

Lambs Support Services Limited

Bank Hall Farm

Inspection report

Swanlow Lane
Winsford
Cheshire
CW7 4BP
Tel: 01606 594057
Website: www.craegmoor.co.uk

Date of inspection visit: 6 August 2014
Date of publication: 05/12/2014

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?		Good	

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This inspection was unannounced. At our last inspection on 27 February 2014, we found breaches of regulation 9 (care and welfare of people who use services) and

regulation 22 (staffing). We found that care was not planned and delivered to ensure people's safety and welfare. Staff did not have the skills and support people needed in order for people to receive care that was safe and appropriate to their needs. During this inspection we found significant improvements had been made.

Bank Hall Farm supports six younger adults with autism. The service is located in a rural part of Winsford set back off a main road within its own grounds. All of the bedrooms are single and the service offers communal living space.

Summary of findings

The service does not have a registered manager. However, the regional manager for the service told us that they had recruited a new manager and they would be taking up their role within the month following our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People were supported by staff who had the required skills to promote their safety and welfare. The provider had a rolling training programme and had addressed any training shortfalls. The provider had robust and effective recruitment processes in place so that people were supported by staff of a suitable character.

People's nutritional needs had been assessed and staff were knowledgeable of people's nutritional needs.

People told us that staff were caring and we saw good interactions between people who used the service and the staff team. People were involved in the planning of their care and had an opportunity to say what was important to them.

We found that people had an opportunity to take part in the activities they enjoyed inside the home and out in the community. Relatives told us they had no complaints about the service. They told us they knew how to make a complaint and felt the acting manager was approachable. No complaints had been made to the service since our previous inspection in February 2014.

The provider had learnt from previous concerns and incidents at the home and had regard for reports prepared by the Commission and the local authority. Systems were in place for checking on the quality of service provided and processes were in place to deal with any areas identified for improvement.

Summary of findings

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 safe. There were sufficient numbers of suitably trained staff in order to provide care that was safe and met the needs of the people who lived at the home. Recruitment processes were robust so that people were supported by staff of a suitable character.

The provider had regard for the Mental Capacity Act 2005. Processes were in place in order to obtain consent to care when complex and informed decisions needed to be made. Where Deprivation of Liberty Safeguards (DoLS) were in place for people who lived at the home, no other restrictions were in place other than the ones that had been authorised by the supervisory body.

Where risks to people's safety had been identified. Risk assessments had been drawn up and were reviewed on a regular basis.

Good



Is the service effective?

The service provided effective care. People had access to a variety of health professionals who told us the service was good at following their advice and support. They reported people's overall health had improved as a result.

The home had been adapted to support people with a learning disability and facilities such as a sensory room were in place so that their needs were met.

Staff had been provided with training in order to meet the needs of the people who used the service.

Good



Is the service caring?

The service was caring. Relatives and health and social care professionals told us that good relationships were seen to be present between staff and people who lived at the home. We observed this to be the case during the day of our inspection.

We saw people's privacy, dignity and independence was respected and promoted throughout the day of our visit. Discussions with people and examination of records showed that people were involved in the planning and delivery of their care.

Good



Is the service responsive?

The service was responsive to people's needs. Support plans were person centred and which meant they were centred around the individual needs, preferences and choices for people who lived at the Home.

People had access to activities inside and outside of the home so their choices and social needs were promoted and maintained.

People had no complaints about the service. We saw that processes were in place to deal with complaints should they be made. Staff felt that any complaints would be dealt with appropriately by the acting manager.

Good



Summary of findings

Is the service well-led?

The service was well led, although no registered manager was in place. Significant improvements had been made since our last inspection and the acting manager and regional manager worked well together. The provider had appointed a new manager shortly before this inspection who was due to start work at the home.

People spoken with had no concerns about the management team and told us they were approachable and easily contactable.

The provider had made several changes to the service following reports that had been prepared by the Commission earlier this year. Systems were in place to check on the quality of care that was provided and the environment that people lived in.

Good



Bank Hall Farm

Detailed findings

Background to this inspection

The inspection team consisted of an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before this inspection we reviewed the information we held about the service, such as notifications we had received from the registered person and information we had received from the local authority who commissioned a service from the home. We attended a professionals meeting at the local council offices in response to the concerns we had identified at a previous inspection. We also spoke with four health or social care professionals who had involvement with people who used the service. We looked at reports that had been recently prepared by Healthwatch Cheshire West. In addition to this, we looked at the information the registered person had submitted to the Commission in their provider information return (PIR).

