

# Ability Associates Limited

# Dalwood FarmHouse

## Inspection report

Hindon Road, Dinton, Salisbury, SP3 5EY  
Tel: 01722 717922

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

Dalwood Farmhouse is a care home which provides accommodation and personal care for up to three people with learning disabilities. At the time of our inspection three people were living at the home.

This inspection took place on 22 September 2015 and was announced. We gave the provider short notice of our inspection the day before the visit. This was to ensure we inspected the service at a time when people were at home.

There was a registered manager in post at the service. 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 and associated Regulations about how the service is run.

Plans to manage risks people faced did not always contain up to date information or provide guidance to staff on the support that people needed.

Medicines were safely managed and people who use the service were positive about the care they received. Comments from people included, " I am happy here and I feel safe ", " Staff are kind and treat me well " and " They don't do anything without me agreeing to it ".

# Summary of findings

There were systems in place to protect people from abuse and harm and staff knew how to use them. Staff understood the needs of the people they were supporting.

Staff received training suitable to their role and an induction when they started working for the service. They demonstrated a good understanding of their roles and responsibilities, as well as the values and philosophy of the service.

The provider assessed and monitored the quality of care and took action to address shortfalls that were identified.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

# 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 not always safe. Plans to manage risks people faced did not always contain up to date information or provide guidance to staff on the support that people needed.

Medicines were managed safely. Staff treated people well and responded promptly when they requested support.

Systems were in place to ensure people were protected from abuse.

Requires improvement



### Is the service effective?

The service was effective.

Staff received training to ensure they could meet the needs of the people they supported. Staff recognised when people's needs were changing and worked with other health and social care professionals to make changes to care packages.

People's health needs were assessed and staff supported people to stay healthy.

Good



### Is the service caring?

The service was caring. Staff demonstrated respect for people who use the service in the way they interacted with, and spoke about, people.

Staff took account of people's individual needs and supported them to maximised their independence.

Staff provided support in ways that protected people's privacy.

Good



### Is the service responsive?

The service was responsive. People and their relatives were supported to make their views known about their support. People were involved in planning and reviewing their support package.

Staff had a good understanding of how to put person-centred values into practice in their day to day work.

People told us they knew how to raise any concerns or complaints and were confident that they would be taken seriously.

Good



### Is the service well-led?

The service was well-led.

There was a registered manager in place who demonstrated strong leadership and values, which were person focused. There were clear reporting lines through the organisation.

Good



# Summary of findings

Systems were in place to review incidents and audit performance, to help ensure shortfalls were addressed.

# Dalwood FarmHouse

## 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 checked 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 22 September 2015 and was announced. We gave the provider short notice of our inspection before the visit. This was to ensure we inspected the service at a time when people were at home.

The inspection was completed by one inspector. Before the inspection, we reviewed all of the information we hold about the service, including previous inspection reports and notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us.

During the visit we spoke with all three people who use the service, the registered manager, deputy manager and two support workers. We spent time observing the way staff interacted with people who use the service and looked at the records relating to support and decision making for all three people. We also looked at records about the management of the service.

# Is the service safe?

## Our findings

Risk assessments and management plans were in place, but they did not always contain up to date information or provide guidance to staff on the support people needed. Two people had a 'positive behaviour support plan' in place, which set out the support they needed when they became upset or angry. The plans had last been reviewed in August 2013 and stated they needed to be reviewed by April 2014. There was no record that any reviews of the plans had taken place.

A third person had recently had a catheter fitted. The risk assessment for this person had not been updated to reflect the new type of catheter they had been fitted with or the way risks from the catheter would be managed.

Other risk assessments had been completed for people, with detailed information about the risks they faced and how those risks should be managed. However, these assessments had not been dated when they were completed. This meant it was not clear how recent the assessment was or whether it needed to be reviewed.

This was a breach of Regulation 12 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Despite the lack of up to date information in some risk assessments, staff demonstrated a good understanding of people's needs and how risks to them should be managed. Staff were consistent in their answers, for example, in the signs of problems with the catheter which would require input from the community nurse and in the support people needed when upset and angry.

Everyone who lived at Dalwood Farmhouse told us they felt safe and staff were kind to them. Comments includes, "I am happy here and I feel safe" and "The staff are kind and I feel safe".

Medicines held by the home were securely stored and people were supported to take the medicines they had been prescribed. Medicine administration records had

been fully completed, which gave details of the medicines people had been supported to take, a record of any medicines people had refused and the reasons for this. Where people were prescribed medicines to be taken 'as required', there were clear procedures in place to inform staff when they should support the person to take the medicines. Records demonstrated staff had followed these procedures and received authorisation from the duty manager before administering these medicines. There was a record of all medicines received into the home and returned to the pharmacist.

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. They had access to information and guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. Staff told us they had received safeguarding training and we confirmed this from training records. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. They said they would report abuse if they were concerned and were confident the provider would act on their concerns. Staff were aware of the whistle blowing policy, which gave them the option to take concerns to agencies outside the service if they felt they were not being dealt with.

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with vulnerable people. We saw that these checks had been completed for two staff whose records we checked.

Sufficient staff were available to support people. People told us they had a member of staff available to them to support them with activities throughout the day. Staff were also confident there were enough of them to be able to provide the care and support people needed.

# Is the service effective?

## Our findings

People told us staff understood their needs and provided the support they needed, with one person commenting, “Staff are kind and treat me well. They don’t do anything without me agreeing to it”.

Staff demonstrated a good understanding of the principles of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The Deprivation of Liberty Safeguards (DoLS) are part of the Act. The DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict or deprive them of their freedom.

