and personal histories. They knew how people liked to be supported and how to manage the risks associated with people's care.

People's relatives told us how they were kept informed of any changes in the care that was being provided

to people. They described an open relationship with the registered manager and the staff at the home. One relative said staff were very good at "Keeping me up to date." All the relatives we spoke with told us they felt listened to, and that staff shared information with them. They felt able to telephone the home if they had questions and reported staff rang them with information if appropriate. One relative told us "There is nothing hidden….I could talk to them about anything." Documents showed relatives were consulted and involved in how care was provided.

Good

Is the service responsive?

Our findings

People's relatives told us they were involved in the planning of the person's care. They had frequent contact with staff through telephone conversations and visits to the home. They told us they felt listened to and their opinions were taken seriously and responded to. Relatives were also invited to attend people's annual review of care this ensured they were part of the support offered to people.

Care plans were informative and it was evident they had been updated recently. They were clear, comprehensive and had been reviewed. The records of care included sections on communication, health, nutrition, leisure, culture and religion amongst others. Records also documented people's likes and dislikes. This enabled staff to ensure people were happy with the care being provided. Where monitoring was required of what people ate and drank these were recorded. When we met with staff and discussed the people they cared for, they were able to explain to us people's individual needs and how they met those needs. People were treated as individuals and care was personalised to their requirements. Staff were aware of what people were able to do and what they needed support with. Risk assessments were in place to guide staff on how to minimise the risk of harm to people, these included areas such as choking and medicines amongst others.

The home had a complaints policy and procedure. Staff knew how to respond to complaints and who to notify should they receive a complaint. Relatives told us they had not had to make complaints. The home had a complaints log but there had not been any complaints received in the last year. Some compliments had been recorded although staff and management admitted when they received verbal compliments they did not always record them. One staff member told us they had supported a person to attend a chiropody appointment. The chiropodist complimented them on the way the person's feet had been kept healthy. The staff member felt this was a direct result of some staff receiving training in foot care. They told us they had not recorded it, but had fed it back to the staff concerned. The CASH manager showed us two compliments, one was related to supporting a person to go to their family home, and another made by a "passer-by" who made positive comments about the way staff had been observed supporting people in the community.

Feedback from the people who lived in the home was difficult to obtain due to their communication difficulties, however the provider had designed a questionnaire to send to families and stakeholders to obtain their feedback. This was due to be sent out shortly after the inspection. We saw a copy of the questionnaire which included questions related to how the service communicates with people, the range of activities and the facilities available to people amongst others. Staff told us they were able to feedback to the registered manager or deputy manager in staff meetings, handover and supervision. They felt their opinions were listened to and ideas were taken forward for consideration.

People were actively encouraged to participate in social activities including horse-riding, swimming, visiting the cinema and going on holiday. One relative told us "(The person) has a better life than I do." Another relative told us "(The person) leads a normal life, so much more so than they would if they were at home." During the inspection we observed people going out for activities and appointments. They were offered time and space if they needed it and this was respected by staff.

Good

Is the service well-led?

Our findings

People's relatives and staff told us they thought the home was well managed. One relative told us the registered manager and the deputy manager seemed "very efficient, they appear to know who is doing what, and they are up to date on everything." A staff member stated "We have the best management." They were comparing the management at Litslade Farm with managers in other homes.

During our previous inspection in October 2014 we had concerns because we found some equipment was not working, such as the bath and alarm call bells. During this inspection we found these were now working and the bath had been replaced.

Staff were able to feedback to the management on how they felt improvements could be made to the service. The management we described as approachable and supportive. People's relatives and staff all said they felt able to speak truthfully to the senior staff in the home and where appropriate make suggestions about how the home could make changes.

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Staff were aware of the Whistleblowing policy and how to raise concerns. Staff felt confident about raising concerns both internally and externally. Staff spoke passionately about the care they provided and felt they worked and performed well as a team.

It was apparent from our observations and discussions with staff how the home had a caring culture, how staff recognised the people living in the home as individuals, and how they as a team could support each person in a dignified and enabling way. They worked well as a team and this added to a sense of harmony in the home. One staff member told us the best thing about working at the home was "The service users, we usually have fun, it is a nice place to work, generally friendly with a good staff team." Another told us the best thing was the quality of care provided to people. A third staff member told us "The best thing about working here are the residents, my work colleagues and the management. I like every day as it is different." When asked all the staff told us, if it was appropriate they would be happy for a loved one to live at Litslade Farm.

A relative described the atmosphere of the home as "It is just like a family home. It has the atmosphere of someone's home, it has a lovely feeling when you go in there." Another relative told us "It is like a family, it works wonderfully. They sit around the table for dinner, they have a laugh, it is great." The relatives put this down to the way the home has been managed, and by the long standing relationships most of the staff and management had with the people who lived there. A third relative told us, "I can't fault them, I think we are incredibly lucky to have (person) there. They are all treated as individuals, they (staff) seem to be aware of their individual needs and wants. They (people) all have an interesting life."

Audits were carried out to ensure the environment and the quality of care provided met with the provider's standards. Peer audits took place between registered managers of other homes, and the CASH manager visited the home every six months to complete audits. The areas of the audits completed included health and safety checks, medication, fire safety checks, service user files and finances amongst others. We saw where necessary action plans had been drawn up and these were checked as completed at the next audit.

Other checks were undertaken which included Legionella testing, and maintenance checks on fire equipment and water temperature.