

# Forward Care (Residential) Limited

## Hill Farm

### Inspection report

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Sittingbourne  
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Date of inspection visit:  
03 August 2017

Date of publication:  
04 January 2018

### 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?

**Requires Improvement** 

Is the service well-led?

**Inadequate** 

# Summary of findings

## Overall summary

The inspection was carried out on 3 August 2017. Our inspection was unannounced.

Hill Farm is located on the outskirts of Sittingbourne and provides care and support for up to nine people who have a range of physical and learning disabilities. People had sensory impairments, epilepsy, limited mobility, behaviours which can challenge and difficulties communicating. Accommodation is set out over two floors with lift access to the first floor. On the day of our inspection there were six people with learning disabilities living at the home.

Hill Farm had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the home. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the home is run.

At our previous inspection on 16 August 2016, we found breaches of Regulation in relation to managing risks to people and the provider's monitoring systems. We also made recommendations about staff inductions, improving communication with relatives and displaying the service's rating. At this inspection we found that some improvements had been implemented; however there was a continuing breach found in relation to the governance of the service. Risks to people had been assessed and plans were in place to guide staff how to minimise the risks. The monitoring systems, including a variety of audits had identified some issues and action had been taken to address some shortfalls in this area. However audits had not identified issues found at this inspection. Communication with people's relatives had improved and we saw evidence of regular contact with people's loved ones.

Staff told us that they could contact the registered manager for support but they did not always feel supported by them and the providers. Staff were able to give their opinion but stated that they were not always listened to and their ideas were dismissed. The providers planned to sell the service which had resulted in a period of uncertainty and a number of staff vacancies which appears to have led to low staff morale. Staff told us they did not always feel there were enough staff to support people and our observations confirmed this. The registered manager increased the staffing levels at the service after the inspection. There was a shortage of drivers which limited their staff's to support people to go out. Staff tried to minimise the impact of this on people. We made a recommendation about this.

Staff were recruited safely and had an induction including the completion of the care certificate. The care certificate is an identified set of standards that social care workers work through, based on their competency. Staff completed basic training; however they did not have all the training required to meet people's needs. The registered manager sent us information about this after the inspection.

The registered manager and staff understood how the Mental Capacity Act (MCA) 2005 was applied to ensure decisions made for people without the relevant mental capacity were only made in their best

interests. The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). The registered manager had applied for DoLS authorisations in line with the legislation. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way. The registered manager had not always included all interested parties in best interest decisions. We made a recommendation about this.

People were supported by staff who knew them well and understood their support needs. One person at the service had English as a second language. They were supported by staff who spoke their first language and understood their cultural needs. Some people preferred to be supported by staff that were the same gender as them and this was accommodated. People were involved in deciding which foods were on the menu. They were supported to have a variety of foods which met their health needs and cultural preferences.

Staff understood their role in keeping people safe. They could tell us the different types of abuse they may encounter and who they would raise any concerns to both inside and outside the organisation. People's medicines were managed safely and in the way people preferred. People were supported to access health care as required and advice given by health professionals was followed.

People's care plans detailed people's needs and how they preferred to be supported. They included information about people's life history, likes and dislikes and who was important to them. Care plans showed what people could do for themselves and how they liked staff to support them. They contained 'communication passports' and details about how people would let staff know if they were upset or in pain. People had access to a variety of activities based on their likes and dislikes. However, these could be limited by a lack of drivers and staff availability. People had access to activities in their garden which they appeared to enjoy.

The registered manager had worked with people with learning difficulties for a number of years. They were supported by the providers and administrative manager. They worked closely with local health professionals and service commissioners. The registered manager agreed they would benefit from attending local forums for registered managers to update their knowledge and awareness of good practice.

There was an accessible format of the provider's complaints procedure in place. Monthly keyworker meetings were used to check if people were satisfied or dissatisfied with the service. No complaints had been received at the service in the last 12 months.

We found a continued breach and additional breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 at this inspection. You can see what action we told the provider to take at the back of the full version of this report. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

## 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.

Staff understood their responsibilities in regard to keeping people safe and how to recognise different types of abuse.

Risks to people and the environment were assessed and plans were put in place to guide staff how to minimise the risks.

Staff were recruited safely but there were not always enough staff to keep people safe. The registered manager took action after the inspection. However, there was no process in place to monitor staffing levels.

People's medicines were managed safely.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

Staff did not always have the support and training they needed to carry out their role.

People were given choices in an accessible way on a day to day basis by staff.