People’s support plans included mental capacity assessments specific to the decision being made. Where people were assessed to lack capacity to make certain decisions, the service had followed the principles of the Mental Capacity Act to make decisions in the person’s best interest. The process had included input from the person, their family, health and social care professionals and staff at the service.

Staff told us they had regular meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. These supervision sessions were recorded and there were

scheduled regular one to one meetings for staff throughout the year. Staff said they received good support and were able to raise concerns outside of the formal supervision process.

Staff told us they received regular training to give them the skills to meet people’s needs, including a thorough induction and training on meeting people’s specific needs. The registered manager said he had fallen behind in keeping an up to date record of training staff had attended, but we saw details of attendance records for training courses, which showed staff were attending regular updates and refresher training. Nine of the 15 staff had completed a National Vocational Qualification relevant to their role.

We observed people being supported to choose and eat lunch during the visit. Staff supported people to make choices about their food. There was a planned menu that had been developed based on people’s likes and dislikes. Staff said they had alternative food available if people did not like the meal that was planned and we saw that the kitchen was well stocked. Staff provided support to eat for people who needed it, ensuring food and drinks were at the right consistency for their specific needs. Support plans contained detailed information about one person’s specific nutrition and swallowing needs and staff demonstrated a good understanding of those needs.

People were able to see health professionals where necessary, such as their GP, community nurse or occupational therapist. People’s support plans described the support they needed to manage their health needs. One person who had regular appointments with the community nurse had detailed information about their treatment plan and staff demonstrated a good understanding of their condition.

# Is the service caring?

## Our findings

People told us they were well treated by staff who were kind. Comments included, “Staff are kind and treat me well” and “I enjoy living here, the staff are kind”. We observed staff interacting with people in a way that was friendly and respectful. For example, we saw staff respecting people’s choices and privacy and responding to requests for support. Staff supported people to make choices about activities they took part in and the food and drink they had.

Staff had recorded important information about people including personal history and important relationships. People’s preferences regarding their daily support were recorded. Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided. This included people’s preferences

for the way staff supported them with their personal care and the activities they liked to participate in. One person told us they had been involved in developing their care plans, telling staff how and when they wanted support with their personal care. This information was used to ensure people received support in their preferred way.

We observed staff supporting people in ways that maintained their privacy and dignity. For example staff were discreet when discussing people’s personal care needs with them and ensured that support was provided in private. Staff described how they would ensure people had privacy and how their modesty was protected when providing personal care, for example ensuring doors were closed and not discussing personal details in front of other people. Staff told us there was a strong culture amongst the team that care needed to be provided in ways that were dignified and ensured people’s privacy.



# Is the service responsive?

## Our findings

People told us they were able to keep in contact with friends and relatives and take part in activities they enjoyed. One person told us they enjoyed looking after some of the animals on the farm, including the horses and chickens. Another person said they also enjoyed jobs on the farm, including clearing rubbish. This person also told us they enjoyed going out to a local pub to socialise and placing a bet on the horse racing. During the visit we observed people taking part in a range of activities both in and out of the home. These included looking after animals on the farm and taking part in household tasks such as shopping, cleaning and laundry.

Each person had a support plan which was personal to them. The plans included information on maintaining people's health, their daily routines and support they needed with personal care. The support plans set out what

their needs were and how they wanted them to be met. This gave staff access to information which enabled them to provide support in line with people's individual wishes and preferences. The plans were regularly reviewed with people and we saw changes had been made following people's feedback in these reviews.

People were confident any concerns or complaints they raised would be responded to and action would be taken to address their problem. People told us they knew how to complain and would speak to staff if there was anything they were not happy about. One person said, "I would talk to (named staff) if I was not happy about anything". The registered manager told us the service had a complaints procedure, which was provided to people when they moved in and was displayed in the home. Staff were aware of the complaints procedure and how they would address any issues people raised in line with them. We saw there had been no complaints in the last year.

# Is the service well-led?

## Our findings

The service had a registered manager who was also the director of the provider company. The registered manager had clear values about the way care and support should be provided and the service people should receive. These values were based on providing a person centred service in a way that maintained people's dignity and maximised independence. Staff valued the people they supported and were motivated to provide people with a high quality service. Staff told us the registered manager had worked to create an open culture in the home that was respectful to people who use the service and staff. Staff also told us the registered manager had gone out of his way to make adaptations to the building to enable one person to stay living at the home. Staff said this was a demonstration of the values the registered manager held, putting people who use the service at the heart of what they do.

Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs. There was a clear leadership structure and staff told us the registered manager gave them good support and direction. Comments from staff included, "He sets the values and is very person centred" and "We get good support, which helps us to be able to meet people's needs".

The registered manager completed regular audits of the service. These reviews included assessments of incidents, accidents, complaints, training, staff supervision and the environment. The audits were used to address any shortfalls and plan improvements to the service. We saw that actions had been completed as a result of the audits, for example, changes to the building to make it more accessible for a person whose mobility needs had changed. However, the registered manager did not have a formal development plan in place to plan improvements in a structured way. In discussions with the registered manager, he agreed this would be a useful process and said he would take action to implement one.

Satisfaction questionnaires were sent out regularly asking people, their relatives, staff and professionals their views of the service. The results of the 2015 survey had been received and were going to be collated by the provider. Comments from professionals who had contact with the service included, "Support given is both creative and person centred" and "Staff are knowledgeable and helpful".

There was regular communication with staff, which were used to keep them up to date and to reinforce the values of the organisation and how they expected staff to work. Staff also reported that they were encouraged to raise any difficulties and the registered manager worked with them to find solutions

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered manager had not ensured risks to the health, safety and welfare of people who use the service were assessed and kept under review.

Regulation 12 (2) (a).