

Autism.West Midlands

Gorse Farm

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Gorse Farm is a residential care home providing personal care to 13 people at the time of the inspection. The service can support up to 14 people with a sensory impairment, learning disability or autistic spectrum disorder.

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

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

Based on our review of the safe and well-led key questions the service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right support:

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Environmental risk and some aspects of medicine management required improvement. Some action was taken to address this. Staff were recruited in line with the provider's procedure.

Right care:

The prevention and control of infection was not always managed safely and in line with the provider's guidance and procedures. People received personalised care and their human rights were promoted and protected. People felt safe. Relatives had no concern about their family members safety. Staff understood their responsibilities to keep people safe. Risks associated with people's care were well-managed. There were sufficient staff to provide people's care and to support people to do things they liked and enjoyed.

Right culture:

Service oversight and audits used to monitor the quality and safety of the service required improvement. The manager promoted a positive and person-centred culture within the home and led by example. Staff felt supported and valued. The manager was working with relatives to improve communication and to gather their feedback about the service provided. The management team and staff shared a commitment to continuously learning and worked in partnership with other professionals to achieve good outcomes for people.

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

Rating at last inspection

The last rating for this service was good (published 19 June 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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

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

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

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

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

We have identified breaches in relation to infection prevention and control and the management of the service at this inspection.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe 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 ●

Gorse Farm

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

This inspection was undertaken by two inspectors.

Service and service type

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

Registered Manager

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

At the time of our inspection there was not a registered manager in post. The manager had submitted an application to register with us. The manager was not present on the day of the inspection.

Notice of inspection

This inspection was unannounced

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider had sent us within their annual Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We also used the information we had obtained during a direct monitoring approach call with the manager in April 2022. We used all this information to plan our inspection.

During the inspection

We spoke with three people to gather their experiences of the care and support provided. We spoke with nine staff including, the operations director, senior support workers, permanent and agency support workers. We reviewed a range of records. This included three people's care records and multiple medication records, three staff recruitment files, and records of the checks the management team and the provider completed to assure themselves people received a safe, good quality service.

After the inspection

We spoke with five relatives via the telephone to gather their experiences of the care and support provided. We also spoke with the manager and looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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.

Preventing and controlling infection

- We were not assured the provider was using Personal Protective Equipment (PPE) effectively and safely. We saw one staff member was not wearing a face mask whilst supporting a person. Throughout the inspection other staff, including senior support workers, were observed wearing their face masks under their chins and noses. Used personal protective equipment had been disposed of in domestic waste bins, some of which did not have lids and were not pedal operated. This posed a risk of cross contamination.
- We were not assured the provider was promoting safety through the layout and hygiene practices of the premises. Staff had not consistently completed cleaning schedules and records were not available to show frequently touched points for example, door handles, were cleaned. Some completed cleaning schedules contained inaccurate information. For example, one recorded the kitchen had been deep cleaned. We saw all areas of the kitchen were dirty. This was an infection prevention and control (IPC) risk and increased the risk of infection transmission.
- We were not assured the provider was preventing visitors from catching and spreading infections. Staff permitted CQC inspectors to enter the home without asking for their lateral flow test results and taking or checking their temperatures to make sure their visit could take place safely. In addition, records for May to June did not show staff had checked their temperatures prior to starting their shift. This was IPC poor practice and placed people at risk.

We found no evidence that people had been harmed however the provider's guidance was not followed to ensure risk associated with infection prevention and control was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were somewhat assured that the provider was making sure infection outbreaks can be effectively prevented or managed. Staff had completed IPC training. However, staff did not always practice good IPC for example, when disposing of used PPE.
- We were somewhat assured that the provider's infection prevention and control policy was up to date. The provider had an up to date COVID-19 management guidance policy. However, a separate cleanliness and infection control policy had not been updated since guidance was withdrawn in April 2022.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.

Visiting in care homes

- The provider facilitated visits for people living in the home in accordance with current guidance.

Using medicines safely

- At our last inspection, improvements had been made to ensure medicines were managed safely in line with the provider policy and best practice guidance. At this inspection we found some of these improvements had not been maintained, including temperature checks of areas where medicines were stored to ensure they remained within the recommended 25-degree range. Exceeding this temperature can reduce the effectiveness of some medicines. Action was taken to address this.
- Medication administration records (MAR) showed two people were prescribed a medicated toothpaste. Both people's MAR charts were inaccurate and did not record if this medicine was being consistently used.
- Staff completed training in medicines management and their competency to administer medicines safely had been assessed.
- Tablet form medicines were stored, administered and disposed of safely.

Assessing risk, safety monitoring and management

- Environmental risk had not always been identified and mitigated. For example, ground floor lounge windows did not have window restrictors and when fully opened created the risk people could injure themselves on the corners of the frames. This was unsafe. Immediate action was taken to fit window restrictors during our inspection.
- Fire safety risks were assessed and people's individual personal emergency evacuation plans (PEEPS) were up to date. Staff understood the support people needed to evacuate the home. However, PEEPS were kept in locked offices which meant they may not be easily accessible to staff in the event of an emergency for example, a fire. The operations director began to take action to address this.
- Risks associated with people's care and support were assessed and well managed. Detailed guidance was in place to help staff provide care and support safely. This included risks associated with choking, and health conditions including epilepsy.