People chose a menu they liked and which met their cultural and health needs.

People had access to health professionals as required and any advice given was followed by staff.

### Is the service caring?

**Good** ●

The service was caring.

People were supported by staff who they had built positive relationships with and who knew them well.

Staff treated people with dignity and respect.

Staff understood how people communicated and gave people

lots of time to express themselves.

### Is the service responsive?

The service was not always responsive.

People's care plans were detailed and gave clear guidance to staff about how to support them in the way they preferred.

People had access to activities they enjoyed. We made a recommendation about access to transportation.

There was a complaints procedure in place; however no complaints had been received in the previous 12 months.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

Although staff worked towards the same vision they did not feel this was supported by the registered manager or providers.

Audits were completed to assess the quality of care and shortfalls were addressed. However they did not identify the shortfalls found at this inspection.

The registered manager was very experienced and sought out support from other professionals as needed. They agreed they would benefit from attending local manager forums.

**Inadequate** ●

# Hill 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.

This inspection took place on 3 August 2017 and was unannounced. The inspection was carried out by one inspector.

The registered manager had completed a Provider Information Return (PIR) in May 2017. 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 looked at the PIR, previous inspection reports and notifications we had received. Notifications are information we receive from the service when significant events happen, like a serious injury.

During the inspection we spoke with three of the people living at the service, the registered manager, administrative manager and four members of staff. We received feedback from other staff after the inspection. We also spoke to a visiting health professional who regularly visited the service to provide treatment.

We looked at documents including four care plans, medicines records, staff rotas, four staff files, audits, feedback questionnaires and minutes of meetings.

We observed people being supported by staff and we observed staff interacting with people. Some people were not able to describe their experiences of living at the service so 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.

The service was last inspected in August 2016, at that time there were breaches of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014.

# Is the service safe?

## Our findings

Staff told us how they ensured people's safety. One said, "If I was worried about one of the people we support I would go to the manager and the directors. If I still wasn't happy I would go to the local safeguarding team. I have no worries about raising it at all."

When we last inspected the service we found a breach in relation to managing risks to people, management of medicines and areas of the service smelling of urine. Restrictors had not been placed on windows which could have resulted in people gaining access to a busy road; one person had been seen moving furniture under the window. At this inspection, improvements had been made and this breach was now met. All the windows at the service had restrictors in place; risks to the environment had been assessed and action had been taken to minimise harm to people. Risk assessments relating to people's care needs were in place with guidance for staff about how to minimise the risks to people. For example, larger pieces of furniture had been secured to the wall to prevent them being moved. Regular health and safety audits had been completed and action had been taken to address any hazards identified. No smells were found at this inspection and the flooring had been replaced in the area observed at the last inspection.

People had personal evacuation plans which showed the support they would need to leave the service in the event of an emergency such as a fire. Regular checks were completed of the fire systems. Risk assessments had been reviewed and updated as required. Audits were completed on a regular basis these included health and safety of the environment and infections control. We saw that when issues were identified action had been taken to resolve the shortfalls. Water temperatures were monitored and were within acceptable ranges.

People received their medicines when they needed them. People's medicine was stored safely in the office. There were policies and procedures in place to make sure that people received their medicines safely and on time. The registered manager said that staff were only signed off as competent to administer medicines when they had completed the training and had been competency checked. We saw records of competency checks in staff files. Medicine Administration Records (MARs) were fully completed, showing people received their medicine as and when they needed it. We observed people being supported to have their medicines. Staff explained to people what they were doing and encouraged them to drink plenty of water with any tablets. People were given time and not rushed by staff.

Staff told us that they did not always feel there were enough staff on duty to keep people safe. We reviewed staff rotas, incident forms and people's care plans which indicated that a number of people required support from staff on a one to one basis due to their care needs, or the support they needed with behaviours which can challenge. On occasions incidents would require two staff to support one person; this was not accounted for in the staff numbers. There was a risk people would be left without the support they needed in order for staff to deal with a crisis situation. Records showed that on occasions this level of staffing was not provided. There was a cook at the service from Monday to Friday but not at weekends. This was not accounted for in the planning of staffing levels. On the weekend one member of care staff was expected to be in the kitchen, which meant there were not enough staff to meet people's needs. The reduced numbers of staff at the weekend limited people's opportunities to go out or take part in activities. We raised this with

the registered manager during our inspection and they agreed to review the staffing levels. After the inspection the registered manager sent us rotas with increased staffing levels and agency staff booked to fill any shortfalls. However there were no systems in place to monitor staffing levels and ensure staffing remained at a safe level.

