

# Wycar Leys Limited

## Farm Field View

### Inspection report

Kirklington Road  
Bilsthorpe  
Newark  
Nottinghamshire  
NG22 8TT

Tel: 01623871752

Website: [www.wycarleys.co.uk](http://www.wycarleys.co.uk)

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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?	Requires Improvement ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

The inspection took place on 10th and 11th November and was unannounced.

Farm Field is registered to provide accommodation for people who require nursing or personal care. At the time of the inspection there were seven people using the service.

On the day of our inspection there was not a registered manager in place and had not been since July 2016. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. However, there was a manager in place who became the registered manager following our inspection visit in December 2016.

People were safe living at the service because staff knew how to recognise and report any incidents of harm. Staff were confident that the manager would deal with any concerns that they reported.

Staffing levels were adequate to meet people's needs. Staff told us they received an induction, training and supervision and felt supported by the management team. Staff were recruited through safe recruitment practices.

Medicines were safely administered and stored.

People received sufficient to eat and drink and their nutritional needs were catered for.

The manager applied the principles of the Mental Capacity Act 2005 (MCA) and Deprivations of Liberty Safeguards (DoLS), so that people's rights were protected. People were asked for their consent before care and support was provided and this was respected.

People's healthcare needs had been assessed and were regularly monitored. The service worked well with visiting healthcare professionals to ensure they provided effective care and support.

Staff did not always respect people's privacy and dignity however, the manager responded to our concerns appropriately.

People told us staff were kind and caring. People were encouraged to be independent and make individual choices. Staff were aware of people's support needs and their personal preferences.

People received care and support that was personalised and responsive to their individual needs. People were supported to participate in activities, interests and hobbies of their choice. The complaints policy was accessible for everyone.

The management team was supportive and approachable towards people and relatives. People were involved or had opportunities to be involved in the development of the service. There were systems in place to monitor and improve the quality of the service provided.

## 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.

People were protected from avoidable harm because staff understood what action they needed to take to keep people safe.

Staffing levels were adequate to meet people's needs. Staff were recruited through safe recruitment practices.

People received their prescribed medicines and these were managed safely.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff that received an appropriate induction, training and support.

People's rights were protected by the use of the Mental Capacity Act 2005 when needed.

People's nutritional needs were met.

People had the support they needed to maintain their health and the staff worked with healthcare professionals to support people appropriately.

### Is the service caring?

Requires Improvement ●

The service was not always caring.

Staff did not always respect people's privacy and dignity.

People were encouraged to be independent and make individual choices.

Staff were aware of people's support needs and their personal preferences.

### Is the service responsive?

Good ●

The service was responsive.

People received care and support that was personalised and responsive to their individual needs.

People were enabled to pursue their own interests, hobbies and goals.

Staff were clear and understood how they would manage concerns or complaints.

**Is the service well-led?**

The service was well led.

The manager was supportive and approachable and was aware of their regulatory responsibilities.

Systems were in place to monitor and review the quality of the service provided to people to ensure that they received a good standard of care.

**Good** ●

# Farm Field View

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10th and 11th November 2016 and was unannounced. The inspection team consisted of one inspector.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports and notifications we received from the provider. A notification is information about events that the registered persons are required, by law, to tell us about. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make.

We contacted commissioners (who fund the care for some people) of the service and Health Watch Nottinghamshire to obtain their views about the care provided at the service.

During the inspection we observed staff interacting with the people they supported. We spoke with six people, four relatives, four care staff and the manager. After the inspection we spoke with three relatives and one social care professional.

We looked at the relevant care records of three people and the recruitment records of three members of staff. We also looked at other records relating to the management of the service.

## Is the service safe?

### Our findings

All people we spoke with told us without exception, that they felt safe. One person said, "Of course I do." All the relatives we spoke with told us that they had no concerns about people's safety and welfare. They were confident their family member was cared for safely. One relative said, "[Relation] knows their safe." Another relative said, "Yes I do definitely." A third relative said, "Yes certainly." A social care professional said, "Yes I do. No concerns for [person's name] safety."

The risk of abuse to people was reduced because staff could identify the different types of abuse that they could encounter. A safeguarding policy was in place which explained the process staff should follow if they believed a person had been the victim of abuse. Staff had attended safeguarding adults training and understood how to use what they had learned to ensure people were kept safe. Staff were also aware of who they could speak with both internally and externally if they had concerns and were confident a member of the management team would deal with any concerns they may raise.