This is where the provider was required to provide us with data and text responses under each of the five key questions – is the service safe, effective, caring, responsive and well-led. Due to the concerns we found at the previous inspection, we looked at an action plan that was provided by the provider on 1 April 2014.

During this inspection we spoke with two people who used the service. Because people were not always able to communicate with us, we also spoke with three relatives. We spoke with the acting manager, the regional manager and four members of the staff team that were on duty.

We spent time observing the interaction between people who lived at the home and staff. We looked at all areas of the home including communal living areas, activity areas, the garden and the surrounding exterior of the home. We also spent time looking at records, which included the care records for four people who lived at the home, four staff training and recruitment files and records relating to the management of the home.

Is the service safe?

Our findings

At our previous inspection, we found that not all staff had the relevant skills to keep people safe in their care. For example, some of the staff spoken with said had not received training that was specific to epilepsy and how to manage seizures if they occurred.

During this inspection, we found that the concerns we had at our previous inspection had been addressed. First aid and epilepsy training had been completed by all staff. Staff told us they had the skills in order to keep people safe.

During our previous inspection the support plans we looked at showed that risk assessments had not been evaluated, particularly after a significant incident had occurred.

On this inspection we looked at four support plans for people who lived at the home and found our previous concerns had been addressed. Support plans included detailed risk assessments that recorded how identified risks should be managed by staff in order to keep people safe. We saw they had been updated on a regular basis to ensure that the information available to staff was current. When people displayed particular behaviours that needed to be managed by staff in a specific way to ensure the person's safety or well-being, this information was recorded in their support plan.

People who lived at the home said they felt safe living in the home. When asked if they felt safe at the home one person said; "Yes. I like it here". Another nodded vigorously and said; "Yes". Relatives of people we spoke with told us they believed that their relative was safe living at the home. One relative told us; "[My relative] is safe. I have no concerns". Another said; "I am happy in terms of safety. [My relative] is safe". The provider had safeguarding policies and procedures in place and we saw examples of when these had been followed. For example, we saw safeguarding incidents had been correctly reported to the local authority and the Commission.

Staff had also undertaken training on safeguarding adults from abuse. The staff who we spoke with confirmed that they had completed this training during their induction programme and then again as refresher training on an annual basis. Records confirmed that training in safeguarding was current for all members of staff. Discussions with staff demonstrated they were

knowledgeable about the different types of abuse that could occur and they knew how to report it. Staff said they could approach the acting manager with any concerns and felt they would be appropriately dealt with.

We found that staffing numbers were adequate and were based on meeting people's individual needs, and whether they needed the support of one or two staff. Our observations throughout the day showed that people received the support as required. The home had a pool of bank staff to call upon to cover staff absences. Relatives of people who lived at the home told us this was important to them to ensure their relative was supported by staff who they knew well due to their autism. Staff and relatives told us that they thought there were sufficient numbers of staff to meet the needs of people who lived at the home.

We checked the recruitment records for four members of staff. We saw that before any member of staff began employment with the company two references were obtained. We saw that Criminal Record Bureau (CRB) disclosure checks, and more recently Disclosure and Barring Service (DBS) checks were completed. This showed the provider had a system in place to check that people were supported by people of a suitable character.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 legislation which is designed to protect people who can't make decisions for themselves or lack the mental capacity to do so. We found the acting manager and had a good understanding of DoLS and were aware of the recent Supreme Court judgement and its implications on compliance with the law. We saw that five out of the six people who lived at the home had a DoLS that had been authorised by the supervisory body (Cheshire West and Chester Safeguarding Authority). Our observations throughout the day indicated that people had no other restrictions placed upon them other than what each DoLS authorisation stated. DoLS support plans had been implemented for each person and were reviewed on a regular basis.

We saw the provider had considered the Mental Capacity Act 2005 and ensured people's capacity was assessed where decisions around areas such as people's finances needed to be made. We saw evidence that mental capacity

Is the service safe?

assessments and best interest meetings involved the input of relative's, key workers, GP's, and social workers. This meant that an informed decision could be made with regards to the care of the person concerned.