The provider had failed to ensure that sufficient numbers to keep people safe. While the registered manager took action to address issues once we raised this to their attention at this inspection, this was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

People were supported by staff who were recruited safely. Written references were obtained and checks were carried out to make sure staff were of good character and were suitable to work with people. Disclosure and Barring Service (DBS) criminal records checks had been completed to ensure staff were of suitable character to work with people.

Staff were aware of the different categories of abuse and what their role and responsibilities were in protecting people from abuse. This included awareness of outside agencies to inform if there were any safeguarding concerns. Records showed that staff had received appropriate safeguarding training and had access to the provider's and local authority policy and procedure on safeguarding adults. Safeguarding incidents had been reported to the relevant agencies when they had occurred and the registered manager had taken appropriate action.



## Is the service effective?

### Our findings

People smiled when they were given their meals and some people sat together to eat. Staff gave some people choices about what they wanted to eat and asked if they wanted to go out shopping in the afternoon.

At the last inspection we made a recommendation about staff induction when beginning to work at the service. Some staff had not been given the support they needed to complete their care certificate, which is an identified set of standards that social care workers work through based on their competency. The registered manager had also failed to sign off staff as competent before they worked independently. There was no consistent approach to staff inductions and staff did not have sufficient time shadowing experienced staff. The registered manager had not worked in line with the provider's policy. At this inspection improvements had been made. New staff had support to complete their care certificate and we saw that competency observations for staff had been completed. Staff had worked alongside experienced staff and had discussed in their supervision meeting any concerns or areas where they needed support prior to working independently.

Staff had completed training in core subjects such as safeguarding and first aid. They had also previously had training in subjects related to people's needs such as supporting people whose behaviour can challenge. Some of this training was not completed for a long period of time; this resulted in experienced staff not receiving refresher training as needed and new staff not having access to the training. Some people's care plans stated that at times of crisis they may need staff to support them using distraction, redirection or physical interventions. However, the lack of staff training in this area meant there was a risk staff would support people inappropriately, make the behaviour worse or physically hurt people. The registered manager stated that staff would benefit from additional training in this area. After the inspection the registered manager sent evidence of training courses which had been arranged within the next two months.

Staff told us they had one to one supervision sessions with their line manager. Although these were held in line with the provider's policy, staff told us they would like to have supervision more regularly. The registered manager told us they felt they were available to staff between supervisions but they agreed to raise this with the provider and review the policy. Supervision records we saw showed that staff had the opportunity to raise concerns. However action was not always taken to address or resolve issues raised by staff members. Staff had previously raised concerns about the staffing levels and lack of drivers on shift. Although these concerns had been recorded no action had been taken to address the concerns and staff were not given any response or resolution.

The provider had not ensured that staff had all the training and support they required to carry out their role. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the staff were working within the principles of the MCA and whether any conditions and authorisations to deprive a person of their liberty were being met. Staff had received MCA and DoLS training and had a good understanding of how it impacted on their role. Some best interest meetings had been held with people's loved ones if people needed help to make a specific decision. However, we found the registered manager had not always included all interested parties in best interest decisions.. Any decisions made on behalf of people had been made in people's best interests. The registered manager had assessed people's capacity when needed and had applied for DoLS authorisations to make sure that any imposed restrictions were authorised and lawful.

We recommend that the registered manager follows guidance in relation to making best interest decisions.

People were supported to make decisions for themselves when possible. Staff knew people well and used this knowledge to communicate choices to people in a way they understood. Staff were patient with people and gave them time to consider that they wanted. During the morning we heard staff giving people a choice of what shoes they wanted to wear and what they would like for breakfast. Staff asked people before supporting them with personal care or cutting up their lunch and waited for people to reply. They told us, "You always assume people have capacity and if they are assessed not to, then you work in the way that is in their best interests."

People had access to food they enjoyed and which met their health needs. Some people had been supported to lose weight successfully following the advice of their GP and a dietician. When people wanted something that was not on the menu they were supported to have it. At lunchtime people and staff sat together to eat and chat. One person did not want to eat the meal they had been given, staff immediately asked them if they would like something different. The person requested a ham sandwich which staff made for them and which they seemed to enjoy. When people at the service had cultural needs relating to their food these were catered for. We found one person was supported to access local restaurants which made foods to meet their needs. Staff had also put together a menu of foods and recipes for the person to be made by the cook. The person's care plan identified that on occasions they liked to eat certain foods with their fingers as this was usual in their culture. Staff were all aware of this and supported the person to do this when they wanted to.

