

Mrs Gemma Collins

Village 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 

Overall summary

Village Farm is a residential care home providing accommodation and personal care for up to six people whose needs are associated with learning disabilities and autism. At the time of our inspection there were five people living at the home and one person was in the process of moving to live there.

There was a registered manager in post who was in charge of running the home. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

The registered manager and staff had established and maintained positive working relationships with people who used the service and their relatives. People were treated as individuals and they and their relatives were involved in making decisions about how they wanted to be supported. This approach ensured people's privacy and dignity was respected and maintained at all times.

Summary of findings

People and their relatives had the opportunity share their views and opinions about the services provided. They and were also involved in planning and reviewing their care.

People and their relatives knew how to raise any concerns they may have and were confident these would be addressed quickly. There were systems in place for handling and resolving more formal complaints.

When people were unable to make some decisions for themselves the registered provider had processes in place which ensured, when needed, they acted in accordance with the Mental Capacity Act 2005 (MCA). CQC is required by law to monitor the operation of the Mental Capacity Act, 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves. At the time of our inspection one person who lived at the service had their freedom restricted and the registered provider had acted in accordance with the Mental Capacity Act 2005 (MCA).

The provider had systems and checks in place which ensured staff were recruited safely. Staff were supported and received training which enabled them to carry out their roles in the right way. There were sufficient staff available who were deployed in a way which ensured people's care needs were met consistently.

Staff understood how to manage risks and protect people from avoidable harm. Staff also knew how to report any concerns they identified quickly in order to make sure these could be acted upon so people were safe from any harm.

The provider ensured there were clear arrangements in place, which were regularly reviewed in order to help support people to take their medicines. Staff's competency to safely administer medications was regularly checked and reviewed.

The service was run in an open and inclusive way which encouraged staff to speak out if they had any concerns. The provider and registered manager had quality monitoring systems in place which enabled them to regularly check and maintain the quality of the services provided for people.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People's health and safety were protected by staff who understood how to identify and report any concerns and manage any related risks.

There were enough staff available with the right skills to meet people's needs.

Medicines were stored securely and people were well supported by staff to take any medication they needed at the right times.

Good



Is the service effective?

The service was effective.

People were cared for by staff who received a structured and supportive induction to their role.

Staff received regular supervision and training to ensure they had up to date information to help them undertake their roles and responsibilities.

People were supported to eat and drink what they wanted and to keep them healthy.

People's rights were protected because the Mental Capacity Act 2005 Code of practice and the Deprivation of Liberty Safeguards were followed when decisions were made on their behalf.

Staff worked closely with other healthcare professionals as required in order to promote people's health and well-being.

Good



Is the service caring?

The service was caring.

There was a homely and welcoming atmosphere in the service and people could choose where and how they spent their time.

People were treated as individuals and were respected by staff who had a comprehensive awareness of people's care needs and how these should be met.

Staff had developed strong working relationships with people and the families and recognised people's right to privacy in order to promote their dignity.

The registered manager and staff maintained people's personal information in a way which ensured it was kept confidential.

Good



Is the service responsive?

The service was responsive.

People and their families were involved in planning and reviewing their care.

People's care plans reflected people's assessed needs and staff had a good understanding of people's wishes and preferences.

Good



Summary of findings

People were consulted about their needs and wishes and had been supported to pursue their community interests and hobbies.

People knew how to raise a concern or complaint if they needed to and the registered provider had arrangements in place to respond to these in the right way.

Is the service well-led?

The service was well-led.

There was a registered manager in post and people and staff were well supported by the provider and manager.

Systems were in place to regularly assess and monitor the quality of the services provided within the home.

The provider had developed a positive and inclusive culture within the service. This was based on people being asked for their opinions of the service so that they were fully involved and could contribute toward how the service was run and further developed.

Good



Village Farm

Detailed findings

Background to this inspection

Our inspection at Village Farm was completed on 28 September 2015. Our last inspection of the service took place on 13 October 2013.

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

The inspection team consisted of a single inspector and was announced. The registered provider was given 48 hours' notice of our visit. This was because people often went out into the community to take part in activities or to visit their friends or relatives. We therefore needed to be sure that they would be in.

