

Avenues South

Church Farm Bungalow

Inspection report

Guildford Road
Ottershaw
Surrey
KT16 0PL

Tel: 01932873082
Website: www.welmede.org.uk

Date of inspection visit:
20 October 2023
26 October 2023

Date of publication:
15 November 2023

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Church Farm Bungalow is a care home without nursing registered to accommodate up to 12 people with a learning disability and/or autistic people, people living with dementia, physical disability, and sensory impairment. There were 11 people living at the home at the time of our inspection.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support

People's care was provided in a safe, clean, and well-maintained environment. Staff managed risks well to keep people safe. People's medicines were managed safely and staff supported people to access healthcare services when they needed them. 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.

Right care

People received care that supported their needs and aspirations, was focused on their quality of life, and followed best practice. There were always enough staff on duty to meet people's needs and keep them safe. People were supported by a consistent staff team who knew their needs well. Staff understood their responsibilities in protecting people from abuse and knew how to report any concerns they had. The provider's recruitment procedures helped ensure only suitable staff were employed.

Right culture

The registered manager promoted a culture in which staff valued people's individuality and protected their rights. The views of people who lived at the home and their relatives and staff were sought and listened to. Staff were well supported in their roles and had opportunities to contribute to the development of the service. Monitoring systems were effective in keeping people safe and ensuring they received good quality care. The registered manager and staff worked well with other professionals to ensure people received the care and treatment they needed.

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

Rating at last inspection

The last rating for this service was good (published 28 December 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Church Farm Bungalow

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Three inspectors carried out the inspection. Two inspectors visited the home and one inspector made telephone calls to relatives and professionals.

Service and service type

Church Farm Bungalow is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Church Farm Bungalow is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The first day of the inspection was unannounced. The second day of the inspection was announced.

What we did before inspection

We reviewed information we had received about the service since the last inspection, including notifications of significant events. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed monitoring activity we had carried out with the provider in July 2023. We used all of this information to plan our inspection.

During the inspection

We spoke with 3 people who lived at the home, the registered manager, an assistant service manager, and 2 members of staff. 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 received feedback from 5 relatives and 3 professionals about the care and support provided.

We checked 2 people's risk assessments and support plans, health and safety records, quality audits, and the home's continuous improvement plan. We also reviewed the staff training record, recruitment records for a member of staff, meeting minutes, and the arrangements for managing medicines.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People and their relatives told us staff were attentive and provided people's care safely. A relative said, "I feel my [family member] is safe because of the attitude of the staff; they are attentive and caring." Professionals confirmed staff supported people in a safe way. A professional told us, "When you go to a place like Church Farm, you know the residents are safe and well looked after."
- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed risks effectively. Staff were aware of measures to reduce risks and ensured these were followed to keep people safe.
- Some people were at risk when eating and drinking. Staff had made referrals to speech and language therapists, who had assessed people's needs and put guidelines in place for staff to follow, which enabled people to eat and drink safely. This guidance included providing texture-modified food and thickened fluids. Staff had training in dysphagia, nutrition, and hydration to ensure they had the knowledge and skills to support people safely.
- Staff had training in the safe use of equipment needed in people's care, such as profiling beds, wheelchairs, hoists, and slings. Some people were not independently mobile, which put them at increased risk of compromised skin integrity and developing pressure ulcers. This risk was managed well and none of the people living at the home had pressure damage at the time of our inspection.
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk. There was a fire risk assessment for the service, staff checked the fire alarm system each week, and the fire alarm and emergency lighting systems were serviced at six-monthly intervals. Fire drills were carried out regularly. Certificates of electrical and gas and safety had been issued in June 2021 and February 2023 respectively. A comprehensive health and safety audit had been carried out on 6 October 2023.
- Any incidents that occurred were recorded by staff and reviewed by the registered manager and a senior operations manager to identify learning and any emerging themes. We saw evidence that action had been taken following incidents to address their causes and reduce the likelihood of a similar incident happening again. For example, the registered manager made a referral to the provider's positive behaviour support (PBS) team following an incident for their input into developing strategies and implementing effective de-escalation techniques.

Staffing and recruitment

- People received their care from consistent staff who knew their needs well. A relative told us, "The staff team is stable; there is a consistency." A professional said of the home, "The support and the care is very good; [staff] know the residents well."
- People told us they got on well with the staff who supported them. One person said of staff, "I think they are all nice." Relatives confirmed their family members enjoyed the company of staff. One relative told us,

"[Family member] obviously loves some of the staff there; you can just tell she really likes them." Another relative said, "All the staff are friendly, cheerful, and good with the residents."

- There were enough staff with appropriate skills on each shift to keep people safe and meet their needs. Agency staff were used when needed to cover vacancies on the permanent staff team. The impact of this on people's support was minimised by using regular agency staff.
- Some people received one-to-one staff support for a number of hours each day. The registered manager told us people were able to use their one-to-one support hours flexibly to meet their needs and preferences.
- The provider operated safe recruitment procedures and made pre-employment checks before appointing staff, which included obtaining references and a Disclosure and Barring Service (DBS) certificate. DBS checks help employers make safer recruitment decisions and include a criminal record check.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. Staff received training on how to recognise and report abuse and knew how to apply it. The provider's safeguarding lead regularly distributed information about safeguarding to service managers, which was disseminated to staff and discussed at team meetings.
- Staff had informed the local authority and CQC when potential safeguarding incidents occurred. For example, a person was discharged from hospital back to the home with bruising. Staff contacted the hospital for further information and notified the local safeguarding team and CQC about the incident.