Information was available for people on how they could maintain their safety and the safety of others. Information was also available to staff and visitors on how to report any concerns of incidence of people being at risk of harm.

Procedures were in place to protect people in the event of an emergency, such as a heating failure, contagious diseases, flood or fire. We saw regular checks and routine maintenance of the environment and equipment, which included the fire alarm, emergency lighting, fire extinguishers and legionella, ensured people were protected. This meant people could be assured that they would continue to be supported to remain safe in an unexpected event.

We saw examples where risks to people's needs had been assessed and risk plans were in place where required to inform staff of how to reduce and manage known risks. For example, risks associated with social isolation, mental health, nutrition, medication, daily living skills and leaving the building. These were reviewed on a regular basis to ensure they were up to date and correctly reflected people's needs.

All people we spoke with told us without exception there were enough staff and they were visible. One person said, "Yes it is good [staffing levels]." Relatives told us there were enough staff and they had no concerns about the availability of staff to support their family member. One relative said, "Yes always seems to be plenty of staff around." Another relative said, "Yes as far as I know." A social care professional told us when they visit staff are always engaging with [people]."

All members of staff we spoke with felt there were sufficient numbers to meet people's needs and to keep them safe. One member of staff said, "Never short of staff. There is always cover if [colleagues] go off sick." Another member of staff said, "We are fully staffed."

The manager told us that staffing levels were based on dependency levels. This included for example, if a person required more than one member of staff to support them or if people needed support to attend

external appointments or activities. Any changes in dependency were considered to decide whether staffing levels needed to be increased. The manager said, "The staffing is adequate for this home." We saw records that showed dependency levels were reviewed in a timely manner.

Safe recruitment and selection processes were in place. We looked at three staff files which confirmed all the required checks were completed before staff began work. This included checks on criminal records, references and employment history. This process was to make sure, as far as possible, new staff were safe to work with people who may be at risk of harm. This showed that the registered manager followed robust recruitment practices to keep people safe.

People's medicines were managed safely. People who used the service did not raise any concerns about how they were supported with their medicines. A social care professional told us a person they support receives their medication when needed.

We observed one medication round with two members of staff administering medicines safely to people. One member of staff gave each person the medicine, asked them how they would like to take it, offered a drink and stayed with the person to ensure they had taken their medicines safely. The member of staff was patient, reassuring and gave an explanation when required. The other member of staff checked medicines against the medication administration record (MAR) and signed the MAR when the person had taken the medicine.

Staff told us they had attended training in medicine management and that they received a yearly medicine competency check. This ensured they were safely administering medicines. We checked the MAR's for four people. These records were accurately completed. Information about each person contained in the medicine file included, details of the medicine they had been prescribed, their photo, the way they liked to take it and whether they had any allergies.

Medicines were stored securely in cupboards and a refrigerator within a locked room. The temperature of storage areas and refrigerators were monitored daily and were within acceptable limits. This ensured that medicines remained effective. Weekly audits were carried out by the manager to assess if medicines were being managed safely and actions had been addressed.



## Is the service effective?

### Our findings

People had their needs met by staff that were knowledgeable and skilled to carry out their roles and responsibilities. One person said, "They [members of staff] all know us." All the people we spoke with were positive about the staff that supported them. Relatives were confident that their family member was appropriately supported by staff that understood and knew their individual needs. A relative told us that staff knew how to support their relation.

Staff told us they had received an induction when they commenced their employment. They said that it was supportive and helped them to understand what their role and responsibilities were. Staff described the training opportunities they had received during their induction which included but was not limited to, fire safety and safeguarding adults. One staff member told us they had completed the Care Certificate. This is a recognised induction and training programme for social care staff. This member of staff also said that they received opportunities to shadow more experienced staff. Records viewed confirmed what we were told. This told us that staff received a detailed induction programme that promoted good practice and provided training to ensure people received effective care and support from trained and experienced staff.

Staff were positive about the support they received from the management team. They said that they had opportunities to meet with their line manager to review their work, training and development needs. One member of staff said, "If I have any problems I can go to the manager or team leader. They listen." The manager told us that staff has received a minimum of six supervisions a year in line with the services supervision policy. We saw some completed supervision documentation which showed that staff had opportunity to discuss their role.

