

TLC Care Homes Limited

Blamsters Farm

Inspection report

Mount Hill
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

Blamsters Farm is a residential care home that provides accommodation and support for up to 31 people who have a learning disability and or autistic spectrum disorder.

The service is made up of two larger properties and five smaller houses spread across the grounds. At the time of the inspection there were 30 people living at the service.

The service was a large site and it was registered for the support of up to 31 people. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design being separated into more domestic style houses across the site. The service followed the principles to reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

At the last inspection we found the service did not have effective systems in place to assess and monitor the environment and ensure people were kept safe from harm. Where problems had been identified it was not always clear to see the action that had been taken to rectify the issue. We were concerned that hot water temperatures posed a potential risk to people that were vulnerable and action to mitigate were not effectively in place. At this inspection effective systems were in place and water temperatures were monitored and action taken when temperatures were outside of the recommended temperatures.

Staff focused on providing person-centred care to enrich people's lives and support them to promote their wellbeing. They were supported by staff who overcame barriers to people's participation in activities which were socially important to them. Relatives and professionals described people's care in a positive way, telling us people experienced new skills and experiences through the support of staff. Care plans supported staff to provide extremely personalised care to people.

People were protected from abuse. Staff understood how to recognise and report any concerns they had about people's safety and well-being. There was enough staff to keep people safe. Staff were visible throughout the day and they responded to people's needs in a timely way. Risks to people health and well-being were assessed and mitigated. People's medicines were managed safely.

Staff had access to relevant training and regular supervision to equip them with the knowledge and skills to care and support people effectively. Nutritional needs were met, and people were supported to access healthcare services if they needed them. People's health needs were closely monitored and any changes to their needs were immediately reflected in their care plans and the care they received. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People were comfortable and relaxed when interacting with staff and they were happy to ask them for help or support. People's privacy and dignity was protected. When people had specific needs about eating and drinking, these were met. Staff demonstrated a good understanding of the people living there and created opportunities for maximising their independence and life skills. Staff worked in partnership with other social care and health care professionals to ensure people received the support they needed.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

A range of audits and checks helped ensure service quality was maintained and areas for improvement identified. Learning was shared with staff and used to develop the service.

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

The last rating for this service was good (published 04 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service is caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well led.

Our details are in our well led findings below.

Blamsters Farm

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 Care Act 2014.

Inspection team

The first day of the inspection visit was completed by two inspectors and an Expert by Experience. The second day was completed by one inspector. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Blamsters Farm is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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

During the inspection

We spoke with two people who used the service however due to people's limited communication skills we

spent time observing people with their staff team.

We spoke with eleven members of staff including the registered manager and another manager also about to register and the area manager. 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.

We reviewed a range of records. This included three 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 quality audits, maintenance records, and training information.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training and contacted four relatives.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. The provider had a safeguarding policy in place. Staff had received regular training in safeguarding and were confident to identify and report any safeguarding issues if necessary. A staff member told us, "I would report straight to the residential care co-ordinator but if I was not happy I would go to CQC."
- Safeguarding was a discussion item at every team meeting and the provider had devised quizzes and handouts on this subject to monitor and update staff knowledge.
- A relative told us, "My [family member] is now settled and very happy. I can now go away knowing they will be safe."

Assessing risk, safety monitoring and management

- Risks to people had been considered and assessments were in place. Plans included how to encourage positive risk taking, enabling people to live life to the full. For example, people were using a cabin and wood store in the grounds including using tools to cut and prepare the wood.
- People whose behaviour sometimes challenged themselves, others or staff had detailed positive behavioural support care plans and risk assessments in place to ensure they were supported in line with best practice.
- The service focused on trying to understand people's behaviour and work out what they were trying to communicate.
- Staff received first aid and fire awareness training, so they could support people safely in an emergency. Staff carried radios on their person should they require additional support in a crisis, so support could be provided from other staff in different areas of the site.
- Health and safety checks were completed in the property on a regular basis. Documentation was seen evidencing the relevant checks had been completed. At the previous inspection hot water temperatures posed a potential risk to people that were vulnerable and action to mitigate were not effectively in place. At this inspection effective systems were in place and water temperatures were monitored and action taken when temperatures were outside of the recommended temperatures.

Staffing and recruitment

- Whilst there was some staff turnover a stable group of experienced staff provided good continuity of support for people.
- There were enough staff on duty to support people safely and in a timely manner. The registered manager carried out regular reviews of people's needs to determine staffing levels. A staff member said, "Our care co-ordinators will help if we have any shortages that cannot be covered. We are not left understaffed if they can avoid this."

