Autism.West Midlands

Gorse Farm

Inspection report

Coleshill Road
Solihull
West Midlands
B37 7HP

Tel: 01217709085
Website: www.autismwestmidlands.org.uk

Date of inspection visit:
20 June 2017

Date of publication:
28 July 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out this inspection on 20 June 2017 and it was unannounced.

Gorse Farm provides residential care for 14 younger adults with learning disabilities in Solihull. Accommodation is provided in two separate bungalows each for up to 7 people, and an adjoining self-contained flat. At the time of our visit, 13 people used the service.

The service had 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. Since our last inspection a new manager was in post. They had been in post since August 2016 and registered with us in May 2017.

At our previous inspection in June 2016 we rated the service as 'requires improvement' in the key questions of 'responsive' and 'well-led'. This was because relatives told us at times communication at the service had been poor and they had not always been informed about their relative's care or given the opportunity to be involved in this. Relatives were not positive about the management of the service as they felt this had been inconsistent. They told us this had not given them the opportunity to get to know managers and this had impacted on the care people received.

At this inspection, most relatives told us communication was improving and they spoke positively about the new registered manager. However, we found medicines were not always administered and stored safely. Care records required updating. Some audits had been completed to ensure staff were working in line with the provider's policies and procedures, however these were not always effective in driving improvement, for example in relation to medicines.

Staff were trained to administer medicines, however people did not always receive these as prescribed, and records did not always reflect whether medicines had been given. Medicines were not always stored safely.

Relatives told us people were safe at the service. Staff had a good understanding of what constituted abuse and knew who to contact if safeguarding concerns were raised.

Checks were carried out prior to staff starting work to ensure their suitability to work with people who used the service. Staff received an induction to the organisation, which included working alongside other more experienced staff, and a programme of training to support them in meeting people's needs effectively.

Staff understood the principles of the Mental Capacity Act (2005), and the registered manager had taken the required action if they felt people were being deprived of their liberty. Capacity assessments were decision specific in line with the principles of the Act.

People were assisted to meet their nutritional needs. Staff referred people to other health professionals for further support if they had any concerns.
People received support from staff who they were familiar with and this was provided as outlined in their care records. There were enough staff to care for people and further staff were being recruited.

Care records were in the process of being reviewed by the management team. Care records contained some relevant information for staff to help them provide people's care including processes to minimise risks to people's safety. However, these were not always up to date or detailed enough for staff to reduce the risks effectively. People and their relatives had not always been involved in these discussions or reviews of care. Care records were not always produced in a format people living at the service could understand.

Relatives told us staff were kind and caring and supported people with dignity and respect. Staff encouraged people to be independent. People were encouraged to maintain relationships with people important to them.

People and their relatives knew how to complain, however they were no formal opportunities to share their opinions about the service through meetings or surveys.

People, relatives and staff were positive about the registered manager. Staff were confident they could raise any concerns or issues with them knowing they would be listened to and acted on. Relatives and staff told us the management team were available and responsive.

The registered manager gave the staff team formal opportunities to discuss any issues or raise concerns at individual and team meetings. There were some processes to monitor the quality of the service provided and audits were carried out by the provider, registered manager and team leaders. These checks were to ensure staff worked in line with policies and procedures, however were not always effective in driving improvement 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?

Requires Improvement

The service was not always safe.

Procedures for administering medicines were not always safe and medicines were not always stored correctly. People received support from staff who understood the risks related to their care, however these were not always up to date or clearly documented. Staff demonstrated a good understanding of what constituted abuse and knew who to contact if they had any concerns. There was a thorough staff recruitment process and induction. There were enough staff to provide the support people required and further staff were being recruited.

Is the service effective?

Good

The service was effective.

Staff were trained and supervised to ensure they had the right skills and knowledge to support people effectively. Staff understood the principles of the Mental Capacity Act (2005). The registered manager understood the action they needed to take if they had concerns people were being deprived of their liberty. People were supported to meet their nutritional needs and to access healthcare services when required.

Is the service caring?

Good

The service was caring.

