

William Blake House Northants Farm Cottage

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Farm Cottage is a residential care home providing accommodation and personal care for up to five people. The service provides support to people with a diagnosis of learning disabilities and/or autistic spectrum disorder. At the time of our inspection there were five people using the service.

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

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

Right Support:

We have made a recommendation about mental capacity assessments and decisions. Some restrictions regarding food and equipment had been placed on people without the appropriate consideration of people's choice or clear documentation on the rationale these restrictions were imposed.

People were mostly supported to have choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff supported people with their medicines in a way that promoted their independence. However, suitable records were not kept regarding the contraindications of one person's medication, which was provided in a drink.

Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life.

The service worked with people to plan for when they experienced periods of distress so that their freedoms were restricted only if there was no alternative.

The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs.

The service made reasonable adjustments for people so they could be fully in discussions about how they received support, including support to travel wherever they needed to go.

Right Care:

Risk assessments and care plans were in place. However, some were insufficiently detailed to ensure staff

had all the information required to provide safe care. However, staff knew people well and the service had a consistent staff team.

Staffing levels were not always consistent regarding the number of staff available to support people to have choice and control of outings and activities. However, staff were recruited safely and received an induction and training programme to ensure they had the skills required to support people. The provider was in the process of recruiting suitable candidates with the right values.

Unexplained injuries had not always been investigated to identify any potential causes so that strategies could be implemented to reduce the risk of reoccurrence.

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care.

People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. People who had individual ways of communicating, using body language, sounds, Makaton (a form of sign language), pictures and symbols could interact comfortably with staff and others involved in their treatment/care and support because staff had the necessary skills to understand them.

Right Culture:

Systems and processes to ensure the management team had oversight of the service and could make improvements were not always effective. Audits completed on records did not identify the concerns found on inspection.

Feedback from people, relatives and staff was not always service specific. However, the staff updated people and their relatives on significant events and any changes required in the care and support they received.

People and those important to them, including advocates, were involved in planning their care.

Staff felt support and listened to by the management team. Staff felt able to raise concerns and make suggestions.

The provider had a clear vision and ethos that people, relatives and staff understood.

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

Rating at last inspection

The last rating for this service was outstanding (published 20 February 2018).

Why we inspected

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

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

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from outstanding to requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Farm Cottage on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to risks and oversight at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Farm Cottage

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

Inspection team

The inspection was completed by two inspectors.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post. However, a manager had been appointed and was in the process of registering with CQC.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used information gathered as part of monitoring activity that took place on 28 June 2022 to help plan the inspection and inform our judgements.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We communicated with three people who used the service and four relatives about their experience of the care provided. People who used the service who were unable to talk with us used different ways of communicating including using Makaton, pictures, photos, symbols, objects and their body language. We observed interactions between staff and people on both inspection visits.

We spoke with seven members of staff including the home manager, health and safety manager, deputy care manager, team leaders and care workers.

We reviewed a range of records. This included four people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement: This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Unexplained injuries were not always investigated to identify a cause to reduce the risk of reoccurrence. This put people at risk of abuse and improper treatment.
- Some people had restrictions put on their daily lives without clear documentation on the reasons or risks associated with these restrictions. For example, we found one person's diet had been restricted, and we found no evidence of the rationale for this restriction. We found two people had devices in place to listen when they were in their bedrooms. However, the rationale recorded was conflicting regarding the reason. This put people at risk of unauthorised and inappropriate restrictions. The manager agreed to review and ensure restrictions were appropriate.
- Risk assessments had not always been completed to identify the strategies required to keep people safe from harm. For example, risk assessments had not been completed for known risks regarding food, bathing, and known health conditions. However, the staff knew people well and understood the risks.

The provider had failed to assess the risks to the health and safety of people using the service. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider helped keep people safe through formal and informal sharing of information about risks. Staff managed the safety of the living environment and equipment used through checks and action to minimise risk. For example, fire procedures and water temperatures were regularly checked.
- Staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe. Relatives told us they felt people were safe.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found aspects of the service were not working within the principles of the MCA. For example, we found no mental capacity assessments or best interest meeting regarding restrictions on food or for completing specific personal care tasks.

We recommend the provider consider current guidance and reviews all mental capacity assessments and best interest meeting decisions to ensure all conclusions are recorded and evidenced.

- Mental capacity assessments and best interest meetings that had been completed, were detailed.
- Appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- Staffing required improvement. The rota evidenced on some days there were not enough staff deployed at the service to ensure people had the choice and control to go out as they chose, due the need for two to one staffing.
- Staff were recruited safely. The provider completed pre-employment checks such as references and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.
- Staff induction and training processes promoted safety. Staff knew how to consider people's individual needs, wishes and goals.