Systems and processes to safeguard people from the risk of abuse

- People felt safe. One person indicated they felt safe when we asked by giving a thumbs up sign and smiling. Relatives had no concerns about their family members safety.
- Staff had completed safeguarding training and understood their responsibility to keep people safe. One staff member said they would report any safeguarding concerns to the manager. They added, "If nothing was done and I was worried about someone I would call social services. If someone was in real danger, I would call the police."
- The manager worked in line with the provider's safeguarding systems to keep people safe from harm. They had shared information with the local authority safeguarding team and CQC to ensure allegations or suspected abuse were investigated.

Staffing and recruitment

- People and relatives said staff were available when needed. However, relatives had some concerns about the high use of agency staff. One relative said, "The problem is they use so many agency and I don't know if they know [names] needs."
- The home had a number of staff vacancies which were covered by agency staff. A permanent staff member said, "Consistency is important for the residents We use the same agency staff. It works well." Our discussions with agency staff demonstrated they understood people's needs and how their support should be provided.
- During our inspection staffing levels ensured people were safe and their needs were met. This included staff being available to support people on a one to one or two to one basis when required and to support

people to go out when they chose, which included going for a walk and visiting a theme park.

- The operations director shared staff recruitment and retention was an on-going challenge. The provider had introduced a range of initiatives to try to address including staff receiving a £100 voucher on successful completion of their probationary period and a staff recognition scheme.
- Staff were recruited safely in line with the provider's policy and procedures.

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

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Learning lessons when things go wrong

- The manager and staff team demonstrated a shared committed to learning lessons when things went wrong to improve outcomes for people. Accident and incidents were recorded and analysed monthly in an attempt, to identify triggers or patterns to prevent recurrence.
- Staff told us any incidents were discussed to enable staff to reflect on what had happened, learn lessons and reduce the risk of reoccurrence.

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.

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

- Provider and manager level oversight of the service required improvement. Limited oversight meant some previously evidenced standards and areas of regulatory compliance had not been maintained. For example, the identification and mitigation of environmental risks.
- The provider's systems to monitor the quality and safety of the service were not always effective. Medicines audits had not highlighted all the issues we found and some areas identified as compliant on infection prevention and control audits conflicted with our observations, including standards of cleanliness within the home.
- The provider had not ensured staff followed their guidance and procedures to prevent and control the spread of infection. For example, COVID-19 screening of professional visitors. This placed people and staff at risk.

We found no evidence that people had been harmed, however service oversight and governance systems were not effective. This was a breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff felt supported and valued. One staff member said, "[Manager] is great, we talk openly, share our thoughts and ideas. To make sure the residents have the best possible life."
- The operations director was devising a service improvement plan and gave assurance the issues and shortfalls we had identified would be added to the plan to ensure these were addressed. The operations director said, "Lots has been done but things need embedding."
- The provider was meeting the legal requirement to display their last CQC inspection rating in the home and on their website to inform people and those seeking information about the service of our judgements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care; Working in partnership with others

- The manager promoted a positive and person-centred culture and led by example. They regularly provided care and support to people and explored different way of working to improve outcomes for people. A staff member said, "[Manager] has worked wonders with [Person]. We have learnt so much. [Person] is happier and more relaxed."
- People were encouraged to provide feedback about the service through the use of pictures, photographs,

observations and staff feedback. The manager had proactively sought specialist support to develop additional feedback processes to ensure all the people being supported could share their views.

- Relatives feedback was gathered through meetings and questionnaires. One relative said, "I've just done my first questionnaire. It would be useful to get these regularly so I can share my views. It's good to have a say in the running of the home." Another relative said they 'hoped' meetings with the manager would become a regular occurrence because communication needed to improve. Other relatives shared this view. The manager told us monthly family meetings would be a minimum standard.
- The manager and staff team worked closely with multiple professionals to ensure people received consistent care and support based on their needs and goals. The manager told us, "I have a great relationship with the health team, they are really helpful." They added, "This relationship is really important to ensure they (people) are empowered and have a voice."

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

- The manager understood their responsibility to be open and honest when things went wrong in line with their responsibilities under the duty of candour.
- The provider's policies and procedures promoted inclusion and diversity and reflected protected characteristics as defined by the Equalities Act 2010.
- Throughout our inspection the operations director and manager were open and honest. They welcomed our inspection and acknowledged our inspection findings. The manager said, "We have come a long way. Really positive things are happening. There are things we need to do, things I want to do and will do. My focus is ensuring they (people) have the best quality of life and staff want to stay because Gorse Farm is the best place to work."

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Regulation 12 (2) (h) HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured all risks associated with the prevention and control of infection were managed in line with their policies and procedures.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 (1) (2) (a) (b) HSCA RA Regulations 2014. Good governance</p> <p>The provider had not ensured they had effective systems in place to assess, monitor and improve the quality and safety of the service provided.</p> <p>The provider had not ensured they had effective systems and processes in place to identify assess and mitigate risks relating to the health and safety and welfare of service users.</p>