- Staff were supported 24 hours a day with an operating on call manager.
- The provider carried out comprehensive background checks on staff before they started work. These included checks on their qualifications and experience, reviews of their employment history, references, criminal records, proof of identification and the right to work in the United Kingdom.

Using medicines safely

- The provider had a medicines policy and procedures which gave staff guidance on how to support people to manage their medicines safely.
- Staff managed medicines safely and kept accurate medicines records.
- Staff had guidance about people's preferences of how they took their medicines, including information about any known allergies and medicines prescribed to be taken 'as required'. Some 'as required medicines required staff to request permission from senior staff prior to administration to ensure it was necessary.
- One person's information recorded, "Medication to be placed in separate pots. Large tablet to be taken first. Able to tip own pot when taking meds."
- The service applied the principles of STOMP which aims to stop the overuse of anti-psychotic medication for people with learning disabilities or mental health conditions.

Preventing and controlling infection

- People were protected from the risk of infection. Staff received training to prevent and control the spread of infection and demonstrated a good understanding of best practice guidance.
- Staff had a supply of protective equipment such as aprons and gloves and were seen to use these when required.

Learning lessons when things go wrong

- The service had identified an increase in medication errors across the service after moving to new patient pack dispensing. They requested support from other relevant professionals such as an external pharmacist to review their current processes. An action plan was put in place and additional competencies were provided to establish staff knowledge and competence.
- Staff understood how to respond to accidents and incidents to keep people safe, records were maintained and monitored and analysed by the registered manager to identify trends and patterns and inform changes in staff practice.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff carried out an assessment of each person's needs to see if the service was suitable and to determine the level of support they required.
- Support plans were developed that were outcome focused so each person had goals to aspire to and achieve, to improve their quality of life.
- Where one person had specific cultural needs, these were recognised by staff who supported the person.

Staff support: induction, training, skills and experience

- People were supported by staff who had received an induction and ongoing training and support, individual to their specific care needs. Staff received regular opportunities to discuss their work, training and development needs.
- A buddy process was in place to ensure peer support, the service recognised personalised support and guidance was essential to new starters.
- Staff were positive about the support they received. A staff member said, "The training is good, we do some practical training and some booklets as refreshers. One person had a particular concern, so we went to the local hospital for extra training."
- The training program included all mandatory subjects, but also includes specialist subjects relevant to the service, such as autism, positive behaviour support and Makaton [sign language]. One person that used the service was about to take over the training for new staff in Makaton. The registered manager told us, "They will be supported by a staff member to deliver this training to all new staff."
- Training on specific health related concerns are also covered where required, such as epilepsy and diabetes.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutrition and hydration needs were assessed, monitored and met in accordance with their individual care needs.
- People received appropriate support to eat and drink. For example, staff sought advice from speech and language therapist (SALT) about food and drink texture, correct positioning and the use of equipment. Staff followed the guidance. We observed one person was offered two choices and staff were very good at communicating. Staff member sat with [person] during the meal. They ate independently but was guided by the staff member to not have very large bites. The interaction was very positive and [person] enjoyed the lunch they had chosen.
- People who needed support with meal preparation were given choice and had access to enough food and drink throughout the day. One person had brought their scrambled egg on toast into the lounge area. They

were keen to tell us they were happy living at the service, staff were nice and helpful, and they enjoyed the food.

- A working well was created as part of the site and during hydration and nutrition week people from other services were invited to a fruit and vegetable smoothie party. The well was filled with fruit and bottled water which was given out to all.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked with other professionals to provide appropriate care and treatment to people. Staff had drawn up care plans when external professionals had diagnosed people's health conditions.
- Staff supported people to attend health appointments and communicated with the relevant learning disability liaison nurse to ensure the service met the needs of the person involved.

Adapting service, design, decoration to meet people's needs

- The service was on a large site with smaller domestic style properties across the site. Each house was staffed individually, and staff tried to match people's needs to specific houses.
- A complete refurbishment was taking place at the time of our inspection and staff had tried to minimise any disruptions by taking people on holiday or out while major work was planned.
- People's bedrooms were decorated to reflect their personal preferences and personalities in terms of colour and design. One person had air conditioning fitted specifically to meet their needs.