Using medicines safely

- People's medicines were managed safely. Staff received medicines training and their competency was assessed before they were authorised to administer medicines. Each person had a medicines profile which contained information about the medicines they took, their purpose, and any individual instructions for administration. Medicines profiles also contained protocols for the use of any medicines prescribed 'as and when required' (PRN).
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles. Staff had followed appropriate procedures to ensure that people who received their medicines covertly did so in their best interests.
- There were appropriate arrangements for the ordering, storage and disposal of medicines. Medicines were audited regularly and indicated that medicines were managed and administered safely. The medicines administration records we checked were complete and up to date.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider had followed government guidance regarding visiting during the COVID-19 pandemic. Since the relaxation of restrictions, people's friends and families could visit whenever they wished.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Relatives provided positive feedback about the way in which the service was managed. A relative said, "[Registered manager] is very good. She is genuinely very nice, very approachable."
- Professionals also told us the service was well-led. One professional said, "[Registered manager] is great, really welcoming, supportive of staff, very caring." Another professional told us, "That place is lucky to have a person like [registered manager]. She is there for the residents and staff."
- Relatives told us they were happy with communication from the service. They said they were kept up to date about any issues affecting their family members, and were encouraged to be involved in decisions about their family members' care.
- Staff told us the registered manager was approachable and supportive. One member of staff said, "The support [from registered manager] is always there. Anything I want to learn, she will take the time to teach me. She is really supportive to her staff." Another member of staff told us, "The support from [registered manager] is fantastic. Her door is always open, she is always willing to listen."

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

- People were encouraged to give their views about how the home was run at monthly house meetings supported by staff and met each week to plan the menu. We heard examples of how the registered manager and staff had advocated for people when necessary, for example with healthcare professionals when treatment was being discussed and decided.
- Each person had a keyworker, with whom they met each month to plan their care and support. One person said of their keyworker, "She helps me a lot." A member of staff described the role of the keyworker, saying, "They make sure outings and appointments happen. They look at identifying goals and aspirations, and review these at keyworker meetings."
- Relatives were confident any concerns they had would be listened to and receive an appropriate response. One relative told us, "If I have a problem, I take it to them and they deal with it." Another relative said, "I know I can talk to any of them there if there are any concerns." Relatives had opportunities to give feedback about the home and the care their family members received through annual surveys distributed by the provider.
- Staff had regular one-to-one supervision with their line managers, which provided opportunities to discuss their training and professional development, and any concerns they had.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 provider maintained an effective oversight of the service. Governance systems helped keep people safe, protect their rights and ensure good quality care and support. Key areas of the service, such as medicines, infection and prevention control (IPC) and the safety of the environment were audited regularly. The provider's quality assurance systems included peer audits carried out by other home managers, one of which had been carried out shortly before our inspection. Senior managers also had regular input into the monitoring of the service, including the senior operations manager and the regional director.
- The registered manager said they were well-supported in their role by a senior operations manager. The provider's service managers met regularly as a group with a senior operations manager and the regional director to share knowledge and good practice.
- Each shift had a nominated shift leader and shift plan. The shift leader had responsibility for ensuring all tasks on the plan were completed, including providing people's personal care, participation in activities, and supporting people to attend any scheduled appointments.
- Management support was always available to staff should they need it. The management team comprised the registered manager and 2 assistant service managers, who planned their shifts to ensure at least one of the team was on duty every day of the week. There was an on-call system in place, which ensured staff had access to management support out of hours.
- The registered manager understood their responsibilities under the duty of candour and the requirement to act in an open and transparent way if mistakes were made.

Continuous learning and improving care

- The home had a continuous improvement plan (CIP), which was monitored and reviewed regularly by the registered manager and senior operations manager. Any actions identified as needed to implement improvement were added to the plan, including dates for completion and the person responsible to ensure accountability for completing the actions.
- Team meetings took place regularly and were used to share learning from incidents and ensure people received consistent care that met their needs. Staff told us the registered manager encouraged collaborative working and welcomed their suggestions for improvements.
- Staff said the registered manager ensured they were all familiar with people's care plans and confident to provide the support people needed. A member of staff told us, "She makes sure we all read the support guidelines. She wants everyone to be confident in what they are doing."
- Staff told us the registered manager encouraged them to develop new skills and to take on additional responsibilities to develop their knowledge and experience. A member of staff said of the registered manager, "She encourages everybody to learn new skills."
- Staff had opportunities to achieve additional, relevant qualifications, such as the Qualification and Credit Framework (QCF) certificates in health and social care. At the time of our inspection, one member of staff was working towards QCF level 2, 2 staff were working towards QCF level 3, and an assistant service manager was working towards QCF level 5.

Working in partnership with others

- The registered manager and staff had established effective working relationships with other professionals involved in people's care. This included healthcare professionals, whose input was obtained when required to ensure people received the support they needed.
- Professionals provided positive feedback about the way in which the home worked with them to achieve good outcomes for people. One professional told us, "I find them great, very accommodating if you go. They care very much for their staff and patients. They always follow my recommendations."