The provider had a challenging behaviour policy which covered the use of physical intervention (restraint). Staff told us that they were aware of the policy and had received training to deal with challenging behaviour which focusses on de-escalation techniques where physical intervention is used as a last resort. We saw that all staff had received this training from an accredited training provider. On arrival at

the home we saw one person became distressed and agitated. Staff dealt with this appropriately and quickly using verbal communication, without the need for physical intervention.

A sensory room had just been completed in the days prior to our inspection. We saw that there were two electrical cables dangling from the ceiling. This represented a hazard and a possible ligature point. We spoke with the acting manager about this who told us that a new electrical socket was to be installed imminently. We spoke with the contracts monitoring officer from Cheshire West and Chester local authority shortly after this inspection. They told us this risk was no longer present.

Is the service effective?

Our findings

At our previous inspection we found that space was limited in the home and people's social needs were at risk of not being met because of this. We saw there was no space for activities to take place. A detached building that was previously used to do activities such as arts and crafts and promote cooking skills was being used as residential accommodation. A sensory room that had been used to support people's sensory needs had also been discontinued. This meant the home had not been adapted to support the needs of people with a learning disability.

On this inspection, we saw that a sensory room had been re-introduced in the home so people's sensory needs were met. A bungalow to the rear of the home had been converted into an area where activities such as arts and craft could take place. A kitchen had also been fitted in the bungalow so that people could promote their cooking skills. A sensory garden was being developed at the time of our inspection. People who used the service were seen to enjoy the new facilities available during our inspection. Rooms within the home had appropriate signage in pictorial format on the doors in order to meet people's needs and promote their independence. We saw that meetings entitled 'Your voice' had taken place and people had been involved in making decisions about the environment they lived in.

At our previous inspection, we found that staff were not skilled enough to carry out their roles effectively. Three staff members, who were new to their roles, told us that they had not received training about autism and no training for this was planned ahead. This was important as Bank Hall Farm was an autism specific service. One staff member told us they requested it through supervision sessions on numerous occasions but nothing had ever been actioned.

During this inspection, we spoke with staff who confirmed this training had taken place and they felt supported by the management teams in their roles. Examination of records indicated that all staff who worked at the home had received 'introduction to autism training'. Discussions with staff and examination of training records showed that training was current for the most staff in areas such as first aid, moving and handling, managing challenging behaviour, medication, safeguarding, MCA/DoLS and fire safety. We saw there was a rolling training programme in order for training to be refreshed on an annual basis.

Discussions with staff and examination of records confirmed that team meetings and supervision meetings had taken with the manager on a regular basis. Appraisals were completed on an annual basis. Members of staff that were new to their roles told us that their induction was thorough and had spent time shadowing other staff members in order to get to know the people they supported. Comments from staff included; "Nothing stops me from doing a good job" and "The acting manager is always asking if there is any additional training we need". This meant that staff had the opportunity to review their roles and discuss their personal development with their line manager.

Relatives spoken with told us that the care provided at the home was effective. Comments included; "Staff understand [my relative]. They know him inside out" and "They have handled [my relative] very well. They are knowledgeable about [my relative] and [my relative] responds to them". Another relative told us "[My relative] can be very challenging but the staff are terrific with him".

Health professionals spoken with provided positive feedback about the effectiveness of care at the home. One of them told us; "I have found the staff team to be of a very high standard. [Service user] has recently and quickly transitioned from a previous placement. They (staff) have quickly recognised what works and does not work for them".

Each person had a 'Health Action plan' within their care files. We saw contact with health care professionals was recorded. This included contact with GPs, speech and language therapists, dentists, dieticians and the community learning disability nurse. Correspondence to and from health care professionals had been retained and any advice given about people's care had been incorporated into their care plans.

A nutritional assessment had been completed for each person who lived at the home. People's food and drink preferences were recorded in their care plans and any special dietary needs were also recorded. Food and fluid intake was also recorded for each person with people's weight monitored on a regular basis. Where people were identified at risk of malnutrition or were deemed over weight, we saw the service had sought the advice and support of a dietician and with additional support plans also implemented. Staff knew the content of the support plans that had been put in place and knew what diet

Is the service effective?

people required. A relative told us; “They sought the input of a dietician. They dealt with this really well without upsetting (my relative)”. Another relative said; “They take (my relative) out shopping and guide them towards making healthy eating choices without making a big issue out of it”.