A relative told us, and we observed, that staff asked their relation for consent before providing care.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met. All staff and the management team we spoke with had a good level of knowledge about their duties under the MCA and how to support people with decision making. People's support plans contained clear information about whether people had the capacity to make their own decisions. We saw that assessments of people's capacity in relation to specific decisions, such as medication and finances, had been carried out when people's ability to make their own

decisions was in doubt. Where a person had been assessed as not having the capacity to make a decision, a best interest's decision had been made which ensured that the principles of the MCA were followed.

The manager had made applications for DoLS where appropriate. Which included for example, where a person had been assessed as requiring support from staff if they went out into the community and were not free to leave the service alone. We saw records that showed one person had an advocate that visited them monthly to make sure their conditions were met. This ensured that they were not being deprived of their liberty unlawfully.

People were supported to eat and drink and maintain a balanced diet based on their needs and preferences. One person told us the food was "Good." Another person told us they were given several choices of what to eat.

We observed the dinner time meal in the main dining area. People were given a choice of where and when to have their meal. The meal time was relaxed. A variety of different cold drinks were available and people helped themselves to different drinks from the kitchen. People were offered drinks regularly throughout the day and people helped themselves to snacks from the kitchen with support. One person chose a different meal and prepared their meal with support. Another person told a member of staff their meal was not cooked appropriately and the same meal was offered again but no alternative. The person declined this offer.

There was a weekly menu which recorded the choices people had made for the week. Members of staff told us other options were available if people wanted a different meal. Information on people's specific dietary needs, likes and dislikes was accessible for members of staff which helped staff when offering people choices of meals, drinks and snacks.

People told us people had their health care needs met by a variety of professionals such as a GP and a diabetes service. One person told us they have a health review by the GP every month. Another person told us they recently had their hearing tested. A relative told us that their family member had access to a GP and consultant psychiatrist when required. A social care professional told us the service referred a person to a specialist disability nursing service to support their health and wellbeing. They also told us that the service discusses any concerns about the person they support. We saw records which showed recommendations made by the specialist disability nurse were followed and the person's health improved.

Care records contained information about the involvement of a range of external professionals such as, a dietician, dentist, community nurse, diabetic services, chiropodist, consultant psychiatrist and a specialist disability nursing service. We saw records which showed recommendations made by a GP regarding healthy eating were followed, a consultant psychiatrist regularly completed medication reviews and people with diabetes had eye screening test to monitor their diabetes.

Each person had a 'health action plan'. This document provided external professionals with important information such as the person's communication needs, physical and mental health needs and routines. Health action plans went with people when they were admitted into hospital. This demonstrated that people had been supported appropriately with their healthcare needs and the provider used best practice guidance.

## Is the service caring?

### Our findings

People told us that they felt they were treated with dignity and respect. All the people and relatives told us staff knock on their doors before entering. One relative said, "They [staff] always knock on the door."

We observed staff knock on people's doors before entering, wait for a response, and then close doors behind them. We observed staff calling a person by the name chosen by them in their care plan. However, on several occasions we observed and heard staff calling people inappropriate names such as 'mate' and 'babe'. We looked in the people's care plans and these names went against the names people had requested to be called. However, a social care professional told us the person they support likes to be called 'mate'. This was not recorded as their preferred name in their care records.

On one occasion we observed a member of staff disclosed confidential information about people who used the service to a person who was sitting in the lounge. The member of staff told the person they were the only person who had lost weight that week. Another member of staff spoke loudly across the lounge to a person to tell them it was time for them to have their medication. When the person did not respond the member of staff clicked their fingers at them and said to the person, "Come on." We spoke to the manager about our concerns and they told us they had also observed members of staff using inappropriate names and were planning to deal with this concern during a staff meeting.

All the people and their relatives we spoke with told us staff were kind and caring. One person said, "Staff are nice to me and kind." Two people said, "Oh yes." A relative said, "Yes they [staff] are, never had any complaints." A relative commented during a survey in 2016, "The staff are caring, understand and have time for the [people]." A social care professional said, "Yes, [Person's name] always settled around [staff] and never looks upset."

Staff spoke without exception, positively about working at the service. Members of staff said comments such as, "There all such lovely [people] they make your day" , " It's good to see how the [people] are coming along" and "I love my job."

