Grantham and District Mencap Limited

Fairview Farm

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

Fairview Farm provides accommodation for up to 22 people who need personal care. The service provides care for people who have a learning disability and who need extra support to be involved in making decisions about the care they receive. The main accommodation is an adapted older building. In addition, there are two self contained bungalows that are on the same site but which are separate to the main building. Although people can choose to stay in the building where their bedroom is located, in practice they use all of the accommodation as they visit friends and attend social activities.

There were 21 people living in the service at the time of our inspection.

This was an announced inspection carried out on 25 February 2015. We told the registered persons about our inspection before we called to the service. We did this so that people who lived there would not be upset by having unexpected visitors in their home. There was 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

Summary of findings

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.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people's medicines were not safely managed. You can see what action we told the registered persons to take at the back of the full version of this report.

The Care Quality Commission is required by law to monitor how a provider applies the Mental Capacity Act 2005 (MCA) and 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. This is usually to protect themselves. At the time of our inspection the registered persons had sought advice from the local authority to ensure that they were providing care in a lawful way and that no one was being deprived of their liberty.

Staff knew how to recognise and report any concerns so that people were kept safe from harm. Staff helped people to promote their wellbeing and to avoid having accidents. There were enough staff on duty and background checks had been completed before new staff were appointed.

Although people had received the right care staff had not been given all of the training and guidance the registered persons said they needed. People had been helped to eat and drink enough to stay well. Staff had ensured that people had received all of the healthcare assistance they needed.

People were treated with kindness, compassion and respect. Staff recognised people's right to privacy, respected confidential information and promoted people's dignity.

Although care plans were not user-friendly people had been involved in planning and reviewing their care. People received all of the care they needed including those who had special communication needs or who could become distressed. People were supported to celebrate their diversity and were offered the opportunity to pursue their interests and hobbies. There was a good system for handling and resolving complaints.

People had not been fully consulted about the development of the service. Some of the regular quality checks completed by the registered persons were not robust. The service was run in an open and inclusive way that encouraged staff to speak out if they had any concerns. People had benefitted from staff being informed about good-practice guidance

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?

Requires improvement

The service was not consistently safe.

Medicines were not managed safely.

Staff knew how to recognise and report any concerns in order to keep people safe from harm.

People had been helped to stay safe by managing risks to their health and safety.

There were enough staff on duty to give people the care they needed.

Background checks had been completed before new staff were employed.

Is the service effective?

Requires improvement

The service was not consistently effective.

Although people had received the right care staff had not been given all of the training and guidance the registered persons said they needed.

People were helped to eat and drink enough to stay well.

People had received all the medical attention they needed.

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.

Is the service caring?

Good

The service was caring.

Staff were caring, kind and compassionate.

Staff recognised people's right to privacy and promoted their dignity.

Confidential information was kept private.

Is the service responsive?

Good

The service was responsive.

People were involved in planning and reviewing their care.

Staff had provided people with all the practical assistance they needed including people who had special communication needs or who could become distressed.

People had been supported to celebrate their diversity.

People were supported to make choices about their lives including pursuing their hobbies and interests.

Summary of findings

There was a good system to receive and handle complaints or concerns.

Is the service well-led?

Requires improvement

The service was not consistently well-led.

Quality checks had not always identified problems that needed to be addressed.

People had not been fully consulted about the service so that their views could be taken into account.

There was a registered manager who ran the service in an open and inclusive way.

People had benefited from staff being informed about good-practice guidance.

Fairview 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.

We visited the service on 25 February 2015. The inspection was announced. The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using services or caring for someone who requires this type of service.

During the inspection we spoke in private with nine people who lived in the service. We also spoke with five support workers and the registered manager. We observed care and support in communal areas and looked at the care records for four people. In addition, we looked at records that related to how the service was managed including staffing, training and health and safety.

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.

Before our inspection we reviewed the information we held about the service including the Provider Information Return (PIR). This is a form in which we ask the registered persons' to give us some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications of incidents that the registered persons had sent us since the last inspection. In addition, we contacted local commissioners of the service and a representative of a local primary healthcare team who supported some people who lived in the service. We did this to obtain their views about how well the service was meeting people's needs.

After our inspection visit we spoke by telephone with four relatives.

Requires improvement

Is the service safe?

Our findings

Some of the arrangements for managing medicines were not reliable. We saw that there was a sufficient supply of medicines and they were stored securely. However, some staff had not correctly recorded some occasions when prescribed medicines should have been dispensed. This meant that we could not be sure that people had always received medicines in the right way. On other occasions we saw that medicines had clearly not been dispensed but staff had not sought medical advice to ensure that people were kept safe. Not all staff who administered medicines had received the training that the registered persons said they needed in order to safely manage medicines.