We spent the lunchtime period with people who used the service and staff in the dining/kitchen area. The atmosphere was calm and relaxed. There was a daily menu displayed on the wall in a pictorial format so people could understand the choice of meals available for each day. Four

people were having their lunch during our observations and each of them was seen to have something different to eat. Drinks were served to ensure people remained hydrated throughout lunch. Staff told us that they take people out shopping so they can choose what they would like to eat, although they encouraged them to make healthy eating choices. One person who used the service told us they get plenty of choice and fruit is always available.

Is the service caring?

Our findings

People and their relatives told us that staff were caring. One relative told us; “They are very good when they interact with [my relative]. I really value what they do for him”.

Another said; “[My relative] has good relationships with the staff. They communicate pretty well with [my relative] and do a very good job”.

We received positive feedback from health care professionals about the service. They told us they had witnessed positive caring relationships between people who lived at the home and staff. One professional told us; “They seem to have a good rapport with [person], the person who I work with”

The staff who we spoke had a good understanding of people’s preferences, likes and dislikes and wishes. We saw that this information was recorded in care plans on a ‘one page profile’. Throughout the day of our visit we observed that people looked content, happy and comfortable with the staff that supported them. We saw staff being kind and supportive to the people they supported. One staff member told us; “We keep records of their behaviours, being non-verbal it is quite hard but they are normally quite happy, we can tell by their moods and one by certain trigger words. We help them lead as good a life as possible”. Training records showed that all staff had undertaken training in equality, diversity and human rights. This was confirmed through our discussions with staff.

Each person who lived at the home had a support file with detailed information about their personal and social needs and instructions for staff detailing how the person wished to be supported. We saw that people who lived at the home had identified goals for development and what they wished to achieve in the future. Staff told us this enabled them to understand the person and therefore provide more personalised support. Relatives spoken with told us they were involved in putting the support plans together along with their relative before they moved into the home and during their time there.

Relatives told us they were able to visit their relatives whenever they liked. However, due to their relatives’ autism they told us they would usually confirm in advance the time and date they would be coming. Staff confirmed this was the usual practice that took place in the home. A staff member told us that nobody had an advocate that was able to speak up on their behalf. This was because all of them had a relative that they saw regularly. We saw that advocacy services were available to people should they be required.

We saw that meetings entitled ‘Your voice’ took place with people who lived at the home on a regular basis. When people were unable to communicate verbally, staff used pictorial cards and their knowledge of people to help everyone who lived at the home to talk about what was important to them. We saw the minutes of these meetings had been formatted in easy read format so people could understand what was discussed.

We observed staff being respectful to the people they supported. We saw staff promoting independence and choice. For example, we saw people making decisions on what they wanted to eat and drink, whether they spent time in their bedrooms, taking part in activities, in the communal lounge or going out into the community. People told us they were able to choose what time they wanted to get up and go to bed. The provider told us in the PIR they submitted prior to the inspection that 92.3% of staff had completed training in dignity/respect and person centred care. This was confirmed through our discussions with staff and examination of training records.

Relatives told us that people’s privacy and dignity was respected and promoted. One relative told us; “They educate people to be independent at the home. They encourage simple things like taking their washing to the washing machine. (My relative) is very happy there”.

Is the service responsive?

Our findings

At our previous inspection, we found the service was not always responsive to people's needs. Staff told us about a person who was required to be supported by two people when out in the community as described in their support plan. We were told that the person had not been able to go out into the community as much as they had been previously because of staff shortages. This demonstrated that people's choices had not been promoted and their welfare had been put at risk.

On this inspection, staff told us there was now enough staff at the service so that people's social needs were met. We saw people going out during the day of our inspection in order to take part in the activities they enjoyed. Examination of support plans and discussions with staff and relatives showed people had access to community based activities. We saw that people had access to activities in the home such as arts and crafts and promoting cooking skills.

A health professional spoken with said that the service was responsive to people's needs. They said; "I have seen the files that the staff keep for [service user] and they appear to be thorough and up-to-date. Staff have been extremely informative during my two visits and are very person-centred with their approach to the person that I am working with. The staff at Bank Hall Farm are in regular contact with the family of the person I have been working with and the Community Learning Disability Nurse".

Another health professional said that prior to our last inspection in February 2014; the staff had failed to support a person who had a medical condition. They also told us; "Our Consultant nurse and I had to intervene and facilitate a reasonable adjustment care plan with support from the learning disability community nurse. In fairness this was a very difficult and challenging case and the staff team

followed all suggestions and guidelines put in place. My patient responded very well to his support team and all interactions with him were positive and very empowering thus ensuring an excellent outcome."