Ensuring consent to care and treatment in line with law and guidance

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

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where restrictions on people's liberty were in place, appropriate DoLS applications had been made. This ensured people were not deprived of their liberty unlawfully. Where applications under DoLS had been authorised, we found the provider was complying with the conditions applied on the authorisations.
- Records showed people's mental capacity had been assessed where people were found to be unable to make a specific decision. A relative told us, "We are consulted, and the service have a really good understanding of the court of protection process."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well treated. People and relatives said they found staff very supportive. They spoke positively about the overall kindness and caring attitudes of staff. One person told us, "I am really happy here. I want my own place soon that's my dream and they are all helping me. They are like family the staff – always helpful – that's why I wanted to come back." A relative told us, "It is a wonderful place with wonderful staff."
- Staff spoke positively about providing high standards of care. They supported people as individuals and respected their individual needs, choices and preferences. One staff member told us, "I love it, I really enjoy my work. I key work [person] and it is great to see [person] and the other guys do something they have not done before, it is a real boost, to see them smile and be happy." Another staff member said, "The people I work with, they all have their own personalities, we have a laugh and a chat. I love them to bits."
- People lived in a caring and nurturing environment where their individual needs, personalities and wishes were at the centre.
- The registered manager was confident any needs associated with people's protected characteristics would be met. Policies were in place that highlighted to staff the importance of not discriminating against people and treating them equally. Staff received equality and diversity training to raise awareness.

Supporting people to express their views and be involved in making decisions about their care

- The registered manager and staff ensured people were involved in making decisions about their care where they could. This was recorded and noted in care plans.
- Where people needed additional support to express their views about their care, their relatives and health and social care professionals were involved. This was to ensure the care and support the person received was appropriate.

Respecting and promoting people's privacy, dignity and independence

- Staff maintained people's privacy and dignity when they provided care and support. They closed curtains and doors before supporting people to wash or dress and ensured they remained covered wherever possible. A staff member told us, "[Person] takes a long time to get in the bath but will get out naked. I make sure everyone knows not to come in. We then do their personal care in the order they like it. The doors are closed with towels round people when needed."
- People were encouraged to remain as independent as possible. A staff member said, "[Person] helps around the house, they take their laundry and load the machine. They need lots of encouragement."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People received opportunities to participate in a wide range of social and recreational activities. These were based on people's own interests, hobbies and pastimes and staff were creative and resourceful in promoting social inclusion.
- An outside work space had been built by staff and people that used the service which included a wood store, barbecue area, vegetable plot and compost area. When we visited this area one person was cutting wood and another person working to clear leaves. One person was proudly telling us about their involvement and another person brought us vegetables they had just picked. Staff used the plot to promote friendships and identify learning opportunities for people that used the service. Staff told us for one person this project has significantly improved their learning, fine motor skills and improved their confidence. The physical exercise has also resulted in them losing weight to improve their health. A visiting professional had left a comment which recorded, "The chance to maintain and develop physical and motor skills whilst benefiting from this pro-active support style is amazing."
- One person said "I like cutting wood and logs for the BBQ. I collect the wood. I help with the vegetables. We grow courgettes and peppers and water them. All of the colour peppers I like to eat but not peas and carrots."
- The service had worked hard to identify initiatives and opportunities to enable people to feel like part of their community. The poppy project involved people and staff making and painting poppies from recycled bottles which were displayed for the local community to view.
- A social event was planned in a local community hall to raise money for a cancer charity.
- People attended a variety of events and activities within the local community such as trampolining, cinema, dance college, fishing, crabbing and golf. A relative said, "I know how hard it is to take [person] out sometimes but they all seem to do a very good job of it."
- One relative told us how staff went above and beyond to support their family member with a planned operation. The relative said, "We all worked together to make this work. Staff were very caring and brilliant at getting the nurses to come in and take blood which was done slowly over a period of time and with success. We worked out a plan together and everyone had a part to play to make it work and it was successful."
- People received care and support that was exceptionally person-centred. Support plans were detailed and included guidance from other professionals. A healthcare professional had recorded, "Many members of your team I have found to be dedicated, caring and putting the person-centred approach at the heart of the care and support they provide."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager and staff had been creative in ensuring all the information available to people about the service was fully accessible to them and in formats such as words and pictures to help them fully understand the meaning of the information.
- A relative told us, "I have been in to help with staff training and understanding of [family members] communication. Although staff are trained you must know [family member] to understand what they are trying to say. Staff have started to understand my [family member]."
- Staff had developed a great understanding of people by interpreting their body language, gestures, behaviours and vocal sounds. We spoke with one person and the staff member sat with us to help interpret if it was needed. The staff member said, "It can be difficult if you don't know [person]." The staff member let [person] listen and answer the questions and when necessary they stepped in to 'translate'. Although the person had a good understanding of our questions their verbal communication was very difficult to understand. The staff member sensed when [person] was getting anxious with being unable to fully convey their answers. The staff member asked [person] to repeat and sign, gave them options to agree and once asked them to use their spelling sheet to spell out a word we could not understand.
- Another person who had not spoken outside of their family home, joined the service in December 2018 and had difficulties communicating their needs to the staff team which heightened their anxieties. A staff member they felt comfortable with worked with them on a 1:1 basis. Through patience and kindness, the staff member recognised they had a special connection with animals, especially dogs, so suggested they may benefit from pet therapy. The person now attends an animal petting farm weekly and has regular contact with the registered managers dog. With this person-centred approach, the person felt confident to start talking to the staff member when alone and now speaks in front of other staff members on occasions.
- Staff had received training on inclusive communication to ensure everyone's communication needs are known, understood, recorded, and acted upon by everyone they have contact with. A relative said about their family members key worker, "A lot of work was undertaken on communication and having to think on your feet and out of the box. [Keyworker] also supports and shares this knowledge with colleagues."