These shortfalls had reduced the registered persons' ability to ensure that people were protected against the risks associated with the unsafe use and management of medicines.

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

People said that they felt safe living in the service. A person said, "I like the staff, they're kind to us all." Relatives were reassured that people were safe in the service. One of them said, "I'm completely confident because they're always willing and anxious to go back. I'd soon know if something wasn't right."

Records showed that most staff had not completed training in how to keep people safe that the registered persons said they needed. However, we found that staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk of harm.

Staff were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. They were clear that they would not tolerate people being harmed and said they would immediately report any concerns to a senior person in the service. In addition, they knew how to contact external agencies such as the Care Quality Commission and said they would do so if their concerns remained unresolved.

Staff had identified possible risks to each person's safety and had taken action to promote their wellbeing. For example, people had been helped to keep their skin healthy by using soft cushions and mattresses that reduced pressure on key areas. Staff had also taken action to reduce the risk of people having accidents. For example, people had been provided with equipment to help prevent them having falls. This included people benefitting from using walking frames, raised toilet seats and bannister rails. Some people had rails fitted to the side of their bed so that they could be comfortable and not have to worry about rolling out of bed. Each person had a personal emergency evacuation plan to ensure that staff knew how best to assist them should they need to quickly leave the building.

Providers of health and social care services have to inform us of important events that take place in their service. The records we hold about this service showed that the registered persons had told us about any concerning incidents. In addition, they had taken appropriate action to make sure people who used the service were protected. For example, when a person had fallen the registered persons had arranged for them to receive additional individual assistance from staff to reduce the risk of them having further accidents.

We looked at the background checks that had been completed for two staff before they had been appointed. In each case a check had been made with the Disclosure and Barring Service. These disclosures showed that the staff did not have criminal convictions and had not been guilty of professional misconduct. In addition, other checks had been completed including obtaining references from previous employers. These measures helped to ensure that new staff could demonstrate their previous good conduct and were suitable people to be employed in the service.

All of the staff worked across the three buildings so that they got to know all of the people who lived in the service. However, each day staff were allocated to a particular building so it was clear who was responsible for providing each person with the support they needed.

The registered persons had established how many staff were needed to meet people's care needs in each building. We noted that the greater needs of the people living in the main building had been reflected in higher staffing levels there. We saw that there were enough staff on duty at the time of our inspection in all of the buildings. This was because people received all of the practical assistance and support they needed. Records showed that the number of staff on duty during the week preceding our inspection across the site matched the level of staff cover which the registered persons said was necessary. Staff said that there were enough staff on duty to meet people's care needs.

Requires improvement

Is the service safe?

People who lived in the service and their relatives said that the service was well staffed. A person said, “The staff are always around and they do lots of things for us.” A relative said, “I’m always impressed with how well the service is staffed in that whenever I visit there are staff around and I see that people get the care they need.”

Requires improvement

Is the service effective?

Our findings

The registered persons said that staff needed to meet regularly with a senior member of staff to review their work and to plan for their professional development. However, records showed that this system was not working well in that nearly all of the planned sessions were overdue. In addition, there was no clear plan to address the problem. This shortfall reduced the registered persons' ability to provide staff with the guidance and support they needed. However, people said that they were well cared for in the service. They were confident that staff knew what they were doing, were reliable and had people's best interests at heart. A relative said, "It's good that it doesn't matter which member of staff you talk to because they all know what they're doing and to me it just feels like a big family which is absolutely what I was looking for."

The registered persons said that staff needed to receive particular training to help ensure that they had the knowledge and skills they needed to care for people in the right way. However, records showed that some of this training had not been delivered in a reliable way. For example, most staff had not undertaken training in how best to support people who had reduced mobility. This was the case even though a number of people who lived in the service needed extra help to get about. Although staff had compensated by learning from colleagues, the shortfall in training had reduced the registered persons' ability to ensure that all staff had the knowledge and skills they needed to care for people in the right way.

People were provided with enough to eat and drink. Some people received extra assistance to make sure that they were eating and drinking enough. For example, people were offered the opportunity to have their body weight checked to identify any significant changes that might need to be referred to a healthcare professional. Records showed that healthcare professionals had been consulted about a person who had a low body weight. This had resulted in them being given food supplements that increased their calorie intake. At meal times, staff gave individual assistance to some people to eat their meals. We saw that when necessary food and drinks had been specially prepared so that they were easier to swallow without the risk of choking.

Each person had a health action plan that described the healthcare services the person needed and wanted to receive. People said and records confirmed that they received the support they required to see their doctor. A person who had special communication needs gestured to indicate a stethoscope and pointed to themselves to show that they had seen a doctor in the recent past. Some people had more complex needs and required support from specialist health services. Records showed that these people had received support from a range of specialist services such as from dietitians, speech and language therapists and occupational therapists.