Relatives felt staff were caring and this had improved under the new management. People were supported to maintain relationships with those closest to them. Staff ensured they respected people's privacy and dignity, and promoted their independence. People were given choices about how they received their care.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People received support from care workers who understood their needs. Care records contained some information for staff to

support people, however some information was out of date or missing. Information was not always given to people in a format they could understand. People and their relatives had not always been involved in planning and reviewing the care. Care records were in the process of being reviewed and updated by the management team. People could access some social activities and plans were in place for these to be improved. The registered manager understood the provider's complaints policy and how to respond to any complaints received.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The management team reviewed the quality and safety of the service provided, however this was not always effective in driving improvement. Relatives and staff were positive about the new registered manager and the changes and improvements they were making at the service. However, people and relatives did not have any formal opportunities to feedback about the service, for example with meetings or surveys. Staff were supported to carry out their roles by the management team who were available and approachable. Staff were given opportunities to meet with managers and raise any issues or concerns they had.

Gorse 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.

Before the inspection we reviewed information received about the service, for example the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. These may be any changes which relate to the service and can include safeguarding referrals, notifications of deaths and serious injuries.

We spoke with the local authority commissioning team who commission services and fund some people's care. They confirmed they had visited the service in May 2017 and identified some improvements were required around medicines and care records. We also received some other information and concerns relating to medicines management, financial management, infection control and staffing.

Before the inspection, we also asked the provider to complete 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 received this information and found it reflected the service.

The inspection took place on 20 June 2017 and was unannounced. The inspection was conducted by one inspector, an expert by experience and a specialist advisor. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. A specialist advisor is someone who has current and up to date practice in a specific area. The specialist advisor who supported us had experience and knowledge in nursing care for people with learning disabilities.

During our visit we spoke with one person at the service and five relatives over the telephone. Most people using the service were unable to tell us about their experience of the care. We therefore spent time observing how they were cared for and how staff interacted with them so we could gain a view of the care they received. Other people were not at home when we visited. During our visit we spoke with nine staff members including four support workers (care staff), two team leaders, the service co-ordinator, the registered

manager and the operations manager.

We reviewed five care records to see how people's care and support was planned and delivered. We looked at 13 medicine administration records and three records related to people's financial expenditure to ensure these were completed correctly. We looked at two staff files to check whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated, including the service's quality assurance audits, complaints, accidents and incidents.

Requires Improvement

Is the service safe?

Our findings

Medicines were not always stored or administered safely which presented a risk that people would not receive their medicine correctly. Staff had received training in administering medicines, however we could not be sure people always received their medicines as prescribed.

One staff member told us that they thought the systems in place for the management of people's medicines had improved, however they did sometimes 'struggle' with medicated creams, toothpastes and controlled drugs, and that recording could be improved. Another staff member told us about medicines, "Communication (between staff) is not that great still," however they felt this was safe. One senior staff member had taken a lead role in improving the management of medicines to benefit people following some issues identified in an audit by the clinical commissioning group in 2016, however we found further improvements were still required.

Medicines were not always stored correctly. In both of the bungalows, the temperature recorded within the areas that medicines were stored was above the maximum level of 25c, required to ensure medicines were stored safely. On the day of our visit the temperatures within both bungalows recorded above 27c and temperatures were not always recorded daily. This posed a risk medicine would not be effective for people. We discussed this with the registered manager who agreed to check with the pharmacy if the medicines stored remained safe to use. The service co-ordinator told us a fan would be purchased immediately to address this.

Controlled drugs are medicines which require special storage and monitoring. We found that comprehensive records in relation to these were not always kept. For example, on some occasions only one staff member had signed when these were given. We asked a staff member about this and they told us on one occasion this had been because it was a weekend, and there was only one team leader present to sign. It is good practice to have a double signature for receipt, balance checks, administration and disposal of this medicine. The provider's medicine policy was dated July 2016, and it stated: "The administration of a controlled drug must be witnessed by a second employee." Therefore staff were not always following the provider's policy.

Checks of controlled drug medicine stocks were not always completed when the staff on duty changed to ensure balances were correct and to identify when any errors may have occurred. Staff told us this was not done, however the registered manager checked the controlled drugs weekly and we found this was taking place. This meant that any error found in relation to medicine stock would prove difficult to identify when exactly it occurred, and so how this could be prevented in the future.

