Fari Care Ltd

Clayhall House

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 inspection took place on the 8 August 217 and was unannounced. At the previous inspection of this service in July 2015 we found it was compliant with all the regulations we inspected. The service is registered with the Care Quality Commission to provide accommodation and support with personal care to a maximum of six adults with learning disabilities. Six people were using the service at the time of our inspection.

The service had a registered manager in place. 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.

There were enough staff working at the service to meet people's needs and robust staff recruitment procedures were in place. Appropriate safeguarding procedures were in place. Risk assessments provided information about how to support people in a safe manner. Medicines were stored and administered in a safe manner. However, they were not always recorded accurately and we have made a recommendation about this.

Staff received on-going training to support them in their role. People were able to make choices for themselves where they had capacity and where they lacked capacity family members were involved in decision making. The service operated within the principles of the Mental Capacity Act 2005. Deprivation of Liberty Safeguards where in place where appropriate. People told us they enjoyed the food. People were supported to access relevant health care professionals.

People told us they were treated with respect and that staff were caring. Staff had a good understanding of how to promote people's privacy, independence and dignity.

Care plans were in place which set out how to meet people's individual needs. Care plans were subject to regular review. People were supported to engage in various activities. The service had a complaints procedure in place and people knew how to make a complaint.

Staff and people spoke positively about the senior staff at the service. Quality assurance and monitoring systems were in place to help drive improvements at the service.

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. Medicines were stored and administered in a safe way, but were not always recorded accurately.

Appropriate safeguarding procedures were in place and staff understood their responsibility for reporting any safeguarding allegations.

Risk assessments were in place which provided information about how to support people in a safe manner.

The service had enough staff to support people in a safe manner and robust staff recruitment procedures were in place.

Is the service effective?

Good

The service was effective. Staff undertook regular training to support them in their role. Staff had regular one to one supervision meetings.

People were able to make choices about their care and the service operated within the principles of the Mental Capacity Act 2005.

People were able to choose what they ate and drank and they told us they liked the food.

People were supported to access relevant health care professionals as required.

Is the service caring?

Good

The service was caring. People told us they were treated with respect by staff and that staff were friendly and caring.

Staff had a good understanding of how to promote people's dignity, privacy and independence.

Is the service responsive?

Good

The service was responsive. Care plans were in place which set out how to meet people's needs in a personalised manner. Care

plans were subject to regular review.

People were supported to engage in various activities in the home.

The service had a complaints procedure in place and people knew how to make a complaint.

Is the service well-led?

Good

The service was well-led. Quality assurance and monitoring systems were in place, some of which included seeking the views of people who used the service.

The service had a registered manager in place. Staff and people told us they found the registered manager to be helpful and supportive.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 8 August 2017 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we already held about this service. This included details of its registration, previous inspection reports and any notifications they had sent us. Before the inspection, the provider completed a Provider Information Return (PIR). 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. We contacted the local authority who had responsibility for commissioning care from the service to seek their views about the service.

During the inspection we spoke with one person and one relative and observed how staff interacted with people. We spoke with four staff, including the registered manager, the deputy manager and two support workers. We looked at records relating to three people including care plans and risk assessments. We examined staff recruitment, training and supervision records, medicines records, quality assurance systems and checked various policies and procedures.

Good

Is the service safe?

Our findings

Medicines were not always accurately recorded. For example, one person was prescribed Lorazepam tablets on a PRN (as required) basis. The medicine administration chart clearly stated that the medicine was to be given when required. However, staff had signed this as being given every day for the 11 days leading up to the date of inspection even through it had not been administered most of those days. The staff member that signed the chart on the day of our inspection confirmed they had not actually administered that medicine, they said they signed the medicine chart as they thought it was a record of all medicines to be given. However, they were clear they had not actually administered the PRN medicine and where knowledgeable about when it was to be used. There was a separate recording chart in place specifically for recording when the Lorazepam was administered but this did not include the date it was given. Records did show the reason why the PRN was administered. Medicine administration record charts contained a space to list any allergies the person had. We saw in all cases this was left blank. However, other records showed that one person was allergic to penicillin and staff confirmed this. We recommend that the service reviews its medicines record keeping practices to help ensure medicines are recorded correctly.