Before we undertook the inspection the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the home, what the home does well and improvements they plan to make. The registered provider returned the PIR and we took this into account when we made judgements in this report.

We also looked at the information we held about the home such as reports of previous inspections, notifications (events that happened in the home that the provider is required to tell us about) and information that had been sent to us by other organisations such as the local authority.

During our inspection we spoke with and received general comments and feedback from five people who lived at the home. We also spent time observing how staff provided care for people. This helped us to better understand people's experiences of the care they received.

We spoke with the registered provider, the registered manager and six members of the care staff team. We also spoke with the relative of one person who visited the service during our inspection and three other relatives by telephone in order to get feedback on their views regarding the quality of services their family members received.

We looked at the care records of four people who lived at the home and records directly related to the management of the service. This information included the registered providers statement of purpose, procedures related to how people were supported with their medicines, information related to the recruitment of staff and rotas which showed how staff were being deployed. We also viewed records related to the support, supervision and training arrangements in place for staff who worked at the home.

Is the service safe?

Our findings

We observed staff worked in a way which supported people to be safe to do the things they wanted to do. A relative we spoke with told us, "The home provides first class safe provision. I trust the manager and staff 110 per cent." Another relative said, "They are a very safe service. They offer and give care that is aimed at keeping [my relative] safe at all times."

Staff told us they ensured the safety of people at all times and were clear about who they would report any concerns to. They said they were also confident that any concern for people's safety would be fully investigated by the registered manager or if needed by the provider. Staff also said that, where required, they would use the contact information they had access to and raise any concerns to external organisations. This included the local authority safeguarding team, the police and the Care Quality Commission (CQC).

Staff said, and records showed, that they had received training in how to keep people safe from abuse and there were up to date policies and procedures in place to guide staff in their practice in this area. Through our discussions with the registered manager they were able to clearly demonstrate their awareness of how to work with other agencies in order to keep people safe should any concerns be identified or raised.

The registered manager and staff we spoke with confirmed their training focussed on keeping people safe through the early recognition of any signs that people might be getting distressed. Staff said that early intervention enabled them to provide support in a way which reduced risk and kept people safe. This included the use of re-direction and de-escalation techniques.

The registered manager said this approach meant the frequency of interventions needed was very low. However, when required the registered manager and staff confirmed they were able to undertake appropriate and safe physical interventions in order to protect people. Care records showed and staff told us the management of any identified risk was kept under regular review and assessments kept up-to-date in order to help maintain people's safety.

Staff told us they were committed to maintaining people's independence whilst at the same time protecting them from harm. Risk assessments were in place to ensure that

safe care could be given whilst ensuring people were free to take risks for example when people went out into the community with staff. Any potential risks identified were reviewed regularly and kept updated in order to help keep people safe. People were also supported safely inside the home. For example, individual fire safety evacuation plans were in place to highlight how people should be supported to evacuate the home in the event of a fire.

The arrangements the registered manager had in place for the storage and administration of medicines were clear and in line with good practice and national guidance. Staff told us, and records confirmed that only staff with the necessary training could access medicines and help people to take them when they were needed. Records also showed staff had their competency to administer medicines regularly assessed by the registered manager. The registered manager and a senior staff member we spoke with confirmed they undertook regular checks to ensure people were supported to take only the medicines which had been prescribed for them. The support provided by staff also included ensuring people had access to their medicines when they went out in the community, or when they went to stay with their relatives or on holiday.

Records we looked at demonstrated the provider had a safe staff recruitment process in place. Staff had undergone relevant recruitment checks as part of their application to work for the service and these were documented. We examined five staff personnel files and saw that appropriate references had been sought. Disclosure and Barring Service (DBS) checks had also been carried out to ensure that the service had not employed people who were barred from working with vulnerable people.

The registered manager had a clear system in place to enable them to plan and make sure there were enough staff with the right skills deployed consistently to care for people safely. One staff member said, "We work closely as a team. Any shortfalls through staff being on holiday are planned so the cover is there. If staff are off poorly we all rally and cover as a team so we never feel too stretched."

