

Lambs Support Services Limited

Bank Hall Farm

Inspection report

Swanlow Lane
Winsford
Cheshire
CW7 4BP

Tel: 01606594057
Website: www.craegmoor.co.uk

Date of inspection visit:
16 October 2018
17 October 2018

Date of publication:
12 November 2018

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

Summary of findings

Overall summary

Bank Hall 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.

Bank Hall Farm can support up to seven adults with learning disabilities and autism. The service is in a rural part of Winsford, set back off a main road within its own grounds. All the bedrooms are single and there is a communal lounge, sensory room, dining room and two outside buildings used for activities. Staff are on duty 24 hours a day. On the days of the inspection there were six people living at the service, one was away on holiday.

The inspection took place on 16 and 17 October 2018 and was unannounced. At the last inspection in June 2017 the service was rated Requires Improvement and breaches of the Regulations were found. There was a breach to Regulation 15, Premises and Equipment due to poor maintenance of the property and lack of domestic assistance meaning the home was not always clean. There was a breach to Regulation 17, Good Governance as the registered provider and registered manager had not made improvements to known risks within the building which could have led to an unsafe environment. At this inspection we found improvements had been made and the service was no longer in breach of the Regulations.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in post. 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.

Since the last inspection the registered manager had made improvements to the environment. The home was now safe and free from potential hazards. They had employed a maintenance person and domestic assistant to carry out the necessary repairs and cleaning. There was now a sensory room and two out-buildings to provide quiet areas for people living there.

People were supported to be safe from the risk of abuse. Staff demonstrated that they understood local safeguarding procedures and were aware of the action they should take if they suspected someone was being abused. There were comprehensive individual risk assessments in place which were reviewed and updated regularly. People received their medicines safely.

There were safe and robust recruitment practices in place. Staff received training and support to meet the specific needs of people living in the home.

There were enough staff to meet people's needs and keep them safe. Staff knew the people they cared for well and could tell us their likes, dislikes, preferred routines and communication methods. Staff knew the triggers that may cause anxiety and how to respond to reduce this.

The registered manager had quality assurance processes in place. They completed audits and analysis but these were not always documented thoroughly. We discussed that the service would benefit from more support from the registered provider in this area.

People were supported to eat and drink enough and were offered choices. Staff monitored people's health and well-being and made timely referrals to relevant healthcare professionals.

Staff told us that they were supported by a fair and approachable management team and they were encouraged to make suggestions.

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.

Risks to people's safety were appropriately assessed and mitigated.

People were cared for by sufficient numbers of staff to meet their needs.

Recruitment was safe and all staff had necessary pre-employment checks.

Medicines were managed safely and people received their medications at the correct time.

Is the service effective?

Good ●

The service was effective.

Improvements had been made to the building since the last inspection. There were low-stress areas of the home to meet the needs of people with autism.

Staff received appropriate training to support people.

People were supported to eat and drink as they desired and maintain a balanced diet.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The registered manager would benefit from more support from

the provider to streamline and structure the governance procedures.

Staff told us they were supported by a fair and approachable management team.

Bank Hall Farm

Detailed findings

Background to this inspection

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

The inspection took place on 16 and 17 October 2018 and was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection the provider was asked to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We took this into account when we made the judgements in this report. We also reviewed information we hold about the service, such as statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is legally required to send us. We contacted the local authority commissioners, who are people who contract services, and monitor the care and support the service provides when services are paid for by the local authority. We also spoke with members of the community nursing teams and used this to help plan the inspection of the home.

People were not always able to communicate verbally with us; therefore, we spoke with two relatives to gain feedback about the service. We spent time observing interaction between people who lived there and the staff on duty. We also spoke with six staff, the registered manager and operations director. We looked at all areas of the home including communal living areas, activity areas, outside space and bedrooms and bathrooms. We also looked at care records for three people, staff training, recruitment and governance records.

Is the service safe?

Our findings

At our last inspection in June 2017 we identified a breach of Regulation 15, Premises and Equipment. This was because the service had failed to make necessary improvements to the property to keep people safe. They did not have maintenance or domestic staff and the home was not always clean. At this inspection we found that significant improvements had been made. There were now permanent maintenance and domestic staff and the environment was clean and tidy. The registered provider was no longer in breach of this Regulation.