Staff were aware of people's support needs and their personal preferences. When we asked three staff members to tell us about three different people, they were able to describe a person's care needs, likes, dislikes and sleeping patterns. A social care professional told us the service knows a particular person "Inside out" and in general "Really knows the people well."

We observed interactions between staff and people who used the service. People looked relaxed and at ease in the company of staff indicating positive relationships had been developed. We saw staff interacting with people when they entered a room and chatted to them about things they were interested in. We found them to be caring in their approach and showed empathy and understanding of people's anxieties and concerns. For example, staff took time to repeat questions until they understood what the person was asking. Staff were seen to provide comfort and reassurance when people became confused and anxious. People responded positively and became calm and settled.

People told us they met with their keyworker regularly to discuss issues that were important to them and felt listened to. A key worker is a member of staff with special responsibilities for making sure a person gets the care and support that is right for them and coordinating this with the rest of the staff team. One person told us their keyworker, "Listens and gets back to me." Another person told us they meet with their keyworker on a monthly basis and felt listened to. We saw records that showed keyworker meetings took place on a monthly basis where issues that were important to people were discussed. For example, during one meeting a person requested to take part in a new activity which was arranged and reviewed the following month. The person said they enjoyed the new activity. This meant that people were listened to and changes were made when requested.

Information was not available for people about how to access and receive support from an independent advocate but one person had an advocate. Advocacy services act to speak up on behalf of a person, who may need support to make their views and wishes known. This meant should people have required additional support or advice, they did not have access to this information. The manager told us that they would provide this information.

People told us they were supported to make independent choices and to remain as fully independent as possible. One person told us they make their own drinks and dinner. Another person told us they do their own laundry. A relative told us, "[Relation] chooses what they want to do and where they want to go." A social care professional told us the service encourages people to make their own meals and snacks where possible.

Staff said that they were aware that their role was to support people to be independent as fully as possible and for individual people this meant different things. Examples were given, and we saw, how people were encouraged to go out in the community to go shopping and activities that were important to people and to maintain their bedrooms and assist with cleaning tasks. We also saw people were involved in making decisions about preparing their meals and making drinks and snacks. We found people's support plans directed staff in promoting people's independence as fully as possible.

The manager told us there were no restrictions on people being able to see their family or friends. One relative told us, "I can visit whenever I want." Another relative told us, "[The service] has never turned me away."

## Is the service responsive?

### Our findings

Relatives were positive that their family member received a supportive and responsive service that was based on their individual needs. One relative said that they were highly satisfied with the service their family member received. They told us, "[Relation] is looked after and I cannot ask for anything more." Another relative told us their relation, "Seems content and happy being here [service]." A social care professional agreed. They told us a person they support was unable to verbally communicate when they arrived at the service but can now talk and express their wishes and needs.

People's care plans were written in a person-centred way, contained information regarding their diverse needs and provided support for how staff could meet those needs. Discussions had taken place with relatives to gain an insight into people's life histories and plans for the future. This helped in the development of the care plans. Information about people's likes, dislikes, wishes, feelings and personal preferences had been considered when support was being planned. For example, one person had a support plan in place to make sure they engaged in activities that were important to them. A relative told us, "I must say it [care plan] does reflect [relations] needs." We saw care plans were reviewed on a regular basis with people. One relative told us they had the opportunity to discuss their relatives care plan during meetings with members of staff and social care professionals.

People were supported in the way they preferred because staff had the necessary guidance to ensure consistent care. Daily records were up to date and gave a good overview of what had occurred for that person.

People told us they were supported to pursue a range of hobbies, activities and individual interests. For example, shopping, local pubs, play computer games, listen to music, football, day trips to Skegness and attending a variety of day services. One person told us they had a season ticket for a football team and regularly attended home matches with a family member. Another person showed us activities they took part in on a daily basis. They were clearly enjoying themselves and were smiling throughout the activity. We looked in their care plan which showed these activities were important to them.

Relatives appreciated that people were stimulated, enjoyed a range of activities based on their individual needs and wishes and went out regularly. A relative told us their family member was given lots of choices about how they spent their time and that they had an individualised weekly activity plan. We saw examples of people's activity plans that were presented in an appropriate format for people with communication needs. One relative told us how their relation attends art classes. Another relative told us their relation goes dancing and enjoys shopping with the support of staff.