When people needed access to health professionals this was responded to quickly. On the day of the inspection a chiropodist was making a regular visit to care for people's feet. Staff encouraged people to see the chiropodist; some people could become anxious about this. We heard staff singing songs to people and getting them to join in to distract them. They also reassured people that the treatment "would not hurt and it would all be fine". With the support of staff all of the people at the service completed their treatment. When advice was given by health professionals this was added to people's care plans and followed by staff. A psychologist who had been asked to help staff support a person whose behaviour could challenge had written to the service to praise the work staff had done and the progress the individual had made as a result.

Each person had a 'health passport' in case of a visit to hospital. This had been written with the person and gave important information such as how they person wished to communicate, any things which could cause anxiety and how to reassure the person. It also detailed any allergies and what medicines the person was

taking.

## Is the service caring?

### Our findings

Staff knew people well and had built positive and caring relationships with them. Throughout the inspection people approached staff and held their hands or hugged them. People could be heard laughing with staff. When people used signs or facial expressions to communicate, staff recognised what they were trying to communicate. One staff member told us, "With [person] they will tap the seat next to them if they want you to come and sit with them."

People had a choice in who supported them and this was reflected in their care plans. One person would only engage with male staff who shared their cultural background. They had a dedicated team of staff which met these criteria and who could speak to the person in their first language, which was not English. This was especially important if the person was distressed as it was found their native language helped them to calm down more quickly.

Other people would seek out staff they got on well with and would spend time with them. One person liked to spend time with the senior support worker and would sit in the office with them whilst they carried out their work.

People had keyworkers, who supported them to be involved in their care plans and to choose goals to work towards. A keyworker is a named member of staff who takes a lead role in communicating with the person and the staff team. People were offered a meeting with their keyworker monthly and a monthly keyworker report was completed. These recorded any activities people had participated in, their current health and any changes in their support needs. When suitable these reports could be shared with people's loved ones to keep them up to date.

Each person's bedroom was unique; people were encouraged to choose the colour of their room and art or decorations for the walls. There were pictures of relatives and friends alongside pictures of people taking part in activities. Some people had keys to their own room which they were supported by staff to use as needed. Staff encouraged people to do as much as they could for themselves. We heard staff prompting people to complete part of tasks, one staff member was heard saying, "You do that bit and I will help you finish it off." People were not rushed and staff let them lead the pace.

People had 'communication passports' in place which informed staff how they preferred to communicate and what certain actions meant. They also had a 'distress passport', which detailed how staff would know if the person was unhappy or feeling unwell and the best ways to support them, including activities they found calming and things to avoid.

People's confidentiality was maintained, staff understood the need for this and records were stored securely.

## Is the service responsive?

### Our findings

People received the care they needed and staff were responsive to their needs. On the day of the inspection some people spent time in the garden on the swing and in the afternoon people went to the local town to do some shopping and have a cup of tea.

At the previous inspection we made a recommendation around communication with relatives and the lack of response to concerns raised. At this inspection we found that improvements had been made. We saw regular emails between people's loved ones and staff, and records of phone calls. Where relatives had requested information this had been given.

Before people moved into the service their needs were assessed involving the person, their loved ones and local authority case manager if appropriate. Once it was agreed the service could meet their needs, the information gathered was used as the basis for their care plan.

People's care plans gave staff clear guidance around how people preferred to be supported and the level of support they needed. One person had recently had a period of ill health which had led to a change in their needs. Their care plan had been updated to include a time line of their health, any professional input and their current support needs.

People's plans contained details such as, how they preferred to be supported with their personal carer and if they preferred a bath or a shower. They also gave staff a daily routine for people including what they could do and what staff needed to do for them. There was guidance for staff about the way people preferred to be prompted and things they didn't like. People's care plans also included a life history and who was important to them. When people presented behaviours which can challenge there was guidance for staff about how to support them to stay safe and calm. There were details such as what could trigger behaviours and what activities could distract the person, such as offering people the opportunity to spend time in the garden, on the swing or in the sensory room.

