

# Swanton Care & Community Limited

## Heath Farm House Care Centre

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Heath Farm House Care Centre is a residential care home providing personal care to 10 people living with a learning disability and mental health needs. At the time of the inspection there were 10 people living in the home.

The care home provides support to people in one adapted building. The service had not been designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance as was designed prior to the development of the guidance. The principles of the guidance were embedded into the service delivery. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 10 people and was full. This is larger than current best practice guidance. We were aware the provider was reviewing the design of the building and the number of people able to reside there, to better incorporate the principles of the best practice guidance. In the interim attempts were made to mitigate any negative impact on people by the availability and access to other daytime accommodation and staff support. The home shared its access with a larger property, a farm shop and a day centre for people living with complex needs. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people to the service.

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

There was not always enough staff to ensure people had their dedicated one to one staff support. Risks were not effectively managed or reported and risk assessments were not always up to date. The building was safely managed and there were good medicines care plans in place. Staff were safely recruited.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way. The policies and systems in place did not support decisions were made in people's best interests. The limited communal areas did not always provide people with safe space when emotions were heightened and required de-escalating in quiet areas. Staff had access to training but practical training was mostly out of date. This included moving and handling and medicines administration. Staff supervision and team meetings did not routinely take place in a formal way but staff told us the registered manager was always available and they received a newsletter when team meetings were not held. The chef had a good understanding of people's dietary requirements and their likes and dislikes.

People were involved in decisions about how they spent their days and we saw positive interactions between staff and people in the home. The home had two cars to enable people to access the community independently or in small groups and daily activities were arranged. The outcomes for people using the

service mostly reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support did not always focus on them having as many opportunities as possible to gain new skills but people were supported to become more independent.

There were good personalised care plans in place for people, however, some of this information was disjointed and had not been effectively used to develop risk assessments and risk management plans. Each person had a positive behaviour plan but this was not incorporated into their main care plan. Staff were knowledgeable about people and verbal handovers were completed. We were told no complaints had been received formally and concerns were dealt with as they occurred. Further consideration was being given to people's end of life needs and wishes.

The provider group had governance structures in place and regular monthly audits were completed. However, these did not always identify issues. The provider was required to ensure they sent notifications to the commission as appropriate. People living in the home had opportunity to influence decisions in the home. Staff were happy in their role and felt supported.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)  
Rating at last inspection - The last rating for this service was good (17 January 2017).

Why we inspected - This was a planned inspection based on the previous rating.

Enforcement - We have identified breaches in relation to supporting people under the Mental Capacity Act, risk identification and its management, the availability of staff and the effectiveness of audits 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 for 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 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?

The service was not safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### 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** ●

# Heath Farm House Care Centre

## **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 inspection was completed by one inspector

#### Service and service type

Heath 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 all available information we held about the home and sought feedback from professionals involved with the people living in the home including the Local Authority and safeguarding team. We also reviewed information available in the public domain.

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 four people who lived in the home and reviewed their care plans. We spoke with four staff including the registered manager and team leader.

We looked in five care records for specific information around risks and the Mental Capacity Act and reviewed the medicines records for three people. We looked at two staff personnel files and other information used to support the safe management of the service. Day two of the inspection was completed as a desk top inspection as the manager was not available throughout the day on site. We were sent information which we could review remotely away from the home.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at the information provided which included training data and quality assurance records. We sourced additional information from the senior leadership on actions they planned to take to drive improvements.

# 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 Good. At this inspection this key question has now deteriorated 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

### Staffing and recruitment

- There was not enough staff always on duty to safely allow each person their dedicated one to one support.
- People were allocated hours of direct one to one staff support per 24-hour period. The registered manager attempted to integrate the direct support hours into the daily rota allowing staff the flexibility to provide one to one support when people needed it. However, this was not working as there were not enough staff always on duty to safely allow each person their dedicated one to one support.
- On the day of the inspection there were six staff on duty. Three staff were off site with people, one staff member was the chef for the day, one was administering medicines leaving one staff member to support seven people with complex needs. One of the seven people had two hours dedicated one to one time in the mornings for personal care.
- The provider did not have a tool to determine safe staffing levels to ensure people received the support they required and were funded for.