The registered manager and staff were knowledgeable about the Mental Capacity Act 2005. This had enabled them to protect the rights of people who were not able to make or to communicate their own decisions. Records showed that the principles of the law had been used when assessing people's ability to make particular decisions. For example, the registered manager had identified that some people who lived in the service needed extra help to make important decisions about their care due to living with dementia.

When a person had someone to support them in relation to important decisions this was recorded in their care plan. Records demonstrated that each person's ability to make decisions had been assessed and that people who knew them well had been consulted. This had been done so that decisions were made in the person's best interests. A relative said, "I have been fully involved in helping to make decisions about my sister's care. We've been involved in meetings with care managers (social workers) and doctors."

There were arrangements to ensure that if a person did not have anyone to support them they would be assisted to make major decisions by an Independent Mental Capacity Act Advocate. These healthcare professionals support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care.

The registered manager was knowledgeable about the Deprivation of Liberty Safeguards. We noted that they had sought advice from the local authority to ensure the service did not place unlawful restrictions on people who lived there.

Good

Is the service caring?

Our findings

People and their relatives were positive about the quality of care provided in the service and we did not receive any critical comments. A person said, "The staff do lots of things for me and help me. I like them because they're nice." Relatives told us that they had observed staff to be courteous and respectful in their approach. One of them said, "I call there regularly and have never seen anything but kindness."

We saw that people were treated with respect and in a caring and kind way. Staff were friendly, patient and discreet when providing support to people. We saw that staff took the time to speak with people as they supported them. We observed a lot of positive interactions and saw that these supported people's wellbeing. For example, we saw a person being assisted to adjust the heating in their bedroom so that it was more comfortable for them to spend time on their own to use their computer.

Staff were knowledgeable about the care people required and the things that were important to them in their lives. They assumed that people had the ability to make their own decisions about their daily lives and gave people choices in a way they could understand. In addition, they gave people the time to express their wishes and respected the decisions they made. For example, people were supported to use the kitchen where they could make themselves a drink and be as independent as possible.

Relatives said that they were free to visit the service whenever they wanted to do so. One of them said, "It feels like one big family really. I know all the staff, they know me and I'm always welcome there. It's almost like an extended part of my own home."

Some people who could not easily express their wishes did not have family or friends to support them to make decisions about their care. The service had links to local advocacy services to support these people if they required assistance. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Staff recognised the importance of not intruding into people's private space. Most people had their own bedroom which they could lock shut when they were out. People who shared a bedroom were provided with privacy screens so they could be on their own if they wanted. Bedrooms were laid out as bed sitting areas which meant that people could relax and enjoy their own company if they did not want to use the communal lounges.

Bathroom and toilet doors could be locked when the rooms were in use. Staff knocked on the doors to private areas before entering and ensured doors to bedrooms and toilets were closed when people were receiving personal care. People could speak with relatives and meet with health and social care professionals in the privacy of their bedroom if they wanted to do so.

Written records that contained private information were stored securely and computer records were password protected. Staff understood the importance of respecting confidential information. They only disclosed it to people such as health and social care professionals on a need to know basis.

People received their mail unopened. Staff only assisted them to deal with correspondence if they had been asked to do so. People could choose to have a private telephone installed in their bedroom. As an alternative staff supported people to make and receive calls using the service's business telephone.

Good

Is the service responsive?

Our findings

People told us that they made choices about their lives and about the support they received. They said that staff in the service listened to them and respected the choices and decisions they made. A person said, "I'm always talking with staff who know just what I want." Another person who had special communication needs smiled and gave a thumbs-up sign when pointing to a member of staff who was supporting someone else nearby.

The registered manager said and records confirmed that each person's care plan was regularly reviewed. This was done to make sure that they accurately reflected people's changing preferences and needs so that staff had the information they needed to care for people in the right way. However, we found that the care plans were not written in a user-friendly way. This was because they used language that people who lived in the service would find difficult to understand. This shortfall reduced one of the means by which people could share with staff how well their care was meeting their need and wishes.

People said that staff provided them with all of the practical everyday assistance they needed. This included support with a wide range of everyday tasks such as washing and dressing, using the bathroom and managing their laundry. In addition, staff regularly checked on people during the night to make sure they were comfortable and safe in bed. A relative said, "In an unobvious way staff encourage the people to be as independent as they can be. Sometimes I've seen people wanting staff to do things for them which they can do for themselves and staff have quite rightly reminded them of this." Records and our observations confirmed that people were receiving all the practical assistance they needed.