The service had employed a domestic assistant and maintenance person to ensure the home was safe and clean. Improvements had been made to the garden area to enhance safety of people living there, with daily checks made to ensure the garden remained safe for people with specific needs. We observed the environment was clean and safe.

Relatives we spoke to told us "[relative] is safe and his needs are met" and "Yes they do keep him safe".

People living at Bank Hall Farm had very complex care and support needs, each person required one to one support in the home and two to one support when they went out. During the inspection we noted that there were always enough staff to meet people's needs and ensure they were safe. We checked the rota's and saw this was consistently the case.

Each person was assigned a key worker who reviewed and updated their documentation. During a shift each person was assigned a staff member that provided one to one support for four hours at a time. There was always a shift leader who was a senior member of staff and extra staff to complete tasks such as meal preparation. There were on call teams for any queries or concerns staff had during times when the management team were not there. We saw an example of when the on-call service had been used and the deputy manager arrived back at the home quickly to take responsibility for the concern.

Each person had individual risk assessments and where necessary, actions had been taken to reduce the risks for all the people living there. Risk assessments were thorough and regularly reviewed and updated. Each person was assigned a key worker who was responsible for updating risk assessments and identifying on-going concerns.

Staff confirmed they had received training in safeguarding and all staff we spoke to demonstrated a good understanding of the types of abuse and how to recognise these. Staff knew how and where to report potential concerns. The safeguarding policy was robust and available to staff. We reviewed accident and incident documentation and saw all had been investigated, outcomes recorded and lessons learned to prevent re-occurrence. The service had a whistleblowing policy in place. Whistleblowing is when staff pass a concern of potential wrong doing and should be able to do so without fear of recrimination. All staff told us they were aware of the whistleblowing procedure and wouldn't hesitate to do this if they felt it was necessary.

The registered manager undertook a robust recruitment process. We reviewed three staff files. All demonstrated that staff had appropriate verified references and had been subject to a check by the disclosure and barring service (DBS). The DBS carry out checks and identify if any information is held that could mean a person may be unsuitable to work with vulnerable people.

People were supported to take their medications safely and at the appropriate time. There was extra training for staff who wished to administer medications and regular competency checks for medication trained staff. We looked at medication administration records (MAR) for people and found they were comprehensively completed. People who received medication as and when required (PRN) had the necessary clear documentation in place to ensure consistency of administration.

Infection prevention and control measures were in place. We saw staff followed good practice guidelines and wore the appropriate personal protective equipment (PPE) such as gloves and aprons. Staff we spoke with had a good and clear understanding of infection control and what their roles were to protect people from the potential spread of infection. Staff were provided with extra PPE to protect themselves when people displayed behaviour that challenged, for example hats to prevent hair pulling and scratch proof sleeves and jackets.

Is the service effective?

Our findings

At the last inspection in June 2017 we found that the service was not meeting people's needs with the design and adaptation of the building. The communal areas were busy thoroughfares and there was no space for people to avoid the busyness of the home. This was not conducive to a stress-free environment that would represent good care for people who have autism. At this inspection we found improvements had been made.

We found there was an addition of a sensory room which enabled people living there to have an added area where they could remove themselves from the busier parts of the home and have quiet time. This allowed more room for a low stress environment. The home was still busy as the complexity of people's needs required there to be a minimum of one staff member for each person living there, but there were now additional usable spaces where people could spend quiet time if they wished to. In addition to the inside space there was also two buildings in the grounds that were used for sensory messy play and an adult learning space. The grounds were spacious and safely maintained.

People who lived at Bank Hall Farm were not able to tell us their views of the staff's knowledge and training. We observed how the staff interacted with people and saw that they supported people with kindness and a calm understanding of their needs. We saw staff were patient and respectful of people's preferences. One relative we spoke with told us "{Relative's} needs are met and staff are well trained".