Staff rota information we looked at confirmed that there were sufficient numbers of staff available. When required the registered provider also used the support available from a small team of regular bank staff they had recruited and who were available to ensure the staffing levels assessed as needed were maintained consistently.

Is the service safe?

The provider had a business continuity plan in place in order to make sure people would be safe and continue to receive support if, for example, they could not live in their own home due to a fire or flood. We saw the plan was

detailed, up to date and reviewed on a regular basis. The next review date was set at the front of the document to confirm it had been scheduled in advance and could be updated when needed.

Is the service effective?

Our findings

People and relatives we spoke with told us they felt the service met their needs. One person said “I am happy.” Another person said, “I like it here because I can do the things I like. I like creative writing.” A relative commented that, “The understanding from staff is great. The staff work to manage the full range of [my relatives] needs. They have an approach which is not institutional. It’s about the person.”

New members of staff received induction training. Staff told us about their induction and said that this coupled with the supervision and appraisal processes in place enabled them to do their jobs effectively. One staff member said, “I have recently started to work here and I feel like I’m fully prepared for the role. The induction is good and I feel confident to ask any questions I have because the support is there.”

Staff confirmed and records showed they were provided with an introductory check list which was signed off by a member of the management team. As part of their induction new starters were also expected to shadow more experienced members of staff before they were deployed as a full member of the team. The provider also undertook regular competency assessments to check on progress with the induction. One staff member told us, “I feel so well supported here. The induction framework is clear so I know my role and responsibilities. I can develop my confidence and skills at a pace which lets me learn as well as do the job.”

Staff were supported to receive training specific to the areas they were employed to undertake. We saw that the registered manager maintained a record of the training that was required by each member of staff and worked with a training provider to ensure this was delivered in a consistent way. Training covered subjects such as, autism and epilepsy awareness, communication, equality and diversity, assessing and managing risk and supporting people who may have behaviours which could challenge others. Staff were supported to undertake nationally recognised qualifications.

As part of their commitment toward staff development the registered manager confirmed the home had signed up to the new national Care Certificate. This sets out common induction standards for social care staff. Several members

of staff were working towards the certificate. The providers training records also showed us training was regularly updated in order to make sure staff had the latest information on good practice available to them. The registered manager had been trained in, and showed a clear understanding of, the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). This is the legal framework that exists to ensure that the rights of people who may lack mental capacity to take particular decisions are protected.

Staff had also received training and demonstrated an awareness of how MCA and the associated DoLS were applied. At the time of our inspection we were aware that a DoLS authorisation had been obtained for one person living in the home and the correct procedures had been followed. This ensured that the person could continue to receive the care and support they needed and that their rights were protected.

As part of our inspection we sat in on a staff handover meeting. The staff present demonstrated a high level of knowledge about the healthcare needs of the people using the service and told us any issues identified together were followed up promptly. One member of staff said, “Any issues regarding health and welfare are shared so we get to know if there is anything to be aware of such as if people are not eating enough and any behaviour changes are noted so we are all aware.”

Staff demonstrated a detailed understanding of people’s individual nutritional needs and preferences. Information about people’s individual dietary requirements and any allergies were maintained, reviewed and updated as people’s needs changed. People were able to choose their preferred meal options and we saw that people were supported to ensure they ate and drank sufficient quantities.

People said they were very pleased with the food and drink provided in the home. People also told us they planned their meals together with staff and the menu was kept flexible in order for them to do this. One person said, “I like spag bol and garlic bread we are having it for tea.” Another person told us “I like my food a lot.” We spent time in the kitchen and dining area and observed people eating lunch and snacks throughout the day and saw that people were

Is the service effective?

served food and drink of a high quality. There was a rolling four week menu in place which was changed seasonally. The registered manager confirmed the menu was kept flexible to match people's preferences.

From talking with relatives and staff and looking at individual care records, we could see that people's healthcare needs were regularly monitored and supported through the involvement of a range of professionals including their dentist or doctor. Care records also showed

any hospital appointments people had attended. Three relatives we spoke with said that the registered manager and care staff liaised closely with health and social care professionals involved in people's care if their health or support needs changed. One relative said, "The support with doctor appointments has been tremendous. We talk with the manager and staff regularly and we are all on the same page regarding the care needs of [my relative]."