Staff were confident that they could effectively support people who had special communication needs. We saw that staff knew how to relate to people who expressed themselves using short phrases, words and gestures. For example, we observed how a person indicated that they wanted to be assisted to return to their bedroom. They pointed towards a window in a communal area which the member of staff correctly understood to demonstrate that they wanted to go out for a walk. They then accompanied the person and by the time they returned the person was smiling and relaxed. Staff were able to effectively support people who could become distressed. We saw that when two people became involved in a minor disagreement staff followed the guidance described in the people's care plans and reassured them. They did this by pointing out that the dispute was the result of a misunderstanding which as soon as it was pointed out resolved the matter.

People said that they were provided with a choice of meals that reflected their preferences. We saw that people had been actively involved in deciding the sort of meals they wanted to have. A person said, "We have great meals and we all say what things we want to have." We were present when people had lunch and noted the meal time to be a pleasant and relaxed occasion. Some people received individual assistance to eat their meal.

Staff understood the importance of promoting equality and diversity in the service. They had been provided with written guidance and they had put this into action. For example, people had been supported to meet their spiritual needs. We saw that individual arrangements had been made so that people could attend church services for their chosen denomination. The registered manager was aware of how to support people who used English as a second language. They knew how to access translators and the importance of identifying community services who would be able to befriend people using their first language.

Staff had supported people to pursue their interests and hobbies. Most people chose to attend local day opportunities services where they could undertake a range of occupational activities. In addition, people had been supported to find jobs. For example, one person had been helped to find employment in a local catering business. People had been supported to enjoy other social activities. These included meeting their friends at local social clubs and being supported to go away on holiday.

The registered persons had a formal procedure for receiving and handling concerns. Each person who lived in the service and their relatives had received a copy of the procedure. Complaints could be made to the registered manager or to the registered provider. This meant people could raise their concerns with an appropriately senior person within the organisation. No complaints had been received since our last inspection. A relative said, "I have been given a copy of the complaints procedure but I've never looked at it. It's not that sort of place if I need to say something I just have a chat with the staff who just couldn't be kinder."

Requires improvement

Is the service well-led?

Our findings

Although there were systems to assess the quality of the service we found that these were not always effective. The systems had not ensured that people were protected against some key risks to their wellbeing and safety. We found problems in a number of areas that had not been identified before our inspection. These included shortfalls in the management of medication, the provision of training and the supervision of staff. Together, these shortfalls in the auditing process had increased the risk that people would not reliably receive all of the care they needed in a safe setting.

Although staff consulted with people informally other arrangements to enable people to contribute to the development of the service were not well developed. We noted that there were no meetings at which people could get together to speak with staff about how well the service was meeting their needs. People said that they would like to have meetings so that they could contribute to the development of their home. A person said, "It might be good to say what we think and talk about things that we like." This shortfall had reduced the registered persons' ability to consult with people so that the service could be developed and improved in the future.

People said that they knew who the registered manager was and that they were helpful. During our inspection visit we saw the registered manager talking with people who lived in the service and with staff. They had a good knowledge of the care each person was receiving. They also knew about points of detail such as which members of staff were on duty on any particular day. This level of knowledge helped them to effectively manage the service and provide leadership for staff.

Staff were provided with the leadership they needed to develop good team working practices. These arrangements helped to ensure that people consistently received the care they needed. There was a named senior person in charge of each shift. During the evenings, nights and weekends there was always a senior manager on call if staff needed advice. There were handover meetings at the beginning and end of each shift so that staff could review each person's care. In addition, there were periodic staff meetings at which staff could discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to care for people in a responsive and effective way. A relative said, "I'm very clear that the service is well run but in a quiet way like a family just gets on with things."

There was a business continuity plan. This described how staff would respond to adverse events such as the breakdown of equipment, a power failure, fire damage and flooding. These measures resulted from good planning and leadership and helped to ensure people reliably had the facilities they needed.

There was an open and inclusive approach to running the service. Staff said that they were well supported by the registered manager. They were confident that they could speak to the registered manager if they had any concerns about another staff member. Staff said that positive leadership in the service reassured them that they would be listened to and that action would be taken if they raised any concerns about poor practice. A staff member said, "It's always been absolutely clear that residents are our first concern and that if something wasn't right we have to speak up straight away."

The registered persons had provided all of the leadership necessary to engage the service fully with the local community. For example, arrangements had been made for local healthcare professionals to contribute to the operation of the service as part of their training. In addition, the registered persons had been informed about good-practice initiatives because they were members of organisations that provided advice. This had helped to ensure that people benefitted from staff being up to date with new good-practice guidance.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. 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 The registered persons had not taken appropriate steps to ensure that people were protected against the risks associated with the unsafe use and management of medicines. Regulation 12 (2) (g)