Other than for the Lorazepam for one person we found the rest of the medicine recording charts we looked at to be accurate and up to date. They included details of the name, strength, dose and time of the medicine to be administered. Medicines were stored securely in a locked cabinet. Guidelines were in place to advise staff on when to administer PRN medicines. None of the people using the service where prescribed any controlled drugs.

People told us they felt safe using the service. One person said, "I feel safe here." A relative replied, "Yes, I think so" when asked if they thought it was a safe environment.

The service had procedures in place to protect people against the risk of abuse. There was a safeguarding adults procedure in place. This made clear the service's responsibility for reporting any allegations of abuse to the local authority and the Care Quality Commission [CQC]. The registered manager and other staff understood their responsibility for reporting allegations of abuse. One member of staff said, "First of all we inform [registered manager], if it is [registered manager] we have to call CQC, we have their number here." Another member of staff said, "If I see an abuse incident I would talk to the manager and let him know about it and make a report." The registered manager told us there had not been any allegations of abuse since our previous inspection and we saw no records that contradicted this.

The service had a whistle blowing procedure in place which made clear staff had the right to whistle blow to outside organisations such as the CQC if appropriate. Staff were able to explain what whistleblowing was and who they could whistle blow to if needed.

To help protect people from the risk of financial abuse the service did not manage people's money. Relatives had responsibility for finances. When the service spent money on behalf of people it used its own money which was then reimbursed by the relevant family member. We saw receipts were obtained to evidence what the money had been spent on and records were kept so there was transparency about what

was bought on behalf of people.

Risk assessments were in place for people. These set out the individual risks people faced and included information about how to mitigate those risks. Assessments covered risks associated with self-harm, absconding, identified health needs and the physical environment. Risk assessments were personalised around the needs of individuals. For example, the risk assessment for one person stated, "I need two staff to be with me when going out for my safety as I have a risk of absconding. Also I don't have any road sense and could get hit by a car." We noted this person was subject to a Deprivation of Liberty Safeguards authorisation which for their own safety prevented them from going out unaccompanied by staff. The risk assessment for another person stated, "I have a risk of infection to my eyes if not wearing sunglasses when outdoors in the daytime. Staff to be aware that I cannot go outside without my sunglasses on." We noted this person was supported to go outside on the day of inspection and staff made sure they were wearing their sunglasses.

There were also risk assessments in place about supporting people who exhibited behaviours that may challenge the service. Guidance was in place about supporting people in these circumstances. This included signs and triggers that the person was becoming anxious and strategies to help the person to become calm. Staff had a good understanding of how to support people who exhibited behaviours that may challenge the service and the de-escalation techniques they would use which did not involve physical restraint. A member of staff said, "Usually with [person] if we call his mum and he can talk to her he will calm down. If his mum is not available we can take him out for a walk and that helps."

The service had enough staff to meet people's needs. During the inspection we observed staff were able to respond to people in a prompt manner. Staff told us they had enough time to carry out their duties and there were enough staff to support people in a safe way. The registered manager told us they often helped with supporting people if there were appointments or community based activities taking place and the other staff confirmed this was the case. A member of staff told us, "Yeah, I would say we have enough staff."

The service had robust staff recruitment practices in place. Staff told us the service carried out various checks on them before they commenced working at the service. One member of staff said, "They did DBS, [Disclosure and Barring Service – a check to see if staff have any criminal convictions or are on any list that bars them from working with vulnerable adults], and two references, passport and my qualifications." This was confirmed by records which showed the service carried out various pre-employment checks including criminal records, employment references, right to work in the UK and proof of identification. This meant the service had taken steps to ensure suitable staff were employed.

Good

Is the service effective?