There were not enough suitably allocated staff to provide people with the support they needed. People did not get the dedicated one to one support they had been assessed as needing to keep them safe. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were safely recruited to the post they were employed for.
- Suitable checks were made on staff suitability, including checks with the disclosure and barring scheme and completion of suitable references.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Situations where people were at risk were not reported or managed effectively. Daily records showed incidents that should have been reported and managed under the home's incident procedure. These included acts of violence and vandalism, which placed people, staff and visitors at risk of potential harm.
- Risk management plans were not always in place to help staff recognise and take steps to mitigate risks associated with people's health conditions and anxiety.
- Staff and the registered manager described these situations as 'normal' for the home. Whilst staff supported people effectively no further action was taken and records were not made or updated to contain the latest information. Observations were missed to reduce their occurrences or share learning, for example themes and triggers.

The provider had not appropriately assessed and managed the risk to individuals in the home. This is a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed all staff had revisited the incident guidance they were updating records with immediate effect.

- The provider had systems in place to test equipment and ensure the environment was safely managed including fire equipment. One external fire door had a broken mechanism which we were assured was fixed the following day.

Systems and processes to safeguard people from the risk of abuse

- The provider delivered safeguarding training every three years. There was both a practical training session and an electronic learning session. Records showed over 25% of staff were out of date on both training.
- When we spoke with staff there was an understanding of what constituted abuse but their knowledge was limited about current procedures for reporting incidents and concerns.

We recommend the provider ensures staff are confident in current safeguarding procedures and assures themselves incidents and allegations of abuse are reported in line with regulations.

Using medicines safely

- Medicines were safely managed and administered by competent staff
- We observed one medicine round and noted staff took appropriate action when administering medicines.
- There were good person-centred medicine care plans and protocols for medicines that were only required at specific times (PRN medicines).
- Records were accurate and safe systems of audit were in place.

Preventing and controlling infection

- The home did not have dedicated domestic or laundry staff. This meant staff undertook this role with the support of people living in the home when willing to. Staff told us this impacted on their time but sometimes it was a good way to interact with people who may otherwise become isolated.
- The home was clean and tidy and we were told staff had access to all the equipment they needed including personal protective clothing such as gloves and aprons.



# 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 requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- The provider had not completed any capacity assessments or appropriate best interest decisions for those people living without, or with fluctuating capacity.
- The front door to the building was locked and people were not able to leave without asking for it to be opened. DoLS applications for two people living in the home had been completed by two external professionals for this purpose. However, others had been affected by the door being locked and the impact had not been assessed for them.
- There were other decisions made on people's behalf which had not been assessed against the MCA principles. This included refusal of support with health conditions and restrictions and access to cigarettes.
- On the day of the inspection the registered manager completed a best interest decision with one person/ However, the person had understood the rationale for the restriction and was able to consent to it. The person had capacity to make the decision so the best interest decision was not required.

When people are not able to understand decisions made on their behalf their capacity must be assessed to determine if decisions are made in people's best interest. When this is not done and people are being deprived of their liberty unlawfully and is a breach of Regulation 11 (consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Staff did not receive appropriate formal support to ensure they understood what they were accountable

for or to allow them a time to ask for any additional support.

- When staff started in post they received an induction to their role. However, we found when staff received promotion within the company, induction to the new role was not formally or routinely done. This meant staff were unsure of their different responsibilities. This was identified at the last inspection and was still the case.
- We were told staff could not attend team meetings so a newsletter had been developed. We reviewed the newsletter and saw it contained the same information month on month and was not consistently produced. Where topics were raised as issues they were not signed off in the next newsletter so there was not a formal record of when issues were resolved or decisions had been made.
- Staff had not been receiving regular supervision. The registered manager told us their door was always open and staff confirmed this was the case. Staff told us they were supported by their peers and the registered manager.

We recommend the provider ensures good practice guidelines from a reputable source are implemented for formal staff support.

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

- The home was a farm house which had been both extended and adapted. Its location was discreetly set inside a gated estate.
- Staff had to be innovative to ensure there was safe space when people's anxieties heightened due to limited communal space and the number of people living in the home. The provider told us this was being addressed.
- There was limited signage around the property and it remained homely. There were however a number of notice boards with information in an easy read format which people understood.
- The dining room had the menu for the day displayed in pictures and words and there was access to a hot water urn for people to make their own tea and coffee throughout the day.