Staff completed a comprehensive induction when they began working at Bank Hall Farm. They were given a two-week period to read care plans and policies and shadow experienced staff. They were then buddied up with the experienced staff member to have their competency assessed before working independently. This worked well for people and staff as they were enabled to build relationships and gain confidence in each other's company. One staff member said, "This was the best induction I have ever had, it really taught me how to do this job properly".

Staff completed mandatory training which was monitored by the registered manager. This included first aid, fire safety, infection control and managing behaviours that challenge. In addition to this the registered manager sourced additional training for those who wished to partake.

Staff were supported by thorough supervisions. Some staff told us they would benefit from more regular supervisions, but we saw that every staff member had received a recent supervision. They were completed by senior staff members and addressed potential weaknesses as well as giving positive feedback and offering further support.

The Mental Capacity Act (2005) provides a legal framework for making particular decisions on behalf of people who may lack the 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 the mental capacity to take particular decisions, any made on their behalf must be in their best interest and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when it is in their best interest and legally authorised under the MCA. The application of this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS).

We saw that the service was working in line with MCA and submitting appropriate DoLS applications to the relevant supervisory bodies. We saw that where people's freedom of movement had been restricted, this was deemed to be in their best interest. All people had comprehensive mental capacity assessments and these were regularly reviewed and updated. Staff we spoke to had a good understanding of the MCA. They recognised that people should be assumed to have mental capacity and that this is specific to particular decisions. For example, one person could make choices about what to eat, what to wear or whether to participate in an activity but would not be able to make decisions about attending a hospital appointment. Where these decisions were made they were done with a best interest decision meeting and families were invited to contribute to this.

Some people were in receipt of covert medications. This means they received their medications without them knowing. This was assessed appropriately and decisions were made with families, advocates, GP's and instructions by given pharmacists were followed.

The manager had implemented new care plans since the last inspection. They were detailed and comprehensive. They discussed the person as an individual, addressed any needs or preferences relating to Equality, Diversity and Human Rights. For example, the service explored if people practiced a religion or if they wished to express their sexuality.

People were supported to eat and drink according to their dietary needs and preferences. We observed a meal time and saw that this was a pleasant experience. Staff also had their meals and engaged with people. Everyone was offered a choice in a way that they could understand. People were encouraged to be independent and collect their own food, return their plates to the kitchen and tidy up after themselves. We saw that people could have their meal at any time of their choosing, one person had gone back to bed at lunch time so was offered a meal when they woke up. The kitchen was clean and well organised with menu planners, shopping lists and stock checks. The food served was nutritious and looked appetising.

Is the service caring?

Our findings

People living at Bank Hall Farm were not able to communicate their feelings with us. We spoke to relatives and received comments such as, "I'm very involved, they update me with everything and I help plan {relative's} care" and "Staff are kind and caring and involve me, they phone me to tell me what's happening".

We observed many examples of kind and caring interactions between people and staff who had formed close bonds. We observed people's moods and body language and saw that they were calm, happy and relaxed. During the inspection a person did briefly display behaviour that was challenging and we observed staff to respond with patience and kindness and the way they had been instructed to do within the person's care plan. Staff told us, "Sometimes if people are becoming anxious they just need some space, we know their triggers and know when to intervene and when to step back". The person then remained calm for the rest of the day.

Staff showed genuine concern for people's well-being. They had formed close bonds and told us, "The home is like a family". Staff told us that because the service was small they could get to know the people living there very well. They knew when someone was anxious or what signs may lead up to people having a seizure, therefore they were able to prepare and ready to respond appropriately.

People had full use of the grounds which included swings and an adult trampoline. We saw that people spent a lot of time outside and this made them happy. People living there were supported to be as active as they wished to be.

We observed staff cared for people in a dignified way. People's privacy was respected. An example of this was one person would make a gesture to staff to demonstrate they wanted to spend time alone, staff would then wait outside their room until the person expressed that they were happy to have company again.

People's care documents were kept in a locked cupboard and only accessed when required. This ensured that people who were not authorised could not access the information.

We saw that the service involved advocates when making decisions in people's best interest. Advocates are people who make sure a person's own voice is heard and checks that they are not being ignored.

Is the service responsive?