The environment where medicines were stored and dispensed was not always kept clean. A bin was used in the room, with no bin bag, and the pedal was missing, so staff opened this using their hands. We asked for a copy of the cleaning schedule, however staff told us this was not available. During our visit we found a tablet dispensing counter had 'rings' on it from where hot drinks had previously been placed on it. The residue of another medicine also remained on it. This posed a risk medicine could be spoiled, of cross contamination

and of another incorrect medicine being ingested by a person. We raised these issues with the management team who told us they would be addressed.

Staff told us people had received their medicines however medicine administration records did not always reflect this. For example, for one person there were gaps on their medicine administration record (MAR) on five occasions during May and June 2017. On 10 occasions, stock had not been counted and recorded. On another MAR for the same period, signatures were missing on three occasions and second staff signatures were missing on six occasions. Additionally, no recording had been made on the MAR at all since 10 June 2017. This posed a risk because we could not be sure people had consistently received their medicines as prescribed. The service co-ordinator told us, "The full manager audit for medicines is monthly, I have sent emails to staff about missing signatures."

Audits of medicines were completed by team leaders weekly and by senior staff each month, to identify any possible errors and how to prevent these reoccurring. However, these audits were not effective in identifying errors and had not identified the gaps on records. The provider's medicine policy stated, 'For failures to sign the MAR sheet, a medication incident form must be completed immediately and record this in the service users notes'. Staff were not working in line with the policy, because audits had not always identified errors and incident forms had not always been completed.

One person required time specific medicine to be administered 20 to 30 minutes before they ate food. There was nowhere to record the actual time the medicine was administered by staff, so we could not be sure that it was consistently being administered at the correct times.

During our visit we were made aware that one person had incorrectly been given a second dose of epilepsy medicine. This error had occurred due to inaccurate record keeping. This resulted in medical advice sought. Following this, some staff had been suspended from administering medicines. One staff member told us about this incident and that staff gave medication who, 'were not supposed to'. They said, "It was very 'slap dash' and could have been serious." We discussed this with the management team who told us that work had been done to improve the management of people's medicines, however they were aware that some further work was required and they would address this urgently.

Staff undertook assessments of people's care needs and identified any potential risks associated with providing their support, however some of these were out of date or did not provide enough detail. For example, one person displayed behaviours which meant staff had to closely monitor them at all times to ensure they remained safe. Staff told us this person was 'quick' to move, and would look for opportunities to display this behaviour. This could seriously impact on their health and they had been hospitalised for this previously. We looked at their risk assessment and whilst we found this identified the risk, it had not been reviewed or updated since 2015. Their care plan suggested making some changes to the environment to reduce the risk further. We asked staff about this, and they told us this was out of date and this was not planned now and was not required.

Although some risk assessments were in place, some lacked detail to support staff in keeping people safe, and some had not been not signed or dated. One person was at risk of self-harm. Their risk assessment did not detail how injuries were managed, to what extent this person's behaviour occurred, if incident forms were completed, family notified or what aftercare support was provided on these occasions. Another risk assessment relating to harm to others, lacked information such as what happened during incidents and whether the person had capacity to understand these. The local authority commissioning team had visited in May 2017 and one of their recommendations had been to check that risk assessments were reviewed at regular periods of time.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Training around medicines consisted of a one day course, a test, 'shadowing' (working alongside) other experienced staff and annual competency checks. There was also an 'on-line' medication competency refresher for staff. Some staff told us the training was good and they did not have any concerns with how medicines were being managed.

Information was recorded for people who took medicine on an 'as required' basis (known as PRN) so staff would know when to give this, if the person was unable to say. A system was in place whereby a team leader authorised for this medicine to be given after other options had been considered. Most of the PRN protocols we reviewed were out of date, however we were advised by the registered manager they had recently been reviewed by the GP and care records would be updated.
The registered manager had started to review all the risk assessments. One person had a risk assessment to manage their epilepsy and this had been reviewed in April 2017. We found some other risk assessments had been reviewed in April 2017 and stated 'no changes'.