Is the service caring?

Our findings

There was a warm and welcoming atmosphere within the home and people were supported by staff in a compassionate way. We observed people being supported by and interacting with staff who knew them. Relatives we spoke with said the staff at Village Farm were very caring. One relative told us, “They [staff] have an empathy with [my relative] and a good understanding of their behaviour. The staff know how to care and I know they are very caring.” Another relative said, “They [staff] have worked hard to ensure the mix of people is right” and “They care enough to make sure things are just right for each person.”

Staff responded to people by using their preferred names. They also offered gentle encouragement and checked people were okay when it was needed, for example, when people were planning to get ready to go out to take part in activities or when they were eating. We saw this helped motivate people and enabled them to make their own decisions about what they wanted to do. For example one person got ready and was excited about going out to have a coffee and do some shopping. We observed that staff reminded the person to wear appropriate clothing and footwear.

Staff always gave time for people to communicate with them and listened to them to check if the person’s response meant they were happy. People responded positively to the help and support staff gave to them and we saw they were relaxed and able to be themselves together with staff.

People were also consistently offered choice based on what was important to them. For example, people were

supported to carry out their own personal care routines in the way they preferred. Where assistance was needed staff offered this sensitively and ensured people’s privacy and dignity could be respected whilst it was given.

The registered manager told us all of the staff team took responsibility for promoting the importance of respecting each individual’s needs and wishes. In order to keep developing this approach the registered manager told us they were in the process of identifying a member of staff to take on the role of dignity champion within the home. This is a government initiative which aims to put dignity at the heart of care services. The role of dignity champions is to stand up and challenge disrespectful behaviour.

People’s confidential records and information was managed in a way which ensured it was only available to the staff who provided support, the person and where appropriate their families. The provider had a policy and staff had received guidance from the registered manager about how to correctly manage confidential records. Staff confirmed they understood the importance of respecting private information and only disclosed it to people such as health and social care professionals on a need to know basis. The provider had also ensured computer records held were password protected and were only accessible to those who needed access to them.

The registered provider told us that people could express their wishes and had family and friends to support them to do this when it was needed. Although no one was using an advocacy service at the time of our visit the manager was aware of the services available locally and how to access them if required. Advocacy services are independent of the service and the local authority and can support people to make and communicate their wishes.

Is the service responsive?

Our findings

A relative we spoke with told us, “Helping people have a good quality of life is really important to the manager and staff. [my relative] is very happy. The staff worked on issues related to [my relative’s] anxiety and this has helped them have a full life. They go out to a youth club and swimming you know, normal everyday things.”

The registered manager showed us how they had created a range of care records which were based on relevant information about people’s background and life histories and what they wanted to achieve. Staff we spoke with said this helped them gain an individual understanding of what was really important to each person.

Care plan records contained information about the educational courses people chose to attend, the hobbies they liked to take part in, their wider interests and the places they preferred to go to. We found the level of support each person needed was detailed. We also saw and staff told us that they supported people to maintain links with the local community and their family relatives.

The records were kept up to date through regular reviews of people’s care. We spoke with the local authority who sent us information to confirm they had recently visited the service to review the arrangements in place to support people. The social care professional who undertook the visit told us they, “Met several people living there on their way out to activities or returning. Very much people’s own home and it was a pleasure to visit.”

People told us they had been on holiday this year to Whitby together with staff and that they enjoyed it. A relative told us, “I know they had a great time while they were away [my relative called us while they were away and was supported to do so. It was great that we were able to keep in touch and hear about how it was all going.”

During our inspection we saw one person was in the process of moving into the home and the registered

manager had plans in place which had been developed together with the person and their family. The plans included regular visits to the home to get to know the staff team and spend time with the people they would be living with.

We spoke with a relative of the person who told us, “The move has been well planned and thought through. It’s been a smooth transition and we have been fully involved and consulted. The staff have taken their time to get to know [my relative] and that’s been critical in building trust and a relationship that [my relative] needs.” The person said they were looking forward to moving in and showed us their room together with their family member. The person and their relative told us they had been involved in choosing how the room was set out and furnished.