Each person had an activity schedule which had a range of activities that were important to them. We saw people taking part in the activities on their schedule such as playing computer games and watching a film. One person went to the cinema. This activity enabled them to interact with people in the community and to gain the confidence to talk to people outside of their normal group of friends, family and staff. A social care professional told us the person they support, "Is out most days."

People were encouraged and supported to maintain relationships that were important to them. A person told us they had been on holiday with their family to Blackpool and Mablethorpe. A relative told us their relation visits them once a week and stays over. Another relative told us they are invited, and attend, the Christmas party at the service which they enjoy.

We saw copies of resident meetings that had taken place on a regular basis. We saw people had discussed things that were important to them such as trips out in the community.

People told us and relatives said that they knew how to make a complaint and that they would not hesitate to do so if required.

People had information about how to make a complaint available and presented in an appropriate format for people with communication needs. Staff were aware of the provider's complaint procedure and were clear about their role and responsibility with regard to responding to any concerns or complaints made to them. The complaints log showed that three complaints had been received in the last 12 months. These had been responded to in a timely manner and all resolved.

## Is the service well-led?

### Our findings

The provider had a clear vision and set of values for the service and staff demonstrated they understood these when we spoke to them. One staff member said, "To ensure people have the best life they possibly can." Another member of staff said, "Provide independent living~keep people safe and fulfil their needs." However, our observations showed that staff did not always adhere to the provider's vision and values with regard to dignity and respect.

After the inspection the manager contacted us about the concerns we identified. They confirmed individual members of staff had been spoken to, dignity and respect had been discussed during a team meeting and staff had attended a dignity and respect workshop. The manager also confirmed information had been made available about advocacy services in an easy read format to all people. This meant the manager responded to our concerns appropriately.

People who used the service and relatives we spoke with made positive comments about the staff team and the leadership of the service. One person said, "Staff help me and treat me well" A relative said, "She's [manager] is good." Another relative said, "[Relation] has a good rapport with the staff."

Staff told us they felt the leadership of the service was good and made positive comments about the management team. One member of staff said, "[Management team] is brilliant and the [manager] is fantastic." Another member of staff said, "You can talk to the manager about anything, work or home life." A third member of staff said, "[Manager] is very professional."

We saw that the management team was visible throughout the inspection. People who used the service, relatives and staff were seen to freely and confidently approach them to talk and ask questions. We observed people throughout the day accessing the manager's office and talking freely to them whilst the manager listened intently to what people were saying.

All the members of staff were positive about the staff team and said they worked well together. One member of staff said, "Staff team are brilliant. We are a really strong team." Another member of staff said, "We have a good bunch of staff." A third member of staff said, "You can talk to other colleagues and they listen to you." We observed there were appropriate numbers of staff on duty who were deployed appropriately and, had a good mix of experience, knowledge and skills to meet people's needs.

Staff we spoke with and the records confirmed regular staff meetings had taken place where important issues could be discussed such as training, DoLS, supervision and staff development. Records confirmed resident meetings took place where pertinent issues were discussed such as health and safety, keyworker roles, medication and activities. A residents Christmas meeting had taken place where plans were made for what food, decorations, shopping and activities were to happen over the festive period.

A whistleblowing policy was in place. A 'whistle-blower' is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation. Staff told us they were aware

of this policy and procedure and that they would not hesitate to act on any concerns. One member of staff said, "Anything I am not comfortable with I will say something."

The manager told us that they felt well supported in their role. They had regular meetings with their manager. They also attended meetings with other managers of services within the provider group which they found supportive.

The manager was aware of their legal responsibilities to notify the CQC about certain important events that occurred at the service. The manager knew the process for submitting statutory notifications to the CQC.

A survey in 2016 had been completed by people who used the service. People said staff listened to them, they enjoyed a wide range of activities and had a good choice of meals and snacks. One person said they had "No problems or issues" with the service they received. A survey in 2016 completed by people about a holiday showed that people enjoyed the experience.

Relatives told us they had the opportunity to complete a survey every year. One relative told us they asked for their relation to be involved in more activities which resulted in them attending a college course. This meant that the provider listened and responded to relative's feedback.

The provider had a system to regularly assess and monitor the quality of service that people received. We saw that regular audits had been carried out in a range of areas including kitchen, medication, care plans, health and fire safety checks, handovers and incidents. Action plans were developed from these audits where any shortfalls were identified. The manager told us they planned to implement a monthly audit to be completed by them to look at areas such as MCA, DoLS, supervision, compliments and complaints.