People and their relatives told us they felt people were safe at Gorse Farm. One relative told us, "My [family member] had a mat in their bedroom last year which we felt was unsafe, as soon as the new manager started they replaced it." They went on to say that their bedroom now had shelves put up and they felt this was safer, as before everything had been on the floor. Another relative told us, "I feel [Person] is safer now at Gorse Farm, before the new manager came, I wasn't too happy".

There were enough staff to support people and meet their care needs. One staff member told us, "Staffing is better, when I started there were many more vacancies. There has been a recruitment drive. We have had lots of support from HR (Human Resources) to fill the 'voids', we are not seeing so many new faces. Staffing is better since last year, we are getting exactly the right people. Recruitment has come a long way."

Four people at the service were receiving some 'one to one' care support as they had high level complex needs. For another person, one to one funding had been requested, however had not been agreed by the local authority. Staff told us this placed extra pressure on them to provide additional support 'informally'. The registered manager told us they intended to request the one to one support again, to ensure they could keep this person safe. Some staff told us this situation worried them, however they felt the staff were still doing an 'excellent' job in supporting the person.

The registered manager told us there were currently four support worker vacancies and three team leader vacancies, and this had improved. Some of the vacancies had been created following new posts being created, however there had also been a high turnover of staff in January 2017. The registered manager told us, "Recruiting for support workers can be difficult as it is a challenging home and we want to get the right people. A pool of agency workers are used, but we don't use different people." One staff member told us about this, "Some agency aren't so good, however the manager listens to any concerns, and won't call them back if needed." Staff were covering the vacancies between them and some 'bank' staff were used who worked 'as and when' required. This ensured people knew the staff supporting them, and staff knew the people at the service, so they could support them consistently.

Recruitment procedures made sure, as far as possible, staff were suitable to work with people who used the service. Before employment could commence, two satisfactory references were sought and disclosure barring service (DBS) background checks were completed. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are

barred from working with people who use services. We checked two staff files and found the required checks had been completed.

Staff had received training in safeguarding people and understood their responsibilities to report any concerns. Staff were aware of the provider's whistleblowing policy (raising concerns about other staff members practice). One support worker told us, "We learned about the different types of abuse, how to safeguard people and prevent this. The procedures are we would refer to management or higher management. I would go to CQC or the Police if I still had concerns."

Records of accidents and incidents were completed by the staff. These were reviewed by the provider's health and safety manager to identify any patterns or trends which could be used to prevent further occurrences.

Procedures were in place so staff were aware of the actions they needed to take in an emergency, such as a fire. People had personal emergency evacuation plans which detailed their support needs in this situation. This meant staff and the emergency services knew people's different mobility needs and what support they would require to evacuate the building safely.

The provider had a business continuity plan in place should they be any disruption to the service such as extreme weather or damage to the building, to ensure the service could continue safely. Safety checks had been completed and were up to date, such as gas, electric and equipment maintenance, some of these records were stored at the provider's head office.

People's financial records had not always been completed correctly and audits to check this were not always effective in identifying these issues. We checked three records and on one the cash balance was incorrect, when checked against the cash amount. For another person, the balance we checked for their spending did not total correctly. We discussed this with the registered manager who confirmed that a staff member had recorded the cost of a train ticket incorrectly, and this would now be clearly shown on the record to provide a clear audit of the person's spending.

Good

Is the service effective?

Our findings

Relatives told us they were happy with the care and support their family members received. Staff were also positive about Gorse Farm. One staff member told us "I'm loving it. I love the environment, it is a great place. The service users seem happy. The staff are really good at their jobs, competent and know the service users really well."

Systems were in place to ensure staff worked effectively. As each shift changed a 'handover' was given where important information was shared between staff about changes to people's care needs.

Staff received an induction when they first started working at the service. One staff member told us, "I did an induction programme, received training, shadowed on shift. I have had on-going training." The service co-ordinator told us inductions were carried out over two weeks with training and shadow shifts, then for team leaders it was another two weeks. During this time staff got to know people and their likes and dislikes.