Using medicines safely

- Processes to assess and provide the support people needed to take their medicines safely needed reviewing. When a person received their medicines covertly (hidden in food or drink), we found no information or agreement regarding the effects or risks of covert medicines being administered. The manager agreed to implement this immediately.
- The provider ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both).
- Staff reviewed each person's medicines regularly to monitor the effects on their health and wellbeing and provided advice to people and carers about their medicines.
- People were supported by staff who followed systems and processes to administer, record and store medicines safely.

Preventing and controlling infection

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

Visiting in care homes

- The provider followed government COVID-19 guidance on care home visiting. Visitors were given appropriate PPE.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff made every attempt to avoid restraining people and did so only when de-escalation techniques had failed and when necessary to keep the person or others safe. A plan was in place to reduce restrictive intervention

Learning lessons when things go wrong

- People received safe care because staff learned from safety alerts and incidents.
- The provider managed incidents affecting people's safety. Staff recognised concerns and incidents and reported them.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Some care plans and risk assessments held conflicting or missing information within them. For example, the levels of staffing required to keep them safe or risks associated with specific tasks. However, relatives told us they had been involved in sharing information and reviewing care planning documents.
- Goals and outcomes were not consistently recorded to evidence how these would be achieved. However, relatives told us staff supported people to reach their goals.
- Staff were matched with people to ensure people's preferences and needs were met and appropriate staff were available to support them.
- People learnt everyday living skills and developed new interests with staff who knew them well. We observed people making food and drinks with staff support.
- The provider met people's needs related to protected characteristics.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Records evidenced people were supported to go out daily. However, we received mixed views regarding people being supported to participate in their chosen social and leisure interests. One relative said, "[Person] did not go out, always refused, now [person] is going trampolining, swimming and to the café." However, other relatives told us they were not confident staffing levels were sufficient at times to support people to access activities and hobbies they requested.
- Cultural, spiritual and religious activities were supported fully by staff.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff ensured people had access to information in formats they could understand. We saw information translated into pictures, symbols and visual clues.
- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations. One relative told us, "[Person] has their main communication aid, they (staff) all know how to use it with [person]."
- Staff were trained and skilled in using personalised communication systems.

Improving care quality in response to complaints or concerns

- Systems and processes were in place to record, report and action any complaints received. Relatives told us they knew who to speak to if they had a concern or complaint.
- The provider treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service.

End of life care and support

- At the time of the inspection, the provider was not supporting anyone who required end of life support. However, people had end of life plans in place.
- The manager told us that if anyone required end of life support, they would ensure all staff had the appropriate training and support and they would liaise with the appropriate health care professionals.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question outstanding rating. At this inspection the rating has changed to requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service did not have a registered manager. However, a manager had recently been recruited and was in the process of implementing changes and making improvements. The changes had not been embedded into practice at the time of our inspection.
- Systems and processes were not effective in ensuring staff had all the information required to support people safely. For example, when care plans or risk assessments contained missing or conflicting information.
- Systems and processes were not effective in ensuring information was consistently recorded to ensure accurate and complete records were kept. Handover records, daily notes and behaviour records did not always correlate. For example, we found behaviour charts which evidenced episodes of emotional distress, however, the daily notes and handover stated the person was calm and happy all day. (Staff used handovers to ensure information was passed on to other staff.)
- Systems and processes were not in place to identify potential abuse. Records did not always record the cause of the injury. Investigations for unexplained injuries to establish a cause or to put mitigating strategies in were not always in place. This put people at increased risk of abuse.
- Systems and processes were not in place to ensure the provider followed best practice guidance in relation to mental capacity assessments and identifying the best outcome for the person supported, in some decisions.
- Systems and processes were not in place to continually review agency training records. We found agency profiles which did not include any evidence of breakaway training and some training appeared out of date.

The provider had failed to ensure adequate systems and processes were in place to assess, monitor and improve the quality and safety of the care provided. This was a breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- The provider sought feedback from people and those important to them by way of annual surveys and review meetings. However, the annual survey was completed across multiple homes and we found no evidence of analysis being completed to look for trends and patterns on individual services.
- There were no formal listening events for family and friends to share their views and discuss issues with

staff. One relative told us, "We don't have invites to social events within the home. We feel discouraged to meet with other families." Another relative told us, "The changeover between managers has made communication difficult." However, we saw evidence of regular contact between staff and relatives to share information.

- Relatives were informed of significant events. Relatives told us staff kept them informed of important life events.
- The management team were engaged and open to the inspection process and remained open and transparent throughout.

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

- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say.
- Managers worked directly with people and led by example.
- Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture.
- Staff knew and understood the provider's vision and values and how to apply them in the work of their team.
- Staff were able to explain their role in respect of individual people without having to refer to documentation

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and managers understood their responsibility under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support and truthful information.

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 The provider had failed to assess the risks to the health and safety of people using the service
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure adequate systems and processes were in place to assess, monitor and improve the quality and safety of the care provided.