People's care plans contained information about activities they enjoyed and activity planners. The planners were in pictorial form and showed regular activities which people took part in. Some people had access to their own adapted car and there was a minibus for everyone to use. Staff told us that activities using the vehicles could be limited due to the lack of drivers. We discussed this with the registered manager who agreed this was an issue and told us they were looking to recruit more staff who could drive. Some people could use public transport with the support of staff. However, some people could only use private vehicles to go out due to risks relating to behaviours which can challenge. Staff worked with the number of drivers they had to minimise the impact to people. When there were no drivers available staff would increase the number of in house activities to keep people engaged. On the day of the inspection the senior member of staff transported some people with staff into town before returning to take other people out themselves. Staff told us, "We do our best to get people out and about but it can be a struggle" and "I always try to make sure that when I am here people go out as I know I am one of only a few drivers. I don't like to think of people being stuck indoors."

We recommend the provider reviews their staffing to ensure people have access to transportation as required.

The garden had a range of activities for people, which we saw them using and one of the bedrooms had been turned into a sensory room. There was specialist lighting and other sensory equipment for people to use. We saw people using the swing in the garden, they were smiling and relaxed. Staff engaged people in arts and crafts which some people enjoyed. Staff would listen to music with people and were dancing and singing with them which made people smile. When people returned from their trip out they nodded and smiled when we asked them if they had enjoyed themselves.

There was a complaints procedure in place including an easy read format. No complaints had been received in the past 12 months. People's care plans included a copy of the easy read format alongside information about how the person would let staff know if they were unhappy if they could not access or understand the complaint procedure.

## Is the service well-led?

### Our findings

Staff told us that they did not always feel supported or that their opinions were valued. The providers were planning to sell the service which staff told us made them feel uncertain and had affected staff morale. Care staff worked as a team to provide care to people which promoted independence and gave people a say in their care. They told us that they did not feel the provider had the same vision for the service.

At the last inspection in August 2016 there was a breach of regulation relating to overall monitoring of the service. Audits had been completed but actions had not always been completed within agreed timescales. Policies had been reviewed but audits had not identified when the service was not working in line with the providers policies. Medicines audits had not identified issues relating to gaps in recording. At this inspection we found that some improvements had been made, however other issues were identified.

Audits were completed by the registered manager, provider and the administrative manager. These included audits of the environment, infection control, health and safety and information relating to people such as care plans and medicines records. Where issues had been identified action had been taken to resolve the shortfalls in a timely fashion. Actions plans were put in place to schedule improvements which would take longer to achieve or had a financial implication. The registered manager and administrative manager worked together to ensure progress was maintained on longer term actions. However the audits had not highlighted the issues we found at this inspection, in relation to training needs and staff support. Staff told us that they had raised with the registered manager that they felt there were not enough staff on duty each day and especially at the weekends. The registered manager reported that she had raised this with the providers who had stated the staffing levels should remain the same. After we raised our concerns during this inspection, the staffing levels were increased.

Staff also felt they did not have support from the registered manager or providers following incidents of challenging behaviour when they had been injured as a result. One staff member said, "I got quite badly attacked and there was very little support except from my senior. I wasn't offered the chance for any time out or the opportunity to go home. I wasn't asked if I needed anything or even how I was feeling." Other staff told us they tried to support each other as they had similar experiences.

The registered manager had worked at the service for a number of years. They recognised that changes to the service had affected staff in a negative way. While staff told us that they could approach the registered manager and would give her their opinion about different aspects of the service, they often felt this was dismissed and not taken seriously. They told us they did feel supported by the senior care staff. Staff told us, "You get to the point where you stop raising things as it makes no difference. The care staff work really hard to give people the best life they can but it is frustrating when the people above you don't seem interested."

The provider and registered manager had failed to assess, monitor and improve the quality and safety of the service and to mitigate risks. This was a continued breach of the Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the previous inspection we made a recommendation relating to the display of the services rating. It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the entrance hall and on their website.

The registered manager did seek support from local health care professionals and service commissioners to increase her knowledge and seek advice. She agreed she would benefit from attending local registered managers' forums to keep up to date with good practice. The registered manager had notified the Care Quality Commission of important events as required. Documents and records were up to date and readily available and were stored securely.

Relatives were asked for their views on the service and any ideas for improvement. Their responses were collated and reviewed for any learning. The most recent surveys were very positive and had no suggestions for improvements. Feedback from health professionals highlighted the approach and commitment of the care staff to people at the service and the way this benefited the people they support.



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 18 HSCA RA Regulations 2014 Staffing  The provider had not ensured that staff had all the training and support they required to carry out their role. The provider had failed to ensure that sufficient numbers to keep people safe.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider and registered manager had failed to take appropriate action to improve the quality of the service.

**The enforcement action we took:**

warning notices