Staff received training the provider considered essential to meet people's care and support needs. One staff member told us, "I have received a lot of training. In the next few months I am doing manual handling. I have done team leading, it is about how to run the team, how to report correctly, who your lines of contact are (in the organisation). It covers supervisions and appraisals." Other training included autism awareness, equality and diversity, MCA, DoLS, safeguarding, epilepsy, health and safety, record keeping, first aid and dignity in care.

One person sometimes displayed behaviour that challenged other people living at the service. We asked a staff member about whether they felt trained to support this person, they said, "It is being managed the best staff can, they will lash out, it will happen, staff do step in, I think we deal with it really well."

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.

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 (DoLS) were being met. The provider understood the requirements of the Mental Capacity Act (2005). Four people at the service required a DoLs authorisation and these had been applied for or authorised by the local authority.

Mental capacity information was recorded on people's care records and this was 'decision specific,' reflecting that people were able to make some decisions for themselves. For example, one person lacked capacity around managing their medicines and making decisions around their health appointments. Staff were aware of seeking consent before supporting people with their care and we observed staff doing this

during our visit.

Staff understood their responsibilities under the MCA. One staff member told us, "We have been learning about not to deem anyone to lack capacity, to assist them with their communication skills. DoLS is not to deprive someone of their freedom." Another staff member told us, "Never assume someone lacks capacity, it they do they need to be supported in the least restrictive way." The service co-ordinator told us one person at the service had a 'best interest's' meeting in relation to their dental care and the risks related to this. A decision had been made in line with the principles of MCA for treatment and this was considered to be the 'least restrictive option' for them.

People's nutritional needs were met by staff. People were involved in preparing their own snacks, drinks and some meals with support from staff. Also to buy some grocery shopping, as the majority of food provided was ordered via the internet.

Meal times were flexible for people. One staff member told us, "People get a wide variety of food, it is their preferences, they have varied diets. It is all cooked and done fresh every day. The service users can go into the kitchen and make their own drinks." Some people required assistance and supervision when eating. Another staff member told us, "There are always two options, it is a balanced menu, we speak with staff and parents, people are shown pictures." During our visit we saw people were given drinks and were given a choice as to what they ate. A barbecue lunch was provided outside in the garden and there was a good choice of food available.

Staff were aware of people's special dietary requirements and how to support them, for example one person was lactose intolerant. Allergies were also recorded and staff monitored people's weights if this was required.

People were supported to manage their health conditions and to access other professionals. Speech and language therapy and occupational therapy (OT) were involved supporting some people. One OT worked with staff around a person's routines and timetables to ensure these supported them effectively. Staff worked with psychologists with some people to help them manage behavioural changes. People either visited the GP with staff support or the GP visited people at the service. A chiropodist provided support to one person due to their health condition. People were referred for dental treatment when required.

Good

Is the service caring?

Our findings

Relatives told us staff were kind and this was improving at Gorse Farm with stronger leadership and new staff. One relative told us, "There is a better atmosphere now due to new management and better staff that seem more caring." Another relative told us, "I think things are improving and I put it down to the new manager." Some relatives told us they were overall happy with the care their family member received, but would like to see regular staff, so it did not affect routines and standards of care.

During our visit we saw staff were caring and encouraging while supporting people. One staff member told us they liked working at the service, they said, "The service users are the best thing, I like them, and every day is different."

Staff told us what 'caring' meant to them. One said, "I don't think anyone would work here if they were not caring, everyone says 'hello' to people, they smile and engage with them. They know people's routines, one keyworker, [Name], stayed later because they wanted to support someone and arranged a 30th birthday party for them. Seeing the person's face was the best thing (at the party)." One staff member told us the registered manager cared about people and they had seen them leave their computer, to play cricket with people.

People were encouraged to keep in touch with their family members. Some relatives visited regularly and took their family members out. Staff supported one person's relative to come to the recent fete, as transport could be difficult for them. Staff supported a person to use a computer application called 'Skype' to communicate with their relative. We saw a compliment from a relative thanking staff for a thoughtful present they had purchased with their family member, and how much this had meant to them.

Staff had received training about equality and diversity. One person had expressed an interest in wearing alternative clothing and staff told us they were confident in how to support them with their preferences. People's religious needs were supported if this was required and staff assisted one person to go to church.