The support plans we looked at were person centred which meant they were written around the needs of the person and what was important to them. We saw they were evaluated on a monthly basis or sooner if required and when people's needs changed, new support plans were put in place.

Relatives told us they knew how to make a complaint or raise concerns to the service. They all said they had no concerns with the service. One of them said; "(My relative) wouldn't be there if I had any concerns". Two of them said they had raised a complaint when the former registered manager was in charge and this had been appropriately dealt with to their satisfaction. One of the concerns was in relation to the findings of our previous inspection in February 2014. We saw this had been appropriately dealt with by the provider. This showed the provider had acted on the concerns we found and acted quickly in order to drive improvement within the home.

We looked at the system in place to deal with complaints. It was evident there was a detailed audit trail of how concerns and complaints were managed and dealt with to the complainants' satisfaction where possible. We examined the complaints procedure which was on display in the reception area of the home. It was also available within the operational policies and procedures for the service. Staff felt that complaints would be investigated thoroughly by the management team and would be quickly resolved. They also told us that they learnt from any concerns or complaints that are made during handover between shifts and staff meetings that occurred frequently.

Since our previous inspection in February 2014, we have received no further concerns about the service provided at Bank Hall Farm.

Is the service well-led?

Our findings

Following our inspection in February 2014, the provider contacted the Commission and requested to meet with us to discuss the changes they proposed to make. They acknowledged that they had not picked up on the concerns that we found through the audits they had carried out. We were told actions would be put into place in order for people to receive care that was safe and met their needs. We were informed that a senior member of staff at Bank Hall Farm would be in the interim acting manager at the home.

In June 2014, the provider informed us that the previous registered manager had left their position and recruitment for a new manager had begun immediately. We were told that a senior member of staff at Bank Hall Farm would continue be in the interim acting manager whilst this process was taking place. The regional management team for the provider had also been restructured.

On the day of our inspection, the regional manager for the service told us that they had recruited a new manager and they would be taking up their role within the month following our inspection.

Healthwatch Cheshire West had also visited the home shortly after our previous inspection and echoed some of the concerns we found. They returned in July 2014 and reported a “Remarkable improvement”.

One health care professional told us that the acting manager was very approachable and was easy to contact. They also said; “I do not have any concerns with the management team and/or staff team at Bank Hall Farm”. A social care professional told us they had recently spent time at the service to see how the actions the provider had put in place had embedded on a practical level. They said; “It did come across as positive. I suppose the test will be the new manager and sustainability of quality”.

Relatives spoken with said the acting manager was approachable and had no concerns with them. One relative told us; “She is doing a very good job. I wasn’t happy six months ago (prior to the last Commission inspection). She is very friendly and approachable”. Another said; “The manager is very good. She keeps us involved in everything”.

Relatives told us they were asked for their views about the care that was provided. They told us the provider had recently sent out questionnaires to all relatives. The acting manager acknowledged that some responses had been received and they would be addressed in due course. The relatives we spoke with on the day of our inspection told us they felt involved in assessing the service and helping them make improvements.

Staff spoke highly of the acting manager and felt they were listened to when they raised concerns or suggestions. We saw minutes of staff meetings that took place on a regular basis. Staff told us about ‘Bank Hall Staff Values’. They said they are centred on what is expected of them in order to promote values such as dignity, respect and independence within the home. Staff had to sign to say they were aware and agreed with them. Our observations showed these values had been put into practice during our inspection.

We saw the management team within the home carried out monthly audits of various aspects of the service's operations such as medication management, accidents / incidents, care planning, people's finances and the homes environment. Where concerns were identified, processes were in place to enable progress to be made. For example, where medication errors had been identified, we saw that staff had to undertake a competency assessment before they could administer medication again. An infection control lead in the home was also introduced following minor concerns raised by Healthwatch in March 2014 around the cleanliness of bathrooms. We saw infection control audits had been carried out and any actions had been followed up.

Members of the regional management team for the provider also conducted unannounced visits to the home on a regular basis. We looked at the audits they had carried out and saw they had adopted the Commissions new approach for adult social care inspections. They had audited and rated themselves under the five key questions we ask. Where concerns were identified, processes were in place to enable progress to be made.