Our findings

The service provided training to staff to help them keep up to date with skills and knowledge important to their role. Records showed staff undertook training in various topics including infection control, safeguarding adults, food hygiene, dignity and respect, equality and diversity and first aid. Records showed training was up to date

Staff we spoke with confirmed they had regular training. One member of staff said, "We did safeguarding, fire safety, we did autism training last year." We saw that one person's mobility needs had recently changed and the service had arranged training from the physiotherapy team about how best to support the person. This showed training was responsive to the needs of people.

New staff undertook an induction programme on commencing employment at the service. This included a mixture of classroom based training and shadowing experienced members of staff. A staff member told us, "I did shadowing at first." The registered manager told us, "They are under supervision for at least a week when they start." Shadowing gave new staff the opportunity to learn how to support individuals using the service. Records showed new staff were also expected to complete the Care Certificate. The Care Certificate is a training programme designed specifically for staff that are new to working in the care sector.

Staff told us and records confirmed that they had regular one to one supervision with a senior member of staff. One staff member said, "About every three months we have supervision with [registered manager]. It's about if there are any issues relating to health and safety, any complaints, anything you want to add to the improvement of the service." Records showed supervision included discussions about policies and procedures, issues relating to staff and people who used the service. In addition to supervision each staff member had an annual appraisal which looked at how they had performed over the past year and where there were areas for their development in the year ahead. Records showed staff had had their annual appraisal within the previous 12 months.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that where people had been deprived of their liberty DoLS authorisations had been obtained and the service had notified the Care Quality Commission of this in line with their legal responsibility to do so.

Staff told us how they supported people to make choices. For example, a staff member told us they supported people to choose their own clothes. They said, "We say 'what clothes do you want to wear?' We

show them three or four shirts and if they can't talk they can point." The service had carried out Mental Capacity Assessments to determine if people had the capacity to make decisions.

People were supported to eat a healthy balanced diet and had choices about what they ate. One person said, "I eat what I want to eat." We saw fresh fruit and vegetables were in the service on the day of inspection. Staff told us how they supported people to make choices about their food. One member of staff said, "We show them pictures of the food and they can choose." Staff also showed people different food options so they were able to pick the one they wanted. A staff member said, "We show them different food, they point to which one they want. For example, they point to the cereal they want for breakfast." Two people had dietary requirements related to their culture. Appropriate food items were in stock to reflect this and staff had a good understanding of the dietary requirements of people related to their culture.

We saw one person was supported by staff to eat their meal. This was done in a sensitive manner. The staff member sat at the same level as the person and stayed with them until they had finished their meal, supporting them to eat at a pace that suited the person.

People were supported to access healthcare professionals as appropriate. Records showed people had routine access to medical appointments, including with GP's, dentists, opticians, speech and language therapists and physiotherapists. We saw that the physiotherapy team had worked with one person to develop an exercise programme for them. There were pictorial guidelines for staff to follow to support the person with these exercises and staff spoken with were knowledgeable about this.

Hospital Passports were in place for people. These included information for hospital staff in the event that the person was admitted to hospital. They included details of the person's medical history, any medicines they were taking, there communication needs and what to do if the person was anxious. Health Action Plans were also in place for people which set out how to support them to be healthy, for example through diet, exercise and access to healthcare professionals.

Good

Is the service caring?

Our findings

People told us staff treated them well. One person said, "They seem ok, the staff are nice. They treat me alright." A relative said of the staff, "They know what they are doing and they are friendly."

We observed staff interacted with people in a caring and sensitive manner. For example, we saw one staff member discreetly ask a person if they needed to use the toilet. This was done in a way that promoted the person's dignity. People were seen to be relaxed with staff and at ease in their company. We saw staff chatting and joking with people in a friendly way that people were seen to enjoy. A staff member told us, "I try and make them feel it's a home, not just a care home. I chat and have a joke with them."

Staff told us how they promoted people's dignity and privacy when providing support with personal care. One member of staff said, "First of all no one else will be in the room other than the service user and the support worker. Secondly, we get permission from them, ask them if they want to have a shave, if they want to have a shower." The same member of staff also said, "Whenever we go in their room we knock on the door." We observed staff knocking on doors before entering bedrooms during the course of our inspection. Another staff member said, "If I give personal care I will make sure the door is closed. I will ask him if he is ready for his personal care and sometimes he says no. If he says no I will leave him for maybe half an hour and go back and see if he is ready."