Our findings

A family member of a person living at Bank Hall Farm told us that "They go above and beyond, they change things to suit {relative}, they do lots of activities to meet his needs".

We saw that people were involved in planning their care as much as they could be. People's families were invited to be involved and decisions were made with their input. Care plans were detailed and informative. The registered manager had recently updated all the care plans to a new format and it was clear that a lot of time and effort had been spent. Within the care plans were detailed documents explaining how a person should be cared for, what was required to meet their needs and preferences. People had positive behaviour plans in place which guided staff as to how to avoid escalation of behaviour that challenges and how best to respond if this did occur.

People were supported to maintain family relationships. With the complex needs of people living at the service this wasn't always easy. We saw that staff had initiated a regular video call with family for one person using a tablet computer. This had proved to be an effective communication method.

A visiting healthcare professional told us that the service had recently purchased specialist software 'communication in print' which would offer an enhanced method of communication using symbols. The healthcare professional delivered training in this to the deputy manager on the day of inspection and they would cascade the training to the rest of the staff team after the inspection.

Referrals to healthcare professionals were made in a timely manner and the advice given was followed appropriately. One healthcare professional told us that the provider could improve the service and reduce referrals by having a designated positive behaviour support specialist. We discussed this with the operations director who told us that recruitment for this role had already taken place, a job offer had been made and the person was currently undergoing pre-employment checks. This person was due to start a permanent position at Bank Hall Farm shortly after the inspection.

There was a robust complaints policy in place. We reviewed complaints received by the service, these were handled as per the policy but we discussed with the registered manager that they would benefit from more thorough documentation. We asked staff how they would handle complaints, all told us they would aim to find a solution quickly and escalate issues raised to senior staff or the registered manager.

People were provided with individual activity planners which explained what they would do on each day. We saw that pictorial symbols were used and people were empowered to agree or refuse to take part. We saw that people were encouraged to engage in activities in the community such as swimming and shopping. Staff ratios were increased when people went out.

Is the service well-led?

Our findings

At our last inspection in June 2017 we found a breach of Regulation 17, Good Governance. This was because the provider had failed to act on known risks of poor infection control procedures and lack of property maintenance meaning parts of the home were unsafe. At this inspection we found that improvements had been made and the provider was no longer in breach of the regulations.

A relative we spoke to told us "The manager is good, I see the deputy manager more and they are excellent", another person told us "The manager is approachable".

The service was run by a registered manager who had been in post for more than three years. There was also a deputy manager and both were supported by an operations director. Staff told us they were supported by a fair and approachable management team. They told us they were encouraged to make suggestions. One example was a staff member who approached the registered manager as they wanted to improve the menu's, cooking and shopping routines. This staff member had designed a new menu and created recipe cards so other staff were guided in the preparation of freshly cooked meals. They also implemented a new more organised system for shopping and stock control.

The registered manager completed quality assurance checks that protected people and mitigated risks of harm. These were completed regularly but documentation was not always comprehensively completed. For example the records relating to governance meetings suggested that incidents had not been addressed. The registered manager assured us that incidents were examined at governance meetings and showed us outcomes and lessons learned that mitigated future risk. Therefore, the processes could be improved by stream-lining the systems and a more structured approach to documentation. The registered manager had discussed with the provider that they would like to employ an administrative assistant. This was still in consultation and no decision had been reached. We discussed with the operations director that the registered manager would benefit from greater provider support to enhance the structure of the governance and auditing procedures and therefore ensure more thorough documentation. After the inspection the operations director told us they that they were preparing a plan to ensure the registered manager could be better supported.

The registered manager completed staff meetings, staff were invited to share their views and given information about the potential changing needs of people using the service. The registered manager sent out surveys to families but at the time of the inspection, none had been returned. The staff ensured they liaised closely with families when they visited. People living there could not be actively involved in developing the service due to the complexity of their needs. However, the registered manager did ensure families and health care professionals views were respected and their instructions followed.

All staff were able to tell us the values and visions of the service and that they were proud to work there. There was a comprehensive disciplinary policy in place, staff were aware of this and encouraged to highlight concerns or potential concerns to the management team.