The provider had an up to date statement of purpose and service user guide, which was available to people and their families in large print, braille, easy read format and other languages if required. The information provided details about what the service offered along with details about how people could access the provider’s complaints procedure.

People were supported to raise concerns about their care. This was by their preferred means of communication and also with support from staff. Weekly meetings were held with people so they could express their views and make choices about what they wanted to do. The registered manager also met with people in private if they wished to discuss any concerns they had confidentially.

Relatives we spoke with told us any questions, queries or minor concerns were always addressed straight away when they were raised. One relative told us, “The manager and staff show a real willingness to understand any needs or issues we have and the responses are always clear so we know where we are. It’s a two way process and we work together.”

Is the service well-led?

Our findings

The home had an established registered manager in post who worked in the home with staff and people on a day to day basis. We received positive comments from relatives we spoke with about the consistent leadership in the home. One relative said, "I feel the management of the service is excellent. The systems are clear and we work well together. I feel involved." Another relative said, "Everything is organised well and I trust the service because it is very well led."

Throughout our inspection we observed that people and staff were comfortable and relaxed with the provider and registered manager. The registered manager and provider told us the culture within the home had been developed through the vision and values they had. These were based on providing people with a service tailored to meet their individual needs and enable them to achieve their life goals.

Staff we spoke with told us they were well supported with regular supervision and had access to information and guidance which covered the principles and values of the service. Staff were able to clearly demonstrate their understanding of these values service through their description of the support they provided to people, the behaviours that were expected of them and those we observed.

Staff told us they felt able to discuss any issues or concerns with both the provider and registered manager and were confident that these would be listened and responded to appropriately. Staff knew about the provider's whistle blowing policy and said they would not hesitate to use it if they had to.

Regular staff meetings were held for all staff so they could discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure staff were consistently well led and had the knowledge and systems they needed to care for people in the right way.

The registered manager demonstrated a good understanding of our current reporting requirements. Together with staff they maintained logs of any untoward incidents or events within the home that had been notified to CQC or other agencies such as the local authority safeguarding team. Any accidents were investigated and

actions taken to reduce the risk of them reoccurring. This included incidents involving people's behaviours which could challenge others. Actions taken included increasing the frequency of staff supporting people at particular times and reviewing care arrangements in place. Incident records were audited by the provider on a regular basis to check if any further changes needed to be made to the arrangements in place for care.

In addition the provider completed monthly audits and spot checks. The checks were undertaken to make sure the right standards of care were being maintained and the home environment was safe for people to live in.

Audit records we looked at showed when they were undertaken the provider also spoke with people to check they were happy with the care they received. The last audit completed in September 2015 included feedback from one person who said staff gave them choices and helped them do the things they wanted. The person had said, "Yes, being happy all the time. I like being happy." The person had signed the audit to confirm they had given the feedback themselves.

Relatives told us they knew who to speak with when they needed to check any of the care arrangements or had a general query. Staff told us that people's individual views were sought through the day to day contact they had with them, the weekly meetings they held together and the review process in place. People were encouraged to give their views and the provider and relatives we spoke with confirmed they regularly spoke together in order to give and receive feedback on the care provided.

In order to obtain more formal feedback from staff and other professionals, the provider told us they had been using a system based on questionnaires and an annual survey. Although overall feedback from the surveys they had carried out since the service had opened was very positive,

the provider told us they wanted to further develop opportunities for people to give feedback and had reviewed the current process in place.

The outcome of the review had led to the provider recently employing a quality assurance staff member. We spoke with the staff member who showed us plans already in

Is the service well-led?

place included them setting up a communications book, taking part in care reviews and joining some staff supervision sessions. They said this would enable them to obtain direct feedback from people, relatives and staff.

The provider and the quality assurance staff member showed us they had also devised a short, focussed, questionnaire for people to complete when they visited the

service as well as the sending out a more formal annual survey. The provider also confirmed they were updating their website to enable people to provide feedback direct to them online. This demonstrated the service had an approach which was based on a culture of continuous improvement in the quality of care provided.