Staff were trained to support people to ensure their privacy and dignity was maintained. One relative told us, "I believe my [family member's] privacy and dignity are respected where necessary and they know their likes and dislikes such as with food and activities." We observed staff supported people with dignity during our visit, one person went for a walk with a staff member and we saw staff help them to adjust their clothing which was falling down. Some people's bedroom doors were kept locked and the registered manager told us some people preferred this, whilst other people preferred their rooms unlocked. One person liked to have a lie down in the afternoon, so staff turned the music down to make sure they had some quiet time.

One staff member told us how they ensured people were respected at the service, "People can make choices, [Name] has a routine in the morning or the evening occasionally, sometimes both, we ensure we respect their preferences. We put ourselves in their shoes."

Some people had increased their independence with the care and support provided by staff. For example,

people were encouraged to complete their own personal care routines. One person enjoyed going shopping and 'scanning' their purchases at the till. Another person had now started to become involved in buying some of their own clothes with staff encouragement.

Requires Improvement

Is the service responsive?

Our findings

At our previous inspection in June 2016, relatives told us there had not always been continuity in the staff team, they felt that communication could be improved and also that some of the activities available to people could be better. At this visit most relatives were more positive about communication, however some relatives and staff still felt that activities could be further improved. They also felt that improvements in relation to continuity of staff were needed. However, it was acknowledged that the registered manager had started to address some of these areas.

Relatives told us the service was slowly improving. One relative told us, "Communication is not too bad now, my [family member] has a diary, they [staff] fill it in sometimes." Other relatives said they felt the diary could still improve further, and also they would like to be informed about some medical appointments. The registered manager told us they told us they had been working hard to improve communication. For example, for families who did not live locally, email updates were sent. They told us they felt communication with families had improved, they said, "I've worked quite hard on this and it has been quite positively received, the diaries (detailing what people have done) go home with them, the keyworkers have got into that habit." One staff member told us there had been positive feedback from families about the changes.

Some staff supported people regularly and had developed good relationships with them. A keyworker system was in place and their role was supporting people with their individual needs, liaising with relatives and arranging events for special occasions. This meant people were supported by a consistent named worker.

Staff supported people in the ways they preferred and were responsive to their needs. For example one person chose to eat separately in another area to the other people at the service. Another person spoke little English and staff had arranged for an interpreter to support them which had improved communication between them and the staff. One staff member told about the importance of consistent routines for people at the service and how this provided them with reassurance.

Staff had identified some triggers around one person's behaviour which helped them in providing extra support at the correct time when they became anxious. ABC (antecedent, behaviour, consequence) forms were completed to help staff to identify incidents, actions taken and possible ways to prevent future incidents, in order to support the person.

Care records contained some information about people's health conditions, backgrounds, routines and preferences. For example, one person who had epileptic seizures had a care plan which detailed what staff should do in this situation. The registered manager told us people's 'health action plans' were now fully updated and they were now working on people's care support plans which were an 'on-going process'. They told us they were aware that care records required updating.

People's care records did not always reflect their care needs and provide information so staff could support them correctly. We reviewed five care records, some were missing information or had out of date

information. One person had some 'behavioural management guidelines' dated December 2008 and another dated October 2015, it had not been reviewed since. However, another person had a recent review of plans dated April 2017. Some staff had not signed to confirm they had read and understood the care plans. Records did not always show evidence of goals for people. We were unable to see involvement of people or families in planning the care. We were unable to see plans were given to people in a form that they understood, for example an 'easy read' pictorial format. It was not always clear from the care records who key workers were.

Some families told us they had been involved in reviews of care with staff and professionals, however we were unable to always see this recorded and care records did not state how often they were to happen. One relative told us, "The care review was two years overdue, but the new manager sorted that out when they started." One person and their relative met with staff and their social worker every three months to discuss changes to their care.

People took part in some social activities at the service and in the community. One person told us, "I have been rock climbing and trampolining four or five times since the new manager has been here and we are getting a trampoline here soon". They went on to say, "I like to go for a drive, so we go after lunch sometimes in the van and we go to the garden centre."