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

- The provider supported people living with learning disabilities and mental health needs. Prior to placement comprehensive assessments were completed with all those involved in the person's life.
- Best practice guidance was followed when supporting people and positive behaviour support plans had been developed. These are used to identify triggers for anxiety and behaviours that challenge and show staff methods to support people effectively.

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

- The provider had good information about people's dietary needs, likes and dislikes. The chef was aware of this information and prepared food accordingly.
- Where people were at risk of malnutrition or obesity, plans of care were developed in agreement with the individual and their dietary intake was monitored and evaluated.

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 all appropriate professional teams including the learning disability nurse and mental health team.
- When additional support was required referrals were made as required. We saw the input had been acquired from the Speech and Language Team (SALT) for one person who was at risk of choking.

# 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 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

- We saw friendly and open relationships had developed between staff and people in the home. Staff were intuitively caring and knew people well and could tell us how best to support them. It was acknowledged systems in place did not always best support the staff in recording the good work they did.
- One person told us they sometimes just need space and peace and quiet. They told us staff leave me alone when I feel like this.
- People could eat when they wished and on the day of the inspection two people had requested take away food which was delivered to them from a local eatery.

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

- People told us the staff were nice and asked them what they liked. One person told us, "We get asked questions to see if we are ok."
- Resident meetings took place but people were primarily asked for responses to the agenda on a one to one basis. Discussions took place about the food, activities and people's view of how staff treated them.
- Staff consistently asked people what they wanted to do. It was raining when we were at the home and some people didn't want to go out. We saw a pool competition was ongoing which continued in the wet weather.

Respecting and promoting people's privacy, dignity and independence

- The home previously only had one car it used to support people with getting out into the community. This restricted some people who wanted to go out on their own from having as many trips out as they would like. The provider swapped the bigger car for two smaller cars and people now had more access to the community as they would like.
- We saw staff promoted people's independence and supported them to take responsibility for their own laundry and cleaning their room. People told us they liked the support in this area.
- We saw from resident meeting minutes that goals were discussed and three people wanted to live more independently. One of them told us, "I need to be able to look after myself if I'm going to live on my own."

# 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 deteriorated 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

- People had good personalised plans of care which had been developed with the individual or relevant family member if more appropriate. However, specific elements of individuals care plans were disjointed and not completed with the most up to date information
- Positive behaviour support (PBS) plans had been set up for each individual but these were independent of the care plan and it was not clear how they impacted on delivering people's support in specific circumstances. For example, the PBS would identify specific triggers to behaviours that may challenge staff but these would not be related to aspects of care. So if noise was a trigger the care plans did not say to reduce noise or ensure specific care was delivered without noise.
- We spoke with the registered manager about this who assured us the care plans were to be updated with the PBS information.
- There was not a formal record of handover. This had been identified in May 2019 as an issue. Without handover important information is not passed from shift to shift to support risk management and supporting people effectively. On the day of the inspection we shared information of an incident that the registered manager was unaware of as they did not have a handover record to capture the events of the previous shift.

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.

- People were all living with either or both a learning disability and a mental health need. As a consequence each had very different communication needs.
- One person understood different words to mean different things and staff had developed a list of relevant words and what those words meant to the person.
- Pictorial notices were displayed around the home and large print and pictures were used routinely. Menus for food served were pictures of the food as it was presented to people. The home also used national flags and seasonal decorations to depict themed days around which food was prepared. This allowed people reference points for food and activities and the country they were traditionally associated with.

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

- There was a large activity calendar in the main hall which showed all home, group and individual activities

available to people.

- Some people had dedicated staff time to enable them to visit family members regularly and routinely.
- Others had dedicated staff time to follow up on specific interests including bird watching, railways and trains.
- The decision to change the bigger car for two smaller ones was seen as a positive one by both staff and people in the home. One person told us, "I can have my drives down the coast when I want now."

Improving care quality in response to complaints or concerns

- The provider told us they had not received any formal complaints in the last 12 months.
- Procedures were in place for managing complaints and we saw an easy read version on how to complain on the notice board in the main body of the home.
- We asked people if they knew how to complain and if they had complained and one person told us, when they complained the staff sorted it out. Unfortunately there were no records to support this.
- The registered manager told us they were going to more formally record when people raised issues and record how they were managed as a prompt to managing similar situations.