People showed us their bedrooms. We found these were homely and decorated to people's personal taste, for example with family photographs and their own possessions. All bedrooms had ensuite facilities including a shower, toilet and hand basin. This helped to promote people's privacy. One person said of their bedroom, "It's nice and spacious."

The service sought to promote people's independence. A staff member told us, "We try to get them to do it [personal care] themselves. We give them the soap and encourage them to wash themselves." Care plans made clear people were supported to do things for themselves. For example, the care plan for one person stated, "I need staff to prompt me to brush my hair but can do it myself."

Care plans included information about people's likes, interests and dislikes. For example, the care plan for one person stated, "I like listening to music, I like classical music and gospel singing, it helps to relax me." The care plan for another person stated, "I like watching Disney films, my favourite is Lion King." This information helped staff to get a full picture of the person to aid the building of good relationships.

Care plans included information about supporting people with their communication needs. For example, the care plan for one person sated, "[Person] can understand short sentences when staff speak with her. Staff need to speak to her slowly. She uses one word answers to reply. She can understand by looking at pictures."

Where people lacked capacity we found that family members had been involved to provide information about how to support people. The registered manager said of writing a care plan for a person. "He can't tell

me how he does his personal care but his [relative] was able to tell me that." The care plan for this person stated, "I need my [relative] to be included in all decisions about my care and life."

The registered manager told us they sought to meet people's needs in relation to equality and diversity. They said people were supported to eat food relating to their and we saw appropriate food items were stored. Photographs showed that cultural and religious festivals were celebrated at the service. We observed one person was listening to music from their country of origin on the day of inspection. People were supported to maintain relationships with family and friends and the service was actively supporting a person who was seeking a partner to have a relationship with. The registered manager told us none of the people using the service at the time of our inspection identified as a member of the Lesbian, Gay, Bisexual, Transgender (LGBT) community but that the service would support any one who did require support about this.

Good

Is the service responsive?

Our findings

People told us they were happy with the support they got. One person said, "Yeah, I like it here, it's nice." A relative said, "At the last [placement] they could not keep her eyes clean, here they do which I am glad about." The same relative said, "I know my [family members] are happy here."

Pre-admission assessments were being carried out. After receiving an initial referral senior staff carried out an assessment of the person's needs. This was to determine if the service was able to meet those needs. The registered manager told us, "Usually me and the director go and do an initial assessment which includes getting all the information from the care plan they already have. If we think we can support the client we arrange for a meeting with the family." The registered manager told us they only took on people when they were positive about the service's ability to meet needs and on occasions had turned down placements. They said, "There have been times when we have had to turn them down. There was a person with a history of aggressive behaviour to others and he was a drug addict. He had a history of manipulating people for money and our service users would have been very vulnerable."

If it was agreed that it was a suitable placement a transition plan was developed. This involved the person visiting the service including for overnight stays to give them the opportunity to familiarise themselves with the service. The registered manager told us people had the right to change their minds and not accept the placement after visiting, if they did not like the service. After people moved in there was a placement review after the first six weeks. This involved the person, their relatives, staff from the service and a representative from the commissioning local authority. The purpose was to ensure the placement was suitable and the person was happy with the support they received.

When the person moved in a care plan was developed by the registered manager with the involvement of people and their relatives. The registered manager told us, "I have the person and the family involved so I can make the care plan person centred." We saw care plans set out how to meet needs in relation to health and wellbeing, personal care, hygiene, financial support, eating and drinking, mental health, emotional wellbeing, religious and spiritual needs, communication and hobbies and activities. Care plans were personalised so that information was about the needs of the individual. For example, the care plan for one person stated, "There must be one staff present with me in the bathroom as I have a history of turning on the shower without knowing if the water is very hot or cold." The care plan for another person stated, "I need assistance from staff as I will tend to use the whole deodorant bottle if not supervised."