There were mixed views about activities and plans were in place to develop these. One relative told us they would like their family member to go swimming, but this had not happened. Staff told us when more staff were employed it would be easier to provide more activities like swimming. The operations manager told us they were aware that they needed to improve activities 'inside and out' and a staff member had been identified to take the lead in this area. They told us this was an on-going process. The registered manager told us that by increasing the day staff at the service (which was planned) this would enable them to do more social activities with people.

Staff also told us improvements were required in this area. One told us, "Individual planners are needed for service users, they have not been assessed and activities are not according to their needs." Another staff member told us about activities, "Some staff do nothing on shift, and it is hard to get things done whilst they are working". On the day of our visit, garden games and equipment had been set out in the afternoon, but we did not see people using this. However, a staff member told us people had been using this, and 'dipping in and out' of this during the afternoon.

Staff supported some people to go on holiday. One staff member told us, "All the residents get a chance to go on holiday once a year, I have taken a resident to France on the ferry as they wanted to go abroad and many residents go to Wales or the south coast." On the day of our visit some people were on a trip on a canal barge and an exercise class was planned later that day. A staff member told us about the exercise class, "The man who runs it is very energetic, he gets everyone involved."

A masseuse visited the service and several people enjoyed this. Some other people enjoyed going to a disco. Staff supported one person to go to a nearby airport as they liked to watch the planes. 'Animal therapy' was being arranged. A 'sensory' room was available and used by some people for relaxation. A games room was available for people to watch film and play computer games. Coffees mornings and themed parties took place, for example at Halloween and Christmas.

Relatives told us they knew how to complain and would be confident to raise any concerns with the registered manager, provider or staff. Relatives told us when they had made complaints or raised concerns they were happy with the process followed, and felt these had been addressed. One told us, "There was an

incident recently where my family member was given their medication twice, I think they handled it well and they called the doctors. I was informed of the incident." Some other complaints had been received about medicines and also in relation to staff morale. Two compliments were recorded and included comments such as 'we are happy with the support received.'

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection in June 2016 most relatives we spoke with were unhappy about the changes in the management of the service over the last few years and told us they felt this had impacted on the care people received. Relatives told us they were concerned that when they got to know managers, they left, and that communication was poor.

At this visit relatives were positive about the new registered manager and felt the service was beginning to improve. Relatives had been invited to a meeting with the registered manager when they first started and one relative told us, "I feel that the new manager is trying really hard to make Gorse Farm better, my [family member] is laughing a lot more recently and has improved since they began." The registered manager told us they ensured they spoke with people's families on a regular basis. Relatives told us they felt more involved in the service, especially since a recent garden fete had been held.

Although the management team completed some quality checks to make sure the service was meeting people's needs, and staff were working in line with the provider's policies and procedures, these were not always effective in driving improvement. For example, a monthly medicine audit had been completed by an operations manager in May 2017. This stated that 'simple mistakes can lead to non-compliance' and gave examples of gaps in MAR recording, cleaning required, medicines which were out of date and some signatures missing with no reasons given. The feedback given to staff was that this was 'disappointing' as improvements were being made. Although this had been identified in an audit, action had not been taken to address these issues, some of which we also identified during our visit.

Weekly checks were carried out of the environment. Other audit checks were completed around the care records, medicines and people's finances. An action plan dated January 2017 identified medication and finance as requiring improvements, for example, 'ensure receipts and finances are checked, there are some recording errors'. However, we found these issues remained during our visit.

Observations of staff practices were carried out, however this was not being documented. The registered manager told us, "Team leaders give feedback around staff performance, what we see and don't see, is fed back. The paperwork is being developed." Some visits and checks had been also been completed in relation to staff working at night.

During our visit an audit was being carried out by a team leader of food stored in the fridge, such as condiments. Not all of these items were dated, so staff were unaware of how long they had been stored in the fridge or if they remained safe to use. The registered manager told us they would dispose of these items and date new items now to ensure they remained safe. No food hygiene rating was displayed, we asked the operations manager about this, and they told us they had not seen one, and would follow this up.