End of life care and support

- No one was in receipt of end of life care at the time of the inspection.
- One person had died the previous year and the provider used local resources and professionals for support.
- The registered manager contacted the inspector following the inspection to discuss their plans on engaging people in discussions around plans at the end of their life. The plans were sensitive to the needs of the people the home supported.

# 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 now deteriorated 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.

Continuous learning and improving care; 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;

- There was a suite of audits which were completed by the registered manager and different senior staff members. We found these did not identify issues that were found by the inspection team. This included the inappropriate and lack of implementation of the Mental Capacity Act and poor risk management.
- The previous report identified issues which remained and to an extent had led to increased risk as we found at this inspection. This included staff induction to new roles and the allocation of direct one to one hours for support.
- We saw minutes of meetings which identified actions that were required which had not happened. This included the need for formal handover identified in the May 2019 newsletter. Issues with staffing had also been identified which had not been rectified. During the inspection we were shown a template which was to be used that included pictorial cues for activities of daily living including personal care, domestic tasks and cigarette provision.
- Where improvements were identified the timescales for their roll out and auditing to check their impact, had not been met. For example, specific incident guidance had not led to better identification and management of incidents.
- In addition the introduction of Oral care plans to be in place by August 2019 had not been completed. None of the people using the service had this care plan in place.
- Due to poor recording of incidents it was unclear if incidents had been correctly reported to external agencies including notifications to the Care Quality Commission

When systems in place to identify action for improvements are not effectively implemented there is a risk required improvements will not occur. When audits and monitoring are not effective in identifying concerns there is a risk governance procedure to drive improvement will not reduce associated risks. This is a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The last inspection report was clearly available on the notice board and the providers website

After the inspection we were advised by the provider a new management team were in place at the home. They have shared an improvement plan with us which addresses concerns noted within the report. The plan has clear timelines for action and identifies who is accountable for the home moving forward.

### Working in partnership with others

- The provider worked well with professionals to support the needs of people in the home. However, improvements were needed to demonstrate effective and ongoing communication with Local Authority Safeguarding teams to ensure the appropriate action is taken when things go wrong and lessons can be learned which benefit all?
- We saw referral information and advice from various professional teams including the SALT (speech and language team), psychologists, learning disability nurses and the mental health team had been acted upon.

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

- People told us the manager was approachable and staff said the manager's door was always open to discuss any concerns. However, we were also told staff did not receive formal supervision and at times they were unsure what was expected of them.
- We saw the manager walking around the home on the day of the inspection engaging with people and staff on shift. However, as there was no formal handover there was not a formal procedure to share information of concern. When we shared information about an incident the manager assured us they would take action to ensure risks were mitigated and acknowledged formal handover and better reporting procedures would allow them direct access to the information.

### Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had developed bespoke ways of involving people both in the day to day operations of the home and gaining feedback on the service provided.
- Feedback was captured in formats specific to individuals and then developed into reports for actions to be agreed.
- We saw how this information informed care planning and set goals for people. This included steps towards more independent living and specific trips out into the community.

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

- The provider had developed a competency framework and ethos and values base for staff and the support of people in services.
- The company ethos of capturing Potential, taking Responsibility, ensuring Integrity, embracing Diversity and displaying Empathy (PRIDE), had begun to embed in procedures across the home. We saw how it had been used in developing portfolios for the activities people had undertaken, capturing how the activity helped promote the five key elements of the ethos.
- We discussed with the registered manager how the information from the portfolios could be used to inform care planning and the positive behaviour support plans for people.
- Information had begun to be collated under the five key questions of the methodology for inspection as identified within this report. This was a work in progress but showed an understanding of expectations to achieve good standards of care.

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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Consent for care and treatment was not acquired in line with the principles of the mental capacity act</p> <p>Regulation 11 (1)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risk was not appropriately recorded, assessed or mitigated.</p> <p>Regulation 12 (1) (2) a, b</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There was not an effective system of governance and oversight to drive improvements required</p> <p>Regulation 17 (1) (2) f</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider did not assure themselves they had enough staff suitable employed and deployed to meet people's needs.</p>