Improving care quality in response to complaints or concerns

- People indicated through their preferred method of communication they would speak with the registered manager or staff if they had any complaints to make. One person told us, "I can tell my key worker anything. If I want to ask or tell anything it is to [manager] and [keyworker]. Yes, I can complain." A relative said, "I have nothing to complain about, but I would just ring if I did."

End of life care and support

- There was no one receiving end-of-life care at the time of our inspection.
- Although no one at the service was receiving end of life care, records showed and our discussions with the registered manager, time had been taken to sensitively and carefully consider the subject, so any specific end of life wishes people may have made could be fully respected at any time the information may be needed.
- A relative described how staff had supported their family member when another family member had passed away. They said, "[Person] is having music therapy to help them cope and [keyworker] comes in every Friday even when it is their day off to take [person] and support them through these sessions. [Keyworker] supports me too." They went on to describe how the keyworker now comes to collect the relative to see their family member as they do not drive.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People, relatives and staff were extremely positive about the service. One relative told us, "I think [person] is in the best place for them." Another relative said, "Nothing but praise." A staff member said, "Our team get on really well, we are like a family. I spend as much time here as with my own family. We have a laugh, and everyone gets on."
- Staff told us they felt supported in their roles. A staff member told us, "My manager is amazing, could not ask for better. [Area manager] has always been supportive, we all put our heads together here for people." Another staff member said, "People are getting a good service, we try to encourage them to do as much as they can."
- The provider recognised staff contributions and flowers, vouchers and cards were awarded to staff in recognition of the work they carried out with individuals. Several staff members had been nominated for a local care sector awards 2019 by relatives and professionals.

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

- As the site was quite large with other services provided there were two registered managers and one who had applied to be registered working at the site. This meant they were able to support each other and staff. Roles and responsibilities were defined, and managers understood these roles.
- The management team and provider monitored the quality of the service to make sure they delivered a high standard of care. This included the completion of regular audits.
- Staff were kept updated about the service via regular meetings and daily communication with each other and the management team. The provider also held staff focus groups where concerns, issues and suggestions made are discussed and implemented by the senior management team.
- The registered manager operated in an open and transparent way. They submitted notifications in a timely manner for significant events that had occurred, such as safeguarding concerns and serious injuries. A relative told us, "I tell staff I only want their honesty, so we can work together and so far, I have had that."

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

- There were opportunities for people who used the service and their representatives to share their views about the quality of the service provided. Relatives told us the registered manager was available to talk with

them whenever they wished. Surveys were sent out annually to people and their relatives, to gather feedback about the quality of the service provided.

- The registered manager and staff continued to work in partnership with other services, for example, GP, district nurses, community pharmacists, and dieticians, to ensure people's needs were met in a timely way.

Continuous learning and improving care

- The provider held regular meetings with all registered managers, so they could share best practice and any lessons learnt from recent issues and events.
- There was a culture of continuous improvements. For example, the provider had corrective action sheets with target dates from quality audits, so all managers were clear what was required.