We found care plans were subject to regular review. The registered manager told us, "Every year we have a review of the care plans or more often if there is a change [in the person's needs]." Records confirmed care plans were reviewed. This meant care plans were able to reflect people's needs as they changed over time.

The service supported people to engage in various activities, both in the community and at the service. On the day of inspection we saw that two people were supported to go to bowling and one person out for lunch and a walk. Records showed people also went to the cinema, restaurants and to play pool at a leisure centre. One person had joined a day centre where they participated in arts and crafts activities. People had

recently been supported to go on a weekend break to Kent. On the day of inspection we saw staff supported one person to complete a jigsaw puzzle and another person had a foot spa. We saw two people were supported to play musical instruments within the service.

Relatives said they knew how to make a complaint. One relative said, "It would be [registered manager, he would sort it out [if they had a complaint]."

The service had a complaints procedure in place. This included timescales for responding to complaints received and details of who people could complain to if they were not satisfied with the response from the service. The registered manager told us there had not been any complaints received since our previous inspection and we did not find any evidence that there had been complaints received.

Good

Is the service well-led?

Our findings

The service had systems in place for monitoring the quality of support provided. The service carried out surveys of relatives and professionals. We saw completed surveys which contained positive feedback. One relative wrote, "I am very satisfied with the staff who look after [person]. He feels very happy there and is always clean and looked after." A professional wrote on their survey form, "I visited the home on a number of times and was always impressed with the level of support my service user had. They managed to improve the quality of life for my service user significantly. Staff were always friendly and polite."

Staff told us and records confirmed that the service held regular staff meetings. One member of staff said, "Normally every two or three months we have team meetings. We talk about issues raised by anyone. If staff are not punctual, how we can support people with activities, anything." Another member of staff said of team meetings, "He [registered manager] calls the staff in, he asks us about policies and procedures and we pick one to discuss. We talked about the medicines policy and making sure we are administering [medicines] within the policy. Also we talk about if we think anything needs improving." A third member of staff said, "We have team meetings, all the staff come in and we raise concerns about things we think the manager should be aware of and how we can render good care to the service users." Minutes of team meetings showed they included discussions about updated care plans, good shift handover practice and record keeping.

The provider employed an outside agency to carry out an audit of the service in June 2017. This looked at how the service was doing in relation to issues that the Care Quality Commission assessed during inspection, i.e. is the service safe, effective, caring, responsive and well-led. The audit made various recommendations to the service for improvement and we saw action had been taken to address these. For example, Mental Capacity Assessments have been carried out and the complaints procedure was updated.

Two of the owners of the service carried out unannounced spot checks at the service. The most recent was in July 2017. The report of this spot check recommended management training for the newly appointed deputy manager and that a person who recently moved in to the service to be enrolled at day services. We found both of these issues had subsequently been arranged. The spot check also looked at care plans, staff attendance, record keeping and cleanliness in the service. The registered manager carried out weekly checks of health and safety issues in the service. This included checking that fridge and freezer temperatures had been checked each day, that food items were in date, that fire safety checks were been conducted appropriately and that planned activities were taking place.

People told us they had no concerns about the registered manager. One person said, "He [registered manager] seems all right." A relative said, "He [registered manager] is very informative. He definitely knows what he is doing."

The service had a registered manager in place. They were supported in the day to day running of the service by a deputy manager. Staff told us they found the registered manager to be supportive and approachable. One member of staff said of the registered manager, "He is very cooperative, he helps a lot. All the time he is

available, even if we call him at midnight he is available." Another member of staff said of the registered manager, "He is very supportive. For example, I was worried about one of the service users and I talked to him and he attended to things immediately." A third member of staff said, "[Registered manager] is very helpful and understanding, I am very happy with him as a manager. I am happy working here, if I wasn't I would leave. I am happy with my colleagues we help each other"

Staff told us there was a good working atmosphere at the service and that teamwork was good. One member of staff said, "I enjoy working here, we are very lucky, we have a very good team, everything is nice." Another member of staff said, "It's a good staff team. All the staff are very cooperative, its good teamwork." A third member of staff said, "We are good staff here. I have good colleagues."