The manager registered with us in May 2017. They acknowledged the challenges at the service. They told us, "We are trying to develop the team leaders more around finances and medications, many are brand new." When they first started they had received a comprehensive handover of the background to the service,

which included the changes in management. Staff had not always felt supported and there had not been stability for people, families or the staff team. They had been addressing this with keeping up levels of communication at regular team meetings and staff supervision (one to one meetings). They told us there had been some 'up and downs' with staff relationships and this had been addressed by holding some smaller group team meetings where staff felt able to feedback any issues. The registered manager told us they felt morale was improving at the service and that staff felt listened to. They told us the team leaders were, "Really keen, enthusiastic and developing processes."

The registered manager told us they felt supported by the operations manager and the provider. The operations manager spent time the service two days a week and they had been supported by another operations manager. They went on to say, "There is a lot to do, we are picking up on a lot of the team leader work. It can be challenging."

Staff also spoke positively about the management of the service, they felt supported and able to raise concerns with the registered manager. One staff member told us, "I think it is well-led, the manager is very approachable and very honest." Another staff member told us, "Yes, it is well – led to what it was, [registered manager] is respected by staff and respects them, they engage with parents and professionals, they listen to staff." Staff explained the registered manager or operations manager was always available. Staff told us they felt the service was getting better and the registered manager was approachable and 'comfortable' to be around. One staff member told us they felt supported by the registered manager, however they had had six different managers in the last four years.

The service co-ordinator supported the registered manager. The service co-ordinator told us, "I take a big responsibility on staffing, rotas, leave and training. There was not anyone doing this when I started. Staff attendance is a lot better, we try to be as transparent as possible to ensure a happier staff team." The registered manager told us, "I think since the last inspection we have come a long way, staff are more confident."

Staff told us they felt supported with staff meetings. One staff member told us, "Staff are encouraged to say what they feel at the meetings." Another told us, "At staff meetings now we can say a lot more, they are trying to improve them." At one meeting in June 2017 we saw planning for Father's day was discussed. Also, that some people were not going out as much as others at the service, and how to address this. Smaller staff meetings had been held to enable staff to be supported further. Staff also received one to one management support with supervision meetings. These were being developed so team leaders could lead these and were held every 6 to 8 weeks. Appraisals were held annually and gave staff an opportunity to discuss goals and their future development.

Staff told us about challenges at the service, namely the management of medicines, "There is a large amount of medication, but staff receive a good induction, they are tested, and shadow staff (work alongside), this is not the team leader role at the moment. I think they are stored safely, paperwork is there and we are supported by (pharmacy)." However another staff member told us what they would like improved, "Medication definitely, there has been a lot of changes, we are on the up."

Formal meetings were not held to give people and their families the opportunity to feedback about the service. Surveys were not offered to gain people's views or ideas for improvement.

Families, people from the local community and some professionals had been invited to a recent fete however, and were positive about this. Fundraising from this had been used to purchase a camera, and a trampoline for the service.

Plans were in place to move the office area closer to the bungalows, as it was felt this would enable the management team to work more effectively. Some improvements and repairs were taking place at the service, such as decoration. One person showed us they had a lot of DVDs and CDs in their bedroom, they told us, "I would like to put them onto shelves so I can see them and my room's being painted green". A staff member told us about the service, "It needs painting, there is a lot of maintenance. Wear and tear is heavy, door and door handles, we are looking at different options such as keypads. Maintenance is not at the top of the list, it is an on-going thing and we are fitting around people's holidays." They went on to say, "I have noticed things are broken, the sofas, some things do need to be replaced."

The registered manager told us a maintenance person/gardener was being employed. Volunteers from a local business had recently visited the service and helped to tidy the garden. The outdoor space was being developed with an allotment, and the path in the 'sensory garden' was being repaired.

The registered manager understood their responsibilities and the requirements of the provider's registration. For example, information such as allegations of abuse and serious injuries should be notified to us. It is a legal requirement for the provider to display their ratings so that people are able to see these, they had done this and these were also displayed on the provider's website. The provider's website stated that all the provider's services were either 'good or excellent', however the most recent rating of Gorse Farm was 'requires improvement'. We raised this with the operations manager who told us this would be addressed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not always provided in a safe way for service users. Medicines were not always stored, administered and recorded correctly. Risk assessments were not always completed, and reviewed regularly to